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THE

Canadian Medical Review.

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Original Communications.

Traumatic Neurasthenia. Synopsis of an Address before the Toronto Medical Society.

By Wm. Britton.

This term, he said, although introduced many years ago, had fallen into desuetude for a time, but had recently been re-introduced to fill the place of such terms as nervous debility and nervous prostration. Various definitions had been given of it. Some authorities held that it is analogous in the physical system to insanity in the nervous system. This was a sweeping assertion, and to prove it required deep knowledge of metaphysics and pathology. But up to the present time the pathology had not been thoroughly investigated. Another definition was a loss of power of the nerve centres, together with abnormal excitability—an unusual susceptibility to be influenced by outside impressions. To this Dr. Britton would add the words "and defective volition." The patient required to be treated morally as well as medicinally; the power of the will should be called forth by moral suasion; and cures would be more frequent than they are and accomplished in a shorter time.

In considering the causation of the disease, one must, especially if called to give expert testimony, ascertain the condition of the patient

prior to the onset of the disease. Patients of a phlegmatic temperament may meet with considerable injury and suffer but little, while the mercurial individual may become neurasthenic after a slight injury. The Jews and Slavonians were more susceptible to the disease than other races.

Regarding the pathology, not much had yet been found out. Erichsen, in discussing "railway spine," contended that there was always a certain amount of organic change. That author held that there were not only molecular changes, but also small disseminated scleroses of the spinal cord; or, in some instances, anæmia of the posterior columns, and, in others, punctate hæmorrhages in the meninges, which led subsequently to sclerosis or meningitis. Charcot's opinion was that there were no possible evidences of lesions. In many cases he believed that the psychic disturbance was hysterical. Knapp recently arrived at the conclusion that there must be in every instance a certain organic change of some character, otherwise there could not be any nervous phenomena to appear. He believes that the distinction we draw ordinarily between functional and organic disease is a distinction drawn on account of our ignorance: that the more medical men investigate scientifically, the more they would eliminate functional diseases considered as such; that there must be some organic trouble, although beyond the ken of the best microscope. Experimental studies had been made to elucidate the subject. Dogs had been dropped from a height so as to alight on the coccyx, thus giving a severe shock to the spinal cord. As is to be expected, vertebral fractures and contusions of the cord occurred frequently; but no microscopic changes were discovered. The conclusions reached by means of a test of this character evidently must be, at the best, very unsatisfactory, inasmuch as the psychical element must be eliminated when dealing with the lower animals.

Traumatic neurasthenia rarely, if ever, proves fatal; hence the difficulty in the way of pathological investigation. Hodge conceived the thought that normal fatigue after great physical exertion may bear a close analogy in its resultant microscopic changes to those in the cord and ganglia which may possibly exist in the disease under consideration. Accordingly, he has made minute examinations of the nervous system in the case of those who died suddenly in the midst of excessive bodily effort, and found the following conditions evident: The cells of the spinal marrow and ganglia atrophied, with consequent increase in the pericellular lymphatic spaces; the cell wall shrivelled; the contents manifesting much vacuolization and the nuclei of an irregular shape, instead of evincing the retiform appearance that

normally exists just prior to fission. It is to be hoped that an opportunity may sooner or later present itself for verifying the correctness of Hodge's guess by making a *post-mortem* examination where death occurs in a railway accident without any gross lesion sufficiently serious to prove fatal—or, in other words, death from shock.

The consideration of the symptoms was the most important part of the subject on account of its medico-legal bearing. There may be evidences of severe shock at the time of the accident, or there may be none. The neurasthenic symptoms may appear at once or may not for two or three weeks; usually they are observed on the second or third day. The first group of symptoms is connected with the eyes: the pupils are usually very mobile, reacting unusually under the influence of light, and often showing alternately contraction and dilatation while still exposed to it. The vision is clear, but there is inability to make use of the eyes for a continued period. In traumatic hysteria there is limitation of the field of vision; this does not appear in neurasthenia. Besides, the patient has difficulty in closing the eyelids firmly, and slight tremor of the lids may be noted.

The superficial reflexes are not usually afflicted; the knee jerk is slightly exaggerated, but there is neither knee nor ankle clonus.

Different forms of paræsthenia may appear, but there is no anæsthesia—one of the signs of distinction between the disease and hysteria, in which latter there is often found either hemic or geometrical anæsthesia, paralysis, or hyperalgesia.

The muscular power is not lessened so far as sudden exertion is concerned; but the effort cannot be sustained. This is easily proven by the dynamometer. The patient always complains of the back—an obscured aching, most marked in the lumbar region and extending upwards to the head, there constituting a postero-occipital cephalalgia. Ordinarily are found localized spots of tenderness over the spinous processes of the lumbar vertebræ, or on either side of them.

These "back" symptoms will not be easily confused with those of traumatic lumbago; in the latter the pain is more severe, so much so as to cause asymmetry in standing, and markedly increased by movements of the back or legs. In addition to this, in lumbago the spots of hyperalgesia are much farther from the spinous processes, never over them, and the aching does not extend upwards to the head.

A very large proportion of the total number of actions for damages against railway companies is on account of alleged traumatic neuroses, and the symptoms being mostly subjective, the physician in charge should never be satisfied with less than the most thorough examination,

in order, on the one hand, to be able to give a "reason for the hope that is in him," and on the other, to detect, in the absence of the fairly typical grouping of symptoms peculiar to the disease, a disposition to play the part of the malingerer. He should always bear in mind the moral factors. The mental state is depressed sometimes to the verge of hypochondriasis. There is therefore a tendency to exaggerate in giving expression to feelings of distress. A lawsuit and its possible failure are impending, and do not lighten the burden; and, indeed, it would be a great disaster to the plaintiff were he to recover before the jury has had an opportunity of assessing damages. The best of authority goes to prove that after such a source of worry is over the backache and incessant weariness, in the majority of instances, become things of the past; hence an important element in the treatment. It is much better to counsel a settlement as soon as possible, even though financially the benefit of doubt be accorded the defendant.

The Weir-Mitchell system of treatment is endorsed by many, but in many cases it utterly fails; and on the other hand, men of special standing aver that the enforced rest has frequently a depressing influence. Electricity in the form of galvanism is highly recommended.

The speaker thought that no individual line of therapeutic measures could be considered suitable in all cases, and that bromide of potash, when indicated, together with nerve tonics and diversion of the mind by congenial occupation for its faculties in suitable amusement or change of scene and companionships, should be carefully considered.

Two Cases of Tuberculosis of Peritoneum Mistaken for Appendicitis.

By Ernest Hall, M.D., Victoria, B.C.

Case I.—Chinese girl, aged 17, previous history not available: complained of severe abdominal pains, tenderness over the abdomen, increased towards the right, vomited: temp. 103, abdominal muscles rigid. Diagnosis of acute appendicitis. Operation 10 p.m. Peritoneum thickened and studded with tubercular nodules, some adhesions, appendix compressed by band of adhesions but circulation not impeded. Appendix removed, adhesions liberated, appendages normal. While applying the dressings a fistula was found opening upon patient's back and leading to the body of first lumbar

vertebræ previously unsuspected. Recovery from section normal, fistula not disturbed; patient has remained in excellent health since the operation, now nine months.

CASE II.—Miss S., aged 21, never robust, had two sisters died from some pulmonary trouble, probably phthisis, but could not give any definite tubercular history: heart and lungs sound. For several days had complained of pain in abdomen and soreness upon pressure, temp. ran about 100, distinct circumscribed dulness over appendix; pulse below 100. Patient gave history of several similar attacks. Diagnosis of subacute appendicitis. Operation, peritoneum presented similar appearance to previous case, appendix contracted to a fibrous band which almost encircled a caseous gland more than an inch in diameter. The retroperitoneal glands were also greatly enlarged, the appendages normal. Recovery from operation varied only by a stitch abscess. Patient gradually gained strength, and after eight months enjoys excellent health.

In Case I, we may consider the peritoneal invasion as secondary. In Case II, that of primary, however in each case the symptoms pointed appendixward, the diagnosis made and the operation undertaken for the same. Tubercular histories are often wanting during the excitement of an acute trouble, and at all times most difficult to obtain: in fact, it seems as hard for the patient and friends to tell a straight story as it is for the tubercle-burdened peritoneum to give a symptom or any combination of symptoms upon which an approximately definite diagnosis might be founded. I remember in student days Dr. Temple stating his reasons why he thought a certain case of obscure abdominal disease was tuberculous. "It can't be anything else: therefore, gentlemen, it must be tubercular:" and he was right. This method of exclusion is about the only one by which we may expect to diagnose this condition which above all "presents a symptom-complex of extraordinary diversity." However, it is fortunate that a procedure based upon a faulty diagnosis may not be an unmixed evil. With the exception of rare forms of malignant disease the careful surgeon rarely need open the abdomen to no purpose. The scope of the exploratory incision is daily being circumscribed. The interpretation of nature's request for surgical assistance is an easy matter compared to the definition of the pathological condition, and whoso attempts surgery in this region should be "duly and truly prepared, worthy and well qualified," so that the abdomen may not be closed after an unsuccessful attempt, and an experienced operator wired for to complete the operation the following day.

Prognosis in Cardiac Disease.*

By Dr. J. E. Graham.

After referring to the importance of this, the subject, the essayist gave a somewhat long and full discussion of the subject, of which the following is a brief *résumé*.

Valvular lesions in early life, he said, were the result of endocarditis, the prognosis of which depended on the nature of the infective agent. That form, for instance, the result of the rheumatic poison, was more fatal than that caused by scarlatina.

The attending physician should not alarm the friends of the patient by predicting serious heart disease because he discovers a murmur during an attack of rheumatism, as it would often disappear. But if the murmur lasted throughout the acute attack it generally lasted through life. During the establishment of compensation the prognosis depends upon the treatment adopted and the behaviour of the patient. When compensation is complete, to determine the expectation of life enquiry should be made into the extent of the lesion; the length of time during which it has existed; the changes which have taken place in the heart as the result of the lesion; the condition of the other organs of the body; the temperament, mode of life, habits, and calling of the patient; hereditary tendencies; and the presence or absence of other disease.

The extent of the lesion could not be arrived at by auscultation alone; but, considered in connection with the length of time during which the disease has existed and the changes in the heart, it is a most valuable means of prognosis.

In considering the question of estimating the extent of the lesion, he spoke highly of Broadbent's work on the subject, on which he had consulted freely. In mitral insufficiency, a slight murmur in an apparently healthy heart, indicated a small lesion. A loud apical murmur, extending around to the spine, indicated an extensive lesion. Sometimes, however, a loud mitral regurgitant murmur may exist when the lesion is slight. When the bruit takes the place of the second sound it indicates a want of closure of the valves — a serious lesion. A soft, blowing sound with a dilated heart, indicates a weak myocardium, and (consequently) extensive disease. The musical mitral sound was indicative of a

* Abstract of paper read at Toronto Medical Society, January 14th.

slight amount of regurgitation. The accentuation of the pulmonary second sound was of value in the diagnosis of a slight from a large amount of regurgitation.

The pulse is diminished in tension and volume, when there is much regurgitation.

Mitral incompetence, however, might result from other causes, such as anæmia, acute febrile disease, from which recovery might take place.

In aortic stenosis little reliance can be placed on the volume of sound, and it was to be remembered that an aortic systolic murmur indicated stenosis in only a certain proportion of cases. If a loud systolic aortic murmur became decidedly lessened in volume, this pointed to a weakened myocardium, as would also a lessened tension of the pulse.

In mitral stenosis, there were three stages; according to Broadbent, the significance of which, from an etiologic and prognostic standpoint, Dr. Graham explained: First, that in which the aortic second sound is heard clearly at the apex; second, that in which the aortic sound is absent at the apex; and, third, that in which the presystolic murmur is absent. The prognosis in stenosis was less favorable than in mitral regurgitation: (1) On account of the tendency of the opening to become smaller; (2) in mitral regurgitation the force of the right ventricle acts in two ways—resists the reflux into the ventricle and fills the ventricle more slowly.

In aortic insufficiency a long, loud murmur was a more favorable symptom than a weak one, as it indicated a strong left ventricle. The presence of presystolic and systolic murmurs indicated great dilatation of the left ventricle, and were consequently of serious import. A collapsing pulse meant a grave prognosis. This sign might, however, be absent where aortic stenosis, failure of the heart muscle, or sclerosis of the vessels complicated the condition.

The comparative gravity of the various lesions might be stated in general terms (in order of their severity), commencing with the gravest, to be: tricuspid insufficiency, aortic insufficiency, mitral stenosis, aortic stenosis, and mitral insufficiency.

The essayist emphasized the necessity of considering, besides the information obtained by a physical examination of the heart, the history of the origin of the disease, the length of time it had been in existence, and the general condition of the patient. If there be no change noted in the size and condition of the heart during, say, five or ten years in middle life, prognosis is favorable. Enlargement of the liver, œdema, albuminuria, are unfavorable symptoms. A person

of means who does not over-indulge his appetites, will probably outlive a man who has to struggle for support. The ill effects of tobacco are much underestimated. Alcohol is certainly injurious. Arterial sclerosis and Bright's disease are bad complications. One must not forget the possibility of an attack of infective endocarditis at any time. Lesions of degeneration are dangerous. As a rule, if the valvular lesion occurs after mid-life prognosis is less favorable than though it had taken place in youth.

Where there is serious disease of the endocardium without valvular murmurs, due to fatty degeneration, there is great danger from rupture. Of course the diagnosis in such a case is difficult and, hence, the prognosis is not usually given. In cases of angina pectoris the prognosis is unfavorable where the cardiac impulse is slight and the sounds are weak.

Regarding the question of sudden death, the essayist holds that where there was dyspnœa, dropsy, or pleuritic effusion, this might ensue. Walsh holds that where none of the symptoms of advanced disease exist sudden death is unlikely in any of the valvular lesions, except that of aortic incompetence. Regarding a large class of cardiac neuroses in which palpitations and arrythmia are the prominent symptoms caused by conditions outside of the heart, most careful examination should be made to exclude organic cardiac disease before an absolutely favorable prognosis is given.

The doctor illustrated his paper by reference to numerous cases in practice, and presented a number of pathological specimens as well, which presented lesions described.

This paper will appear *in extenso* next month.

ETHICAL OBLIQUITY.—The most insidious quackery is not outside of the profession. The most culpable writers of testimonials to patent medicines are not the clergymen. They are medical men, who, while they have a fair degree of mental astuteness, or may have improved good opportunities for education, and may hold prominent positions, have a certain bias in their moral faculties which allows them to twist themselves about, in stating scientific opinions, in a way which opens their pocket on the side next the appreciative manufacturer. You read in a medical journal an article which purports to be purely scientific, or you listen to a lecture from one you have been led to suppose devoted to the study and elucidation of medical truth, and by and by you perceive that science is being juggled with to produce certain illusions.—*Cleveland Medical Gazette.*

Society Reports.

Toronto Medical Society.

THE regular meeting was held February 3rd, 1898—Dr. MacMahon in the chair. The last minutes were read and adopted.

Present: Drs. Peters, MacMahon, Carveth, Fisher, Oakley, Hamilton, Hay, Hart, G. B. Smith, Wilson, Macdonald, Winnett, Parsons, Ross, Dickson, Britton, Dawson, Machell and Brown.

Dr. Dawson presented a fibroma of the abdominal wall.

Dr. Hay described the anatomical relations of the growth and the technique of the operation. The result was favorable.

Dr. George Peters presented two pathological specimens. The first was a fœcal concretion in the appendix in a case of perforative appendicitis. The patient for a few days had suffered from considerable pain in the abdomen, which became most marked over the region of the appendix. On admission to the Toronto General Hospital the temperature was 100 4-5 and the pulse 88. There was an anxious expression of countenance, with some jaundice. Tympanites was not marked. The bowels, though free at the onset of the attack, became completely inactive. No tumor by rectum, but there did seem to be one in the right iliac fossa. Majority of consultants favored operation. On opening the sub-peritoneal areolar tissue was found to be œdematous, and immediately inside the peritoneum about half an ounce of pus was found. The appendix was ruptured and the concretion was found lying in the perforation. The appendix was not removed. A rubber drain was employed and iodoform gauze packed in about it to protect the peritoneal cavity.

The interesting question in such a case was, whether to operate or not. The speaker referred to two other cases of a similar sort.

Dr. Oakley reported having had many cases recover without operation.

Dr. Hamilton reported a case of chronic appendicitis which simulated neurasthenia. Removal of a congested appendix cured the patient.

Dr. Peters presented specimens of hæmatoma of the ovary. There were three cysts in the organ. The patient had few symptoms to be attributed to this condition. It could be palpated. Its position was on the left side of Douglas' pouch. These tumors were said to be originated by hæmorrhage into the corpus luteum, which occurs as a

physiological condition at the time of ovulation, that they increased in size at each subsequent menstruation, and that they might attain to the size of a child's head.

Dr. James F. W. Ross said that the differential diagnosis between hæmatoma of the ovary and ectopic gestation was often difficult. They were said to be the sequelæ of gonorrhœa and salpingitis. Their contents were extremely poisonous, and great care had to be taken while removing them to keep them from infecting the peritoneal cavity.

The speaker then briefly outlined the history and treatment of two cases of ectopic gestation which had recently come under his notice, and a third in which a probable ectopic gestation was the diagnosis. This latter proved on opening the abdomen to be a sub-acute peritonitis undergoing a natural cure, there being quantities of dirty gray lymph present without adhesions; and behind the uterus was a juicy mass—all the result of the introduction of a knitting needle to bring on an abortion. The other two cases were of the ordinary type.

Dr. Ross reported having seen in five different cases a form of hernia which breaks through the abdominal wall about two inches above the umbilicus in the median line. He had operated on a case in an elderly man where the symptoms were those of peritoneal irritation —not of intestinal obstruction. The area of pain was distinctly localized. These patients may show a peculiar collapsed condition, and may vomit. What has been found is omentum with pre-peritoneal fat, extruded through and strangulated there.

Dr. Ross proceeded to report another case, one of intestinal obstruction from a band. The patient, a young woman, had been operated on for appendicitis a year before. The prominent symptoms were vomiting and rapid pulse. Suspecting the condition, no purgative was given by the physician in attendance. Using the stethoscope as advised by Murphy, gurgling could be heard distinctly in the intestine up to a certain point, where the peristaltic action was arrested, and at this moment the patient was noticed to wince with pain; on section a band was found completely surrounding the ileum. This was divided, and the patient recovered.

Dr. Britton made some remarks on Traumatic Neurasthenia. (See page 35).

Dr. Machell said that even after the settlement of claims the patient suffering from traumatic neurasthenia did not always recover, and cited a case known to many of those present. The speaker could not speak with unqualified approval of the sanitarium treatment of these cases.

Dr. Macdonald spoke of the effect of suggestion in these cases. He had often noted the symptoms of headache and insomnia. The tender spots were always a marked symptom, but often were not found in the position described by the text-books. The jarring of the spine was not so considerable as many would have us understand. In a case where the patient goes from bad to worse in spite of treatment, it would be well to enquire very carefully for some lesion which had existed prior to the injury, or some hereditary taint.

Dr. Ross thought many of the so-called neurasthenics were malingerers. He thought too often corporations were victimized by such people, and that medical men should, in such cases, do what they could to protect such corporations.

Dr. Oakley recalled a case which came under his observation, where a woman had fallen from a street car and sustained some slight injuries. A very speedy recovery followed the settlement of the claim.

Dr. Hart related a case. The patient was a young woman who had been ill seven or eight months. She gave a history of overwork. She complained of pain over the pyloric end of the stomach and rapid loss of weight. She consulted a number of medical men with little benefit. Diagnoses of gastric ulcer and analogous conditions had been made. Dr. Hart concluded, after due examination, that the trouble was neurasthenia. Under tonic and electrical treatment with attention to hygienic conditions the patient was recovering.

Dr. Dickson had seen a number of these patients who had passed through the hands of orificial surgeons. Their cases were truly pitiable.

Dr. Britton closed the discussion.

It was moved by Dr. J. F. W. Ross, seconded by Dr. A. A. Macdonald, "That a committee, consisting of the President, Treasurer, Dr. Machell and the mover, be appointed to confer with similar committees of the other medical societies in the city with a view to the establishment of an academy of medicine."—Carried.

The committee appointed at the last meeting to see about securing more commodious quarters, reported progress.

The Society then adjourned.

Editorials.

Pneumonic Fever.

FEW diseases present a more interesting study than pneumonia. The changes of opinion as to its pathology, etiology, prognosis and treatment afford many points of much historical moment.

The last seventeen years has been specially rich in pathological advance. In 1880, George M. Sternberg discovered the micrococcus pneumoniæ. Talamon, Fraenkel, Weichselbaum, and Sternberg followed up this discovery, so that by the year 1885 it had been made clear that this micro-organism existed in the sputum of pneumonic patients; and that cultures of this organism produced pneumonia in rabbits.

In 1883 Friedlænder discovered another germ, the pneumococcus, which is capable of producing pneumonia. This discovery was corroborated by the researches of Frobenius and Flugge. This germ is a short rod with rounded ends, a club-shaped bacillus.

It has been noted by many careful and capable observers that the micrococcus pneumoniæ of Sternberg gives to very many more cases than does the germ of Friedlænder, the pneumococcus. It is estimated that for every case of pneumonia due to the latter germ there will be at least twenty due to the former.

But these are not the forms of infection that are capable of exciting pneumonia. Streptococcus pyogenes is known to produce erysipelas on the one hand and pulmonary consolidation on the other. Peter, Passet, Fehleisen, Rosenbach and Levy have recognized this relationship between erysipelas and disease of the lungs.

During the prevalence of influenza there are cases of pneumonia due to the infection of this disease. In these pulmonary cases diplococci, streptococci, and staphylococci have been found. These cases do not follow the typical history of lobar pneumonia. There is often an entire absence of rusty sputum, and its place taken by an abundant muco-purulent. The local symptoms are not typical. This form of pneumonia does not follow the usual course. Sometimes three or four days may elapse before any local evidence can be detected. A râle may be heard over a large area, soon to disappear, and be followed by râles in other parts. Many of these cases are instances of secondary infection, the contagion of influenza having already taken possession of the person.

When we come to the bacillus tuberculosis we meet with several well-marked features of pulmonary consolidation. First, there is acute phthisis with a course, often of only a few weeks. The consolidation usually begins at the apices, and spreads rapidly. The expectoration becomes opaque and purulent. The crepitation is not fine and even as in true pneumonia; but there are chills, high temperature and the general appearance of ordinary pneumonia. A search for the bacillus tuberculosis clears up the case. Then, secondly, there may be a combination of the two processes, namely pneumonia and tuberculization.

In typhoid fever about 12 per cent. suffer from pulmonary congestion. This is a typical infective inflammation. In a certain number of cases the pneumonic symptoms appear first, and later those characteristic of enteric fever. This fact shows that the lung trouble is due to the typhoid bacilli.

In woolsorters' disease there is a good instance of the infecting germ entering by way of the respiratory organs. It is a noteworthy fact in these cases that the pulmonary aspects are first seen and constitute the main features of the disease. It has been called for this reason pulmonary anthrax.

In these diseases the pulmonitis is due to local action of the specific poisons. This view is borne out both by experiment on the lower animals, and by bacteriological research on man.

The Victorian Order of Nurses.

It was the opinion of most persons that once their Excellencies took their departure from Toronto we would not hear much more of the Victorian Order. This seems to have been a correct view. We confess to feeling a good deal of sympathy with the Countess of Aberdeen in this matter. In the first place, her advisers acted unwisely in recommending her to undertake the task. This country is not in need of such an order. In the next place, when they did advise her, they should have stood by her to assist this order into existence. Some one moved and some one seconded a resolution for a large committee at one of the Toronto meetings. This committee was to co-operate here in aiding the scheme. We do not hear so far of anything being done. We think if those on the committee did not intend to do something energetic, it would have been a kindness to her Excellency if they had remained at home and not led her into false expectations.

PRACTICE IN THE YUKON.—We notice that many practitioners who hold only United States qualifications are finding their way into the Klondike region. This locality naturally comes under the jurisdiction of the Western territorial laws, and the Medical Council there should see that none but duly qualified and registered medical men be allowed to settle in medical and surgical practice throughout this region. We hope that the proper authorities will bestir themselves in this matter without delay.

MEDICAL COUNCIL ELECTION IN DIVISION II.—Owing to the death of Dr. Burns an election is about to take place, and nominations must be in by April 5th. We understand Drs. Albert A. Macdonald and J. Spence will be the candidates. From the following correspondence it will be seen that Dr. Orr declined to act as returning officer. Dr. Wylie, of Spadina Ave., has been appointed to that office:

"The College of Physicians and Surgeons of Ontario.

"TORONTO, January 24th, 1898.

"DEAR DOCTOR,—I am instructed by the President of the Council to inform you that under the By-law of the College, you are appointed Returning Officer for Division No. II., and owing to a vacancy in the Division caused by the death of Dr. Burns an election is about to be held. Kindly let me know by return mail if you will accept the position.

"Yours faithfully,

"R. A. PYNE.

"Dr. R. B. Orr, 147 Cowan Avenue, Toronto."

"R. A. PYNE, ESQ., M.D.,

"Registrar College Physicians and Surgeons, Toronto, Ont.

"MY DEAR SIR,—Your communication received stating that I have been appointed returning officer for the coming medical elections in West Toronto. You will please thank the Executive Committee for me.

"I must, however, state that it is utterly impossible for me to act, and you will therefore place my resignation in their hands. My reasons for doing so is on account of some scurrilous insinuations made in one of the Toronto papers after the last election and which were, I believe, inspired by the defeated candidate, who I am informed is again in the field.

"Yours faithfully,

"ROWLAND B. ORR."

GRAVE'S DISEASE.—We notice in the Philadelphia *Medical Journal* for January 2nd, that Dr. W. B. Geikie has contributed an article which contains some suggestions of much practical value. It is stated that if the cardiac symptoms disappear the others are of comparatively minor importance. The prognosis is governed to a great extent by the severity of the symptoms. Mild cases generally do fairly well.

The writer regards the disease as a neurosis. In this it is well sustained by good authorities. If the symptoms are severe and show little signs of abating the prognosis is not good. In the treatment of these cases, much rest should be enjoined upon those patients. All mental worry should be avoided. Galvanism is highly spoken of, the current passing through the neck to the thyroid gland and heart or even the eyes in weak currents. Iron, quinine, strychnia and digitalis are mentioned as doing good on general principles.

ANGINA PECTORIS.—Dr. W. S. Connery, in *Medical Record*, January 8th, 1898, directs attention to the effect of exertion and cold. If the person subject to angina walks faster or exerts himself more than usual he may at once be taken with an attack. Again, cold has an exciting influence. If the skin becomes chilled, there may be induced promptly a seizure. The attacks are specially liable to come on after a meal. The contact of the cold sheets on going to bed may also cause them. When they come on during sleep, it is most likely the upward pressure of the viscera is the principal cause. The two main drugs are amyl nitrite, and nitroglycerin, the former should be inhaled for the relief of the attack. Four or five minims on a handkerchief is the usual method. The latter drug is best suited for administration in the intervals. One minim of the one per cent. solution three times a day is usually sufficient.

JAMBUL IN DIABETES MELLITUS.—In the *Medical Record* for January 1st, 1898, we notice that Dr. Reynold W. Wilcox, of New York, has employed jambul with very decided advantage. As this disease has resisted practically every method of treatment so far, we are glad to notice such excellent results as those recorded by Dr. Wilcox. It is to be expected, however, that no drug can prove effective in every case, as there is good reason to believe that the pathology varies in different cases. Though this is true, there is no doubt that the great majority of examples of diabetes is due to some common morbid process. Tho following formula is given as a good one:

Jambul	50
Buckhorn bark	20
Celery	5
Paraguay tea	25

Of this mixture enough should be ordered to secure a dose of two to four drachms every four hours.

DIPHTHERIA.—From the paper of Dr. McClintock, in *Medical Age* for January, we extract the following important remarks regarding diphtheria: This is no doubt the most dreaded of all the children's diseases. While nearly all the others are decreasing in frequency diphtheria holds its own in the number of persons afflicted. The deaths run anywhere from ten to sixty per cent. according to the severity of the attacks. The attention that is paid to the quarantining of yellow fever, cholera, or small pox is very rigid, and yet no one thinks too much so. But the deaths from diphtheria exceed all these combined. This disease has enormously increased during the past twenty-five years. Scarlet fever in Britain has, on the other hand, greatly decreased. The cause of the disease is the bacillus of diphtheria, the Klebs-Loeffler germ. These germs find their natural soil in the human throat. In many cases these germs can merely keep alive in the throat, but cannot increase, and the person escapes an attack. It may be said the germ multiplies in the human body. There are some conditions that govern its growth and spread. The germ requires a certain range of temperature. It ceases to multiply under 68° F. and is killed by 140° F. Dried in dust it may live for months, and be carried about in this way, or in clothing. These germs cling to moist surfaces, and so do not rise in sewer gas: nor are they found in the breath of patients. The smallest portion of mucous, however, may contain many millions. These germs soon die when exposed to the sunlight. A few hours is sufficient. Sunlight is therefore one of the most effective of all disinfectants. There is but little doubt that the disease is often transmitted through milk and meat, more especially milk. It is now generally believed that when milk is the cause the milk has become infected in some way by persons, and not from the cows. Before the milk becomes cold, the germs may undergo very great increase in number. Sometimes the disease is acquired from pet animals such as the cat or dog. All these cases, however, make up a small percentage of the total. Children are gathered together in so many ways and under so many circumstances, that the opportunities for the spread of the disease are very numerous. Children are in such close contact with each other in the school, on the street, at play, and so often put objects into their mouths that have been in the mouths of other children that every facility is afforded the spread of the trouble. Promiscuous kissing is dangerous, and should be discontinued. The mother and no one else should have the right to kiss her children. Sometimes the disease is carried from one house to another by adults. This is fortunately very rare.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—Some months ago I wrote a communication to your journal on "Medical Prodigies," and later on "Medical Doctor," to both of which you kindly gave space. I have since they appeared received letters of congratulation, and have been pressed for further expressions on these lines. Graduating at McGill College in 1866, I am now an old practitioner, and on this account I have had perhaps an average opportunity of seeing things as they are, and may be allowed to express my individual deductions on matters relating to our profession. With your permission I will add a few more thoughts, and shall not object if others do not see things exactly as I do. I like our school system in as far as it educates free of cost to the pupil up to the fifth form. After that I object *in toto*. My idea is that elementary education should be free, and that as far as the public and High schools are concerned, the examinations should be free too. I do not think that school principals, who are already well paid, should receive anything extra for examinations, or the correction of examination lists with the determination of standing of pupils. These should be part of their duties for which, I hold, they are well paid. Then above and beyond the High School, every pupil should be charged, say, two-thirds of all expenses. It is well enough to say the Collegiate Institute is the poor man's university, but that does not excuse you or I, or any one else bearing the burden of giving even the poor man's son or daughter a higher education. It does not excuse the fact that in so doing we are educating from the carpenter's bench and the plough into professions already overcrowded. It does not excuse making of non-producers of natural producers in a new country requiring brain and muscle in the manufactory, the field and the mine. It does not excuse overfilling professions already overcrowded. It is also said, but you get good men. Certainly we do, but at what cost? Our cheese and butter stand foremost in the British market, the first supplying 5-6ths and the latter 1-7th of the total consumed. Does not this tell us that brain and brawn are still needed on the farm? We are opening gold mines in almost every section of this western country of ours. Is no intelligence required here? And our agricultural implements are seeking a wider market. Is it not better to send these out of our country than the scholars whom our schools and colleges are belching

forth, who are driven away and are a total loss, yielding no return whatever? What do we see? The medical profession, as the law and the pulpit, filled with decayed school teachers, the official life of whom, educated not by their own pockets, but by the public, is only some three or four years; professions filled by men who study while they teach and cost the country good honest money, for what? Merely to serve their own ends and satisfy their own ambitions. And as a result every village, town and city filled to repletion with professional men working for starvation wages, and all professions equally lowered and degraded. Towns of five, six or seven thousand inhabitants with eight, ten and twelve medical men, when one-third could easily do the work. A notice in the paper calling for a teacher, and we find one hundred or more applicants, and go where you will in the neighbouring republic you find Canadian teachers and Canadian doctors.

As a profession we do not endeavor to correct this state of affairs, we do not offer opportunities for expansion within our own boundaries. While pretending to elevate the profession and make entrance more difficult, we are not succeeding. All is mere pretence. What is our Medical Council doing in the professional interest? Simply nothing. It professes to make examinations more difficult. Look at the Board of Examiners. Compare it with those of fifteen or twenty years ago. What does it tell you? Simply that the pretence is a fraud, that the *personnel* of that board is not as high as it was formerly. We know that medical men are required in New Brunswick, Nova Scotia, the North-West, British Columbia. Is there really any advance being made in Interprovincial registration? Is anything really being done to open the doors and enlarge the field to our graduates, and lessen congestion here? Nothing. We all know these Provincial Examining Boards are arrant frauds: we all know that a few men get together and form a board to prevent trespassing on their preserves and to fill their individual pockets with fees from the new comers. They have not colleges in which to prepare students, but they collect toll; and why should this continue? Our colleges, too, are soliciting in every questionable and unquestionable manner, by circular and otherwise, for what? Sordid gain and that only, and the weakness of our Medical Council is, as Dr. Sangster says, College Control. There is one matter more which I think deserves concerted action, and that is every bottle of proprietary medicine should have on the outside wrapper the names and quantity of ingredients of which it is composed. And our Legislature should be asked to make this law, not in justice to the profession, but to those who purchase and use. I take it that this town is no exception: here we have an army of itinerant quacks

selling "Orange Flower," "Viva, viva," "Preventives," "Female syrups," medicine to prevent conception, and to relieve the unfortunate, rheumatism cures, etc. *Omne genus!* is there no way to stop such species of highway robbery? If so, let us have it. Surely there is enough of such deception and fraud practised by the regular profession. In this town a little girl cannot venture into a doctor's office (I do not mean all) without the offensive suggestion that she has womb disease, and I believe that abortion is commonly practised. This is the result of filling the profession with a low grade of gentlemen. In conclusion, I would say, let our Medical Council stop its wrangling, and for one session at least do something in the interest of those they are supposed to represent; and let our medical associations come down to practical work and discuss live issues, and, above all, let our profession seek to uphold its honor and dignity, and retain the respect of the public which is surely and sadly declining.

Yours truly, P. PALMER BURROWS.

Lindsay, February 2, 1898.

Personals.

DR. J. M. COTTON has removed from Lambton Mills to Simcoe Street, Toronto.

DR. J. A. SUTHERLAND sailed from Victoria on the *Queen* for Dyea, on the 4th, to practice in Dawson City.

DR. R. A PYNE, Registrar of the College of Physicians and Surgeons, will contest East Toronto in the Conservative interest at the approaching Provincial election.

DR. THOMPSON has removed from Cayuga to Hamilton.

DR. W. E. HAMILL has removed his office from the Janes Building to 90 Yonge Street.

DR. GEO. CLEMENS has removed from Port Perry to 1326 King Street West, Toronto.

DR. MCDIARMID has removed from Winnipeg to Chicago. He was appointed Professor of Obstetrics in the Post-Graduate Medical School.

DR. F. A. WHITE has removed from Aylmer to Waligoon and Dr. Herron from the same place to Vienna, Ont.

DR. W. SHAW has removed from Ottawa to Navan, Ont.

DR. FREDERICK W. MANN, formerly of the *Physician and Surgeon*, succeeds Dr. G. A. Stockwell as editor of the *Medical Age*, who has become associated with the well-known firm of Wampole & Co., Philadelphia.

Book Notices.

The American System of Medicine. Edited by A. L. Loomis and W. G. Thompson. Vol. III. Philadelphia: Lea Bros. & Co. Toronto: Publishers' Syndicate, 88 Yonge Street.

This magnificent volume of the set of four is to hand. In the matter of book-making it is fully equal to the two volumes already issued. The matter from a literary and scientific point of view is of the very highest order. The volume deals with the diseases of the digestive system, the liver, spleen, pancreas, and other glands. Gout, rheumatism, diabetes, and other constitutional diseases are also covered. In the manner in which these various subjects are handled there is nothing left to be desired. The work is not too long and heavy for general reading, and, as a work of reference, it is very full, complete and authoritative. The contributors are of the first rank.

The International Medical Annual, 1898. A Work of Reference for Medical Practitioners (alphabetically arranged). Combines the features of an annual retrospect with those of a Medical Encyclopædia. Each volume contains entirely new matter. New York: E. B. Treat & Co., Publishers, 241-243 W. 23rd Street.

In announcing the sixteenth edition of the *Annual* we must again express our gratification at the cordial reception given to the last edition, which surpassed all previous records, and more than ever confirmed the estimate placed on this international work, as the "handiest, best-arranged and best edited reference volume issued to the medical profession." The *Annual* for 1898 will contain many special articles of great interest—in addition to the regular summaries of the year's work in medicine and surgery, by thirty-eight editors, each contributing to the department with which he is specially identified. Among the special articles will be found one on "The Chief Pathogenic Bacteria in the Human Subject," with descriptions of their morphology and methods of microscopical examinations, by S. G. Shattock, F.R.C.S., the Pathological Curator of the Museum of the Royal College of Surgeons, London, illustrated by a series of ten finely-colored plates: two contributions by Drs. Robert Jones, F.R.C.S., and A. H. Tubby, M.S., on "The Obliteration of the Deformity in Pott's Disease," and on "Congenital Dislocation of the Hip," showing the technique in each case; both are freely illustrated, chiefly by reproductions from photographs. The work will be thoroughly illustrated by thirty-six full-page plates, twelve being colored, besides many illustrations, line and half-tone, incorporated in the text. The publishers ask the continued patronage of the profession, that we may thus still further extend the *Annual's* circulation and usefulness.

Obituary.

John Dickson Kellock.

THE Sabbath-day had a dismal ending to a great many of our townspeople this week, for before it closed, the tidings were spread around that one well known to all, and dear to most of them, Dr. Kellock, had died suddenly while engaged in attending to an urgent professional call. Few knew it, but it transpires that Dr. Kellock was aware that his heart was weak, and that such a death as this might befal him any time. And he was not unprepared for it. Few led more blameless or exemplary Christian lives than he. He was a devoted Christian, a deacon in the Baptist Church, and took a keen interest in various religious schemes and enterprises outside of his own denomination. He was a staunch and independent Liberal in politics, a man of wide and varied information, a close student to his last day, and a clever and facile writer.

Dr. Kellock was born in the town of Perth in November 1835, and was the son of Mr. Robert Kellock, a native of Fifeshire, Scotland, who came to Canada in 1832. He received his education in the schools of Perth and in the Normal School, Toronto; and subsequently studied medicine in Queen's College, Kingston, graduating as M.D., with honors, in 1862. He immediately began to practice in Perth, and continued this till his death, being for many years the oldest practitioner in the place, if not in the county. He became a member of the School Board about 1864, gaol surgeon over ten years ago; C.P.R. surgeon and county coroner. He filled the office of Secretary of the Perth Auxiliary Bible Society gratuitously for many years, and in that position also died in harness. For some years he had been a director of the Mechanics' Institute or Public Library, and an invaluable member of the Library Committee. The doctor visited the land of his forefathers on two different occasions, and each time told of his impressions and travels through our columns.

Now he is gone, we cannot think his memory will be forgotten soon, for his qualities were such that no mere evanescent feeling can do them justice or satisfy the claims of the deep affection that exists. The funeral took place to Elmwood Cemetery on Wednesday afternoon at two o'clock, and was, on that wintry day, a very large one, attended by a great many from outside the town, as well as our own citizens.— *The Perth Courier*, January 28th.

Dr. Joseph O'Dwyer.

DR. JOSEPH O'DWYER, of New York, died at his home in that city January 7th, 1898, aged fifty-six years. He was a native of Ohio, passed his early life in Canada and received his academic education at McGill University, Montreal. He took his doctorate degree at the College of Physicians and Surgeons at New York in 1866, and after graduation served as resident physician at the Charity Hospital (now the City Hospital) and next became examining physician at Belleview Hospital. He was a member of several medical societies—city, state and national—and was ex president of the American pediatric society. Four sons survive, his wife having died about nine years ago. Dr. O'Dwyer's memory will ever remain green for what he contributed to the relief of suffering humanity in a most modest and unassuming manner. His name will always be associated with intubation of the larynx, a method of treatment that became possible through the ingenious devices of this worthy physician. It was shown at the autopsy that his death was caused by thrombosis of the basilar artery, with softening of the right lobe of the cerebellum and in the right half of the pons, together with localised meningitis.—*Buffalo Medical Journal.*

Mr. Earnest Hart.

MR. EARNEST HART, editor of the *British Medical Journal*, died at his residence in London, January 7th, 1898, aged sixty-two years. His early education was obtained at the City of London school, and his medical education at St. George's Hospital medical school, and he was admitted to membership in the Royal College of Surgeons in 1856. Soon afterward he turned his attention to literary work and was in succession assistant editor of the *Lancet*, supervising editor of the *Sanitary Record* and of the *London Medical Recorder*, and finally was appointed editor of the *British Medical Journal* in 1866, holding the latter place until his death. The American profession will recall Mr. Hart's visit to this country in 1893, when he attended the meeting of the American Medical Association at Milwaukee, during which time he addressed the American Medical Editors' Association, and also read a paper in the general session of the American Medical Association on water-borne diseases. Coming again to America in the same year he attended the first Pan-American Medical Congress at Washington, in

September, 1893. A few months ago Mr. Hart underwent amputation of a leg for necrosis complicating diabetes, from which he made a temporary rally, but finally succumbed to the onward progress of the malady. Mr. Hart's fame will largely rest upon the fact that during his editorship of the *British Medical Journal* he lifted it from obscurity to fame and made it one of the greatest weekly medical newspapers of the age.—*Buffalo Medical Journal.*

Dr. William S. Tremaine.

DR. WILLIAM S. TREMAINE, of Buffalo, died at his residence Sunday, January 9th, 1898, aged fifty-nine years. He was a native of Canada, but graduated in medicine at the University of Pennsylvania, and entered the military service of the United States during the civil war as assistant-surgeon of the 24th Massachusetts Infantry August, 1863. Dr. Tremaine came to Buffalo in 1882, through assignment as post-surgeon at Fort Porter, and has resided here for the most part from that time until his death. During these years he was actively engaged in the practice of surgery and in teaching the science and art thereof for a part of the time at Niagara University. He was ready of speech, interesting and forceful in debate, a skilful operator, resourceful and even original in expedients, and altogether a most useful member of the profession.—*Buffalo Medical Journal.*

George M. Shaw, M.D.

DR. GEORGE M. SHAW, one of Canada's most prominent physicians, died after a very brief illness at his home in Hamilton, January 16. On Tuesday night he went out to see a patient, and soon after his return to his house had a chill, followed by pneumonia, which caused his death on the following Sunday morning. He received his medical education in the Toronto School of Medicine, graduated in theUniversity of Toronto in 1874, and received the degree of M.D. from the same University in 1888. After graduating he practised for about three years in Queenston, and then settled in Hamilton where he practised for twenty years. He was an active member of several medical societies, including the British Medical Association, the Canadian and Ontario Medical Associations. At the time of his death he was representative of the Hamilton Division in the Ontario Medical Council. He was long recognized as one of the best physicians of Hamilton,

and was highly respected by all classes in that city. Dr. Shaw, as a student and as a practitioner, was much beloved by those who knew him intimately. He was a straightforward, honorable, and highminded man, and at the same time an honest, faithful and excellent physician. The writer, who had the privilege of knowing him for twenty-six years, feels that he has lost one of his best friends. Many others in Hamilton, Toronto and other parts of Canada, are in a similar position. We can scarcely realize as yet that he who was amongst us a few days ago, in his usual health and vigor, has gone to the unseen land. He leaves a wife and four children, who have the heartfelt sympathy of many friends for the appalling calamity which has befallen them.—*Canadian Practitioner.*

Prof. T. Parvin.

THE death of Professor Theophilus Parvin took place on Saturday morning, January 29th, at one o'clock, due to cardiac asthma complicated by uremia, and œdema of the lungs. Dr. Parvin's name is well known to physicians everywhere as a teacher of obstetrics and gynecology. His chief book, "The Science and Art of Obstetrics," is now in its third edition. He was the American editor of Winckel's "Diseases of Women," the author of a small volume of lectures to nurses, and of a large number of papers, addresses, and monographs upon special subjects.

Selections.

Surgical Hints.

WHEN you advise a patient to wear a suspensory bandage, tell him to get the kind which has straps running from the posterior band of the bag itself, around the legs or buttocks. The suspensories which are attached to the belt in front alone, with an elastic in the back edge of the bag, are useless.

GASTROTOMY is often followed by septic bronchitis or broncho-pneumonia, due probably to the aspiration of secretions which the œsophageal narrowing prevents the patient from swallowing. The operation can be very well done under cocaine or eucaine, and this danger thus avoided. It is only necessary to cocainize the skin, since work on the viscera which are involved is not apt to cause pain.

WHEN a patient comes to you with enlarged lymph nodes of the neck, be sure to examine the throat most carefully. If the patient is a child, remember that a very common cause of lymph node inflammation is the presence of hypertrophied tonsils or of adenoid vegetations. In an individual of middle age, examine any hypertrophy critically, bearing in mind the possibility of neoplasm.

THE anæsthetic is very often as much or more to be feared than the operation. This is especially so in the case of old persons and those who suffer from chronic or acute lung, heart, or kidney disease. The greatest care should be taken that no more of the narcotic than is absolutely needed should be used. Often than is admitted, death from the anæsthetic is due to lack of care or experience on the part of the anæsthetist. When you are about to operate upon an individual who will probably take general narcosis badly, try local anæsthesia. You will often be surprised at the apparently formidable operations which may be done with the aid of cocaine or eucaine. -*International Journal of Surgery.*

BLASTOMYCES IN EPITHELIOMA.—In a study of blastomyces found present in certain epitheliomata, Binaghi *(Zeit. fur Hyg. und Infect.)* concludes, from the constant presence of parasitic forms of characteristic feature readily distinguished by coloring stains and other chemical substances that they are to be regarded as specific blastomyces. They

are not found in other tissues, either normal or pathological. That they are not accidentally present, but are causative agents of the disease, is to be inferred from their regular disposition and the relation which they bear to the cells of a new growth.

CACHETS FOR AMENORRHŒA.—The *Indépendance médicale* for January 5th attributes the following formula to Bloom:

℞ Strychnine sulphate ..... 1.80 grain.
Oxalid acid ..... 9 grains.
Manganese lactate, } each ..... 120 "
Iron peptonate, }
Compound extract of colocynth ..... 30 "

M. Divide into sixty cachets. One to be taken about an hour before each of the principal meals.—*New York Medical Journal.*

SIALORRHŒA CURED BY THE REDUCTION OF A RETROFLEXED GRAVID UTERUS.—Audebert (*Revue Obstet. Internationale*) mentions the case of a young woman, whose first pregnancy had been followed by infectious endometritis and consequent retroflexion, and who soon after conceiving a second time was attacked by severe and exhausting ptyalism, and when Audebert saw her in the third month was extremely emaciated. In addition to what was swallowed or soaked up on her linen 800 grammes of liquid were collected in 24 hours. Her gravid uterus was found in extreme retroflexion, the cervix lying forward above the symphysis. Reduction was effected easily in the genu-pectoral position and prevented from recurring. The sialorrhœa at once diminished and ceased absolutely at the end of three days.—*British Medical Journal.*

A SOLUTION FOR STOPPING FALLING OF THE HAIR.—The *Revue de Therapeutique* gives the following:

℞ Hydrochlorate of quinine, ʒ j.
Tannic acid, ʒ ij.
Alcohol (70 per cent.), O iss.
Tinct. of cantharides, ʒ iiss.
Pure glycerine, ʒ iss.
Cologne aq., ʒ x.
Vanillin, gr. ij.
Pulv. sandalwood, ʒ j.

This mixture, after being well mixed and shaken, is allowed to stand for four days, and is then filtered. It is rubbed into the scalp daily for the purpose named.—*Therapeutic Gazette.*

THERAPEUTIC APPLICATION OF CURDLED MILK.—In 1888, Dr. Paschayan *(La Médecine Moderne)* was physician for the municipality of Palou, where he had occasion to observe the therapeutical effects of curdled milk in diseases of the digestive tract, and in febrile affections. He noticed that the natives obtained good results with curdled milk in acute enteritis; the patients were often cured in three or four days, without the employment of any other medication. It was likewise employed in typhoid fever as a cooling drink. Since that time the author has recommended curdled milk to patients affected with acute enteritis, dysentery, and acute and chronic gastritis. He has also administered it as a cooling drink in typhoid fever. The patients find it agreeable and easily digested; the diarrhœa ceases, the dyspepsia becomes less, and the general condition is improved.—*Medical Record.*

THE USE OF GLOVES IN PRACTICAL SURGERY.—Wolfler *(Beitrage zur klin. Chirurgie,)* attaches much importance to the use of gloves in surgical work, especially in the examination of cavities such as the vagina and rectum, in dealing with septic wounds during a course of operative surgery on the dead body, and in the performance of any aseptic operation. By this precaution the surgeon may effectually guard both his patients and himself from serious danger, and so prevent in the first place the infection of a fresh and clean wound from the contact of his fingers during an operation on the living subject, and, in the second place, infection of his own fingers by a foul wound or contact with the cadaver. A suitable glove for such purposes must, it is pointed out, fulfil the following conditions: It should be rendered impermeable by the addition of some waterproof substance, either applied as an external layer, or diffused through the whole thickness of its material; such material should be very soft and pliant, and, at the same time, not likely to be readily torn; it should not compress the skin too much, and render the hand warm; and finally, it should be capable of being readily and thoroughly disinfected.—*British Medical Journal.*

A CASE OF SKIN-DIPHTHERIA.—Max Muller *(Berliner klinische Wochenschrift)* reports this rare condition as occurring in a child, two and a half years old, who had been burned with hot water on the side of the face, the neck, the chest and the abdomen as far as the umbilicus. The burned area healed quite rapidly, and the dressings were removed at the end of one week. At the time

that the bandages were taken off, the mother of the child playfully kissed it on the neck. On the next day the mother sickened with diphtheria, and a day or two later the aunt, sister and father were ill with the disease. On the third day, the tender skin on the neck of the child, which had been touched by the mother's lips, showed a white swollen spot about four centimeters in diameter, bordered by intensely red streaks and surrounded by an œdematous area, which soon spread as far as the right eye. Two injections of serum No. o were given. The skin soon healed, and the child remained free from infection of the throat. This case has several interesting features. The source of infection is positively known and the incubation period can be accurately estimated.—*International Medical Journal.*

SPONTANEOUS FRACTURES IN SYRINGOMYELIA.—Gnesda (*Mitthe-ilungen aus den Grenzgebieten der Medicin und Chirurgie*) reports the case of a man aged thirty years, who was admitted to the hospital with the diagnosis of spontaneous fracture of the leg. The removal of the dressings and the manipulation of the leg were apparently so painless that the case was immediately suspected to be one of some nervous lesion. Examination revealed a transverse fracture of both the tibia and the fibula three fingers' breadth above the ankle. Locomotor ataxia—at first the suspected cause—was readily eliminated, in the absence of any confirmatory evidence. Other neuropathic causes of fracture, such as paretic dementia and multiple sclerosis, were also excluded, and syringomyelia diagnosed the only cardinal symptoms of which that was absent being the muscular atrophy. This, as is known, is sometimes wanting. No traumatism or cause could be discovered to account for the fracture. Union was not complete until the end of five months, and for this there was no explanation. In addition he gave notes of five other cases which he had been able to collect from the literature. The reporters agree that the fractures are due to some change within the cord, but the explanation of the exact phenomena attendant upon the occurrence of the fracture varies. It is asserted to be due to disturbance of nutrition; to energetic muscular action which causes fractures in normal bones, and is consequently much more liable to cause fractures of bones when there is associated disturbances of sensation; to inco-ordination of the muscular movements; to the absence of inhibition and the defective muscular action which normally support the bone; frequent blows and knocks; brittleness of the bones, etc. The resemblance of the fractures in syringomyelia with those occurring in tabes is commented upon, and attention directed to the tendency of these fractures to be transverse.—*University Medical Magazine.*

SUBCUTANEOUS INJECTIONS FOR SYPHILIS.—In view of the growing favor of subcutaneous injections for syphilis we give the following formula of Sacaze:

Rx.	Metallic mercury	20 (℥ v.)
	Lanoline	5 (℥ jss.)
	Liquid vaseline	35 (℥ j. ℈.)

Inject subcutaneously from five to seven centigrammes (gr. ¾). Repeat every fifteen days.—*Med. Review of Reviews.*

AN INJECTION FOR GONORRHŒA IN WOMEN.—Lutaud (cited in the *Journal de médicine de Paris* for January 2nd) employs the following formula:

R	Alum, Borax,	each	450 grains.
	Quinine sulphate		15 "
	Carbolic acid, Essence of thyme,	each	30 drops.
	Glycerin		3,000 grains.

M. A tablespoonful, in a pint of warm water, to be used as a vaginal injection two or three times a day.—*N. Y. Med. Jour.*

PROGNOSIS IN HEART DISEASE.—With the use of the stethoscope and other improved methods of diagnosis the slightest variation from the normal in the heart was easily made out, and the prognosis was too often given according to what was heard without reference to the general condition of the person examined. The consequence has been that slight heart murmurs and irregularities were exaggerated and cases were doomed which outlived the heart abnormality and entirely recovered. Now there has been of late a disposition to go to the other extreme and ignore heart murmurs and other irregularities unless there are such other symptoms and signs that point unequivocally to a diseased condition of the body. It is well known that the loudest murmur is often the least significant, while the slightest one may point to serious trouble. Also, under the excitement of an examination such as that for life insurance, the heart may so act as to cause a temporary murmur which is absent at other times. All these points should be considered, and when a case comes up for examination it should be looked at on all sides and not be rejected or condemned simply because a murmur is heard. Good judgment and good sense are absolutely necessary in deciding in a doubtful case.—*Maryland Medical Journal.*

THE ACTION OF QUININE SULPHATE IN STRENGTHENING LABOR PAINS.—While quinine sulphate has little or no power for inducing labor pains, Schwab (*La Méd Mod.*, 1897, No. 3) is positive that after uterine contractions have once begun the administration of quinine causes them to become rapid and energetic. He obtained excellent results from its use in all cases of prolonged labor due to uterine inertia. While quinine strengthens the labor pains, it does not tend to induce abortion. Unlike ergot, it causes intermittent and not tetanic contractions, and may therefore be prescribed without danger during the second stage of labor. Its action begins in about one-half hour; the drug is therefore best given in two doses of eight grains each, within a period of ten minutes. Quinine is indicated if, after rupture of the membranes, labor is unnecessarily prolonged on account of uterine inertia, the mother is exhausted, and there is danger of the child becoming asphyxiated. While quinine has a tendency to produce post-partum hæmorrhage, this is easily controlled by massage of the uterus. *Med. Record.*

ACQUIRED DEXTROCARDIA.—At a meeting of the Society of Physicians and Surgeons of Vienna, June 18th, Pascheles and Paltauf (*Wiener Klinische Rundschau*, July) reported a case of acquired dextrocardia. The clinical side of the case was described by Pascheles, who said that the patient had been shown before the Society in 1888 by Bamberger, who had made a diagnosis of congenital dextrocardia, with acquired aortic insufficiency. Later, the patient came under observation in the hospital, and it was learned that nine years before, at the age of 12, she had suffered an attack of acute articular rheumatism, and that the physician at that time had said there was a displacement of the heart. After the attack of rheumatism she had never been entirely well, and for three years had been unable to work. She suffered from dyspnœa, and from dropsical complications. There was strong venous pulsation in the neck, a visible arterial pulse, and a double crural tone. The heart was made out on percussion as extending from the left sternal border far to the right of the sternum, the apex beat being in the right fifth intercostal space. Correspondingly, to the area of normal cardiac dulness was pulmonary resonance. Over the apex beat were heard a presystolic and a systolic murmur. A loud diastolic murmur was heard just to the left of the sternum. The liver was made out on the right side. A diagnosis of congenital dextrocardia was made, largely from an absence of any cause that could produce the acquired dislocation. Cardiac lesions were diagnosed as aortic and mitral insufficiencies.

The post-mortem findings were described by Paltauf, who exhibited the specimen. There was found to be complete concretiocordis that had not been diagnosed. The heart and blood-vessels were formed in a perfectly normal manner. The left border of the heart was thrown under by the rotation of the heart upon the blood-vessels as an axis. The apex of the heart was formed by the left ventricle. The left lobe of the liver was enlarged, and in a saddle-like recess in the liver was located the heart. From the entire absence of malformation of the heart and the blood-vessels, Paltauf excluded a congenital dextrocardia. He believed that a pericarditis had preceded; that largely by accident the heart had become fixed in a position to the right of the sternum, remaining there after the absorption of the exudate.—*Medicine.*

SALINE SOLUTIONS IN OBSTETRICS.—Bacon (*Medicine*) makes a plea for a more general use of injections of saline solutions in obstetrics. Many physicians are forgetful of the value of this method of treatment, and few realize how very simple is the technique necessary for its employment. The good results attending its use in severe hæmorrhage is well known. Although it is difficult to estimate the amount of blood lost during delivery, it is not far out of the way to say that a completely saturated sheet will contain about two pounds. A deduction must be made for the amniotic fluid. In cases of hemorrhage of the "second degree"—that is, when from one-fourth to one-half of the blood of the body is lost (2.5 to 5 pounds)—the importance of prompt therapeutic aid is very great. Absorption from the rectum of an injection, though slow and rather uncertain, does well enough in the less severe cases, but when a patient has lost from two to five pounds of blood, it is necessary to use some quicker method to supply the required fluid in the vessels. This can best be accomplished by hypodermic injection, and the following simple rules are sufficiently accurate: A teaspoon of medium size is filled level full of fine table-salt, which is put into a pint of water and boiled. A hypodermic needle fitted to the end of three feet of rubber tubing and then filled with the solution is thrust into the side of the thigh; or by using a glass Y-tube, two needles may be used at the same time, one in each thigh. The saline solution is allowed to flow through the tube, no force but that of gravity being necessary. Constant massage is made about the point of the needle to assist in disposing of the fluid. In this manner from twenty-four to thirty-two ounces may be introduced in fifteen minutes, if the irrigator is raised three feet. Not more than a quart of fluid should be given at one time; if necessary the injection may be repeated in an hour or two. It is well understood that

in eclampsia the toxity of the blood-serum is increased. Whatever their nature the poisons are not excreted by the kidneys fast enough. To increase the rapidity of excretion has been the rule of treatment. Formerly, venesection was employed to remove a part of the poisoned blood, while transudation from the lymph-spaces diluted that which remained. This dilution may also be obtained by the injection of saline solution. If a patient be plethoric, from twenty to forty ounces of blood should be withdrawn, and its place taken by the injected saline solution. In anæmic patients it is better to make the injunction without venesection. The salt solution is a valuable diuretic, diaphoretic, and purgative, as well as a dilutent of the blood. The treatment of puerperal fever by saline injection has been tried on the supposition that, by dilution of the bacterial toxins and hastening their elimination, the condition of the patient will be improved. The successes are too few to permit an advocacy of the procedure in these cases. In fact, the treatment of this dire affection has made practically no progress for three decades.—*University Medical Magazine.*

MISSED ABORTION.—König (*Vratch*) reports a clinical case of fœtal retention or missed abortion, the English term being introduced. The patient was aged thirty-three: she had gone through six normal deliveries (the last three years ago) and one miscarriage. The abnormal pregnancy continued for eleven months. During the fifth and sixth months there was discharge of blood. This returned in the course of the last three months. The general health was good. The uterus lay four fingers' breadth above the pelvis, and did not contract during exploration: the vaginal portion of the cervix remained firm. The os externum, however, was patulous, admitting the forefinger, by which a spongy mass could be detected. Ergotine and hydrastis being given, the patient on the next day discharged the ovum, which measured 4 3-10ths by 2¼ inches. It exhibited numerous hæmorrhagic foci, but the original cause could not be ascertained. Konig also writes of a woman, aged forty two, who sustained severe mental shock at the sixth month. Uterine pains set in and the movements of the fœtus ceased. Three months later it was expelled: it had lain dead in the uterus all that time without causing any disturbance. Konig further reports twenty-seven cases published since 1835, no fewer than ten having been observed in Russia. The majority of the patients were multiparæ aged between thirty and forty; all the primiparæ were elderly. In 29 per cent. the nine months of pregnancy were exceeded before expulsion of the ovum. In only two cases is it related that the placenta continued to grow after the death of the fœtus.—*British Medical Journal.*

Miscellaneous.

WHAT CONSTITUTES A MAID.—The supreme court of Vermont has decided, in an action of indictment for adultery, that a maiden is "a young unmarried female, not necessarily a virgin."

A PLETHORA OF DOCTORS IN THE BRITISH EMPIRE.—There has again been an increase to the already overcrowded ranks of the British medical practitioner. The roll for 1897 exceeded that of 1896 by 950, and the roll for 1898 has upon it 619 more names than that for 1897. The whole number of practitioners in the empire is 34,903, of whom 15,400 practise in the English provinces, and 6,081 in London, leaving 13,422 distributed throughout Scotland, Ireland, Wales, colonial stations, foreign places, and the Army, Navy and Indian medical services.—*Phil. Med. Journal.*

KIPLING ON DOCTORS.—Rudyard Kipling, at the annual dinner of the Harveian Society of London, replied to the toast of "The Visitors." He said he had been thrown much in the company of medical men in all parts of the world, and he admired them. He had seen them going to certain death with no hope of reward, because it was "business." He had also seen them handling cholera and smallpox, and when dying therefrom wiring for a substitute. He had seen them in Vermont manage a practice twenty miles in each direction, driving horses through eight feet of snow to attend an operation ten miles away, and digging their horses out of the snow and proceeding. It was one of the proudest things of his life, he said, to have been associated with "real fighting men of this class."—*Medical Age.*

SANDY'S SALVATION.—An' hoo's the guidwife, Sandy?" said one farmer to another, as they met in the market place and exchanged snuff boxes. "Did ye no hear that she's dead and buried?" said Sandy solemnly. "Dear me!" exclaimed the friend sympathetically. "Surely it must have been very sudden?" "Ay, it was sudden," returned Sandy. "Ye see, when she turned ill we hadna time to send for the doctor, sae I gaed her a bit pouther that I had lying in my drawer for a year or twa, and that I had got frae the doctor mysel', but hadna ta'en. What the pouther was I dinna verra weel ken, but she died soon after. It's a sair loss to me, I can assure ye, but it's something to be thankfu' for I didna tak' the pouther mysel'."—*Spare Moments.*

SHOOT THE POODLE.—A young lady travelling to Moscow constantly kissed and fondled a neat little dog belonging to another lady. The little animal seemed well pleased and acted very mannerly, but all remarked that it was sneezing constantly. After arriving in Moscow the young lady was first affected with redness of the tip of the nose, which did not yield to any remedy; then the nose began to be painful, inflamed, and began to secrete mucus. The physician who was consulted diagnosed the case influenza. But as she constantly became worse, and the ulceration increased, a consultation was held, when the microscope revealed a case of *glanders*, which had evidently been transferred from a horse to the dog.—*Medical Age.*

SANMETTO A STANDARD REMEDY IN GENITO-URINARY DISEASES.—I have prescribed Sanmetto in a large number of cases of genito-urinary troubles during the last four years, and with uniformly good success. In prostatic troubles of old men, with difficult micturation, it acts like a charm. In cases of irritable bladder with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy. J. F. SUYDAM, M.D.

Alma, Mich.

A WINTER REMEDY.—That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later, it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal-tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice: and is now generally accepted as the safest and surest of the coal-tar products. Five grain "Antikamnia and Codeine Tablets," each containing 4¼ grains Antikamnia, ¼ grain Sulph. Codeine affords a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.