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Original Communications.

ACUTE SUPPURATIVE HEPATITIS, CONSEQUENT UPON COMPLETE OBLITERATION OF THE GALL BLADDER.

BY T. R. DUPUIS, M.D., PROF. OF ANATOMY, QUEEN'S COLLEGE, KINGSTON.*

GENTLEMEN,—The following case is of peculiar interest, on account of the part implicated, as revealed by post mortem examination; the length of time which a man may live without a gall bladder, and the few morbid symptoms which such a condition manifests. I had known the individual of whom I write for perhaps over thirty years, and during that period I had always regarded him, and he had been regarded by others, as an average healthy man. He was a farmer, and consequently had plenty of out-door exercise and coarse healthy food; and he belonged to that peculiar class of people, who, although they do a sufficient quantity of work, are never apt to hurt themselves by over-work. There was nothing in the situation of his home, or in his mode of home-life, differing from that of other farmers around him; he lived, in fact, "a quiet uneventful life." A tavern was kept nearly opposite to his house—the house in which he was born and lived the whole of his lifetime; he was far from being, what in common parlance is termed "a drunkard," yet he did not object to the taste of beer or whiskey; and it is doubtful if ever a day passed without his having "wet his whistle" with one or both of the seductive beverages.

He was a man of medium size, light-complexioned, and spare in body, and for a few years back had seemed to me to wear a sallow, worn, and somewhat cadaveric look, although he made no special complaint of being in any way unwell. When I made the post mortem examination, after having discovered the condition of the liver and its appendages, I inquired particularly of his wife of what he complained whenever he did make complaints. Her answer was to the effect that he scarcely ever made any complaint of being sick, excepting that occasionally, during the last nine years, he would have what they called "bilious attacks," during which attacks he would complain of pains across him, turn sick at his stomach and generally vomit a little. In a short time this state of affairs would pass away, and he would again return to his accustomed state of health. None of his neighbors or acquaintances had ever heard him complain of being sick, and they all looked upon him as healthy, tough and "wiry," equal to, if not beyond, the average of men.

Symptoms during sickness.—For these I am chiefly indebted to Dr. J. W. Patterson, of Harrowsmith (now of Toronto), as he was the regularly attendant physician, and I was present only in consultation with him. His report is as follows: G. P., æt. 48; habits regular; used tobacco largely; consumed regularly every day more or less spirituous or malt liquors; had generally a good appetite; rather inclined to constipation; was able to attend to his business as a farmer constantly; although for the last eighteen or twenty months his appetite and strength had not been entirely up to the mark. He was called to see him on the night between the 4th and 5th of March, and found him suffering from symptoms of a "heavy cold," *i. e.*, pains all over the body, severe in the back, and more especially in the lumbar region; urine scanty, very high colored; slight thirst; tongue slightly coated, but red; temperature about 100°, and great restlessness.

Doctor Patterson ordered some hot applications to the back, gave a mild diuretic and a Dover's powder to ease pain and produce diaphoresis, and procure rest. Being called again on the 7th of March, he found quite a different set of symptoms. There was pain in the epigastric and right hypochondriac regions; severe chills occurring at irregular intervals, from two to four times in the twenty-four hours; constipated bowels, with nearly a porter-colored urine; temperature 100.5°; complete anorexia; occasional vomiting, with soreness on pressure over the region of the stomach and liver; pulse about 96. The doctor diagnosed cir-

* Read before the Ont. Med. Ass'n, Toronto, June, 1886.

cumscribed peritonitis, with slight involvement of the liver, and treated him accordingly. On the 10th of March I saw him with Dr. Patterson, and found him in the condition last described, as his symptoms had undergone no change. In addition to the symptoms already detailed, I noticed that he coughed hard and frequently, but the most minute examination failed to detect anything more than the crepitation of bronchial mucus such as might be produced by extraneous irritation.

According to the entry made in my day book at the time I find that I diagnosed acute hepatitis with involvement of the upper peritoneal surface of the organ, being assisted in this by the acute pain which he suffered in that region. On the 12th of March I saw him again with Dr. Patterson, but I could perceive no change except increased weakness, the chills were continuing violently two or three times in the 24 hours, and his general suffering, as shown by his extreme restlessness and jactitation was extreme. On the 20th of March I saw him again, and introduced a hypodermic syringe needle into the liver to ascertain the presence of pus; but as one of the small abscesses did not happen to be punctured, no pus was obtained. A day or two afterwards Dr. Patterson introduced the needle again and obtained a minute quantity of pus; this confirmed our diagnosis, namely, that he had pus in the liver, but in what condition it existed was not so easily decided. There was no fluctuation to indicate an abscess of any size, and our conclusion was that the pus existed between the peritoneal layers in front of the liver. How correct we were the sequel will show.

Two days after this he died, and we made a post mortem examination.

Post-Mortem Appearances.—Abdomen flat; slight prominence in region of liver; body greatly emaciated.

On opening the abdomen and bringing the liver into view, signs of inflammation were distinctly visible. The peritoneum covering the liver was inflamed, and covered with a thin layer of pus; the inflammation extending over the whole front and upper surface of the liver, and upon the under surface of the diaphragm for a short distance, and down the lesser omentum on to the anterior wall of the stomach; the peritoneum lining the abdominal wall over the liver was inflamed, but the inflammation was not at all general. The liver itself was considerably increased in volume, and through its peritoneal covering appeared numerous projecting pustules of sizes varying from that of a mustard seed to that of a pea. On removing the peritoneal covering of the liver pus oozed from each of these various little abscesses, and the organ itself was a much darker red, and more friable than in health.

On raising up the liver to remove it from the body a peculiar shaped stone broke loose and fell back upon the intestines; one of the gentlemen assisting at the autopsy picked it up and exclaimed, "What is this?" We looked at it for a moment, but did not attempt to explain just then; after raising the liver high enough to get a view of its under surface, the first thing that struck our notice was the absence of a gall bladder; the right and left hepatic ducts were there, and the ductus communis choledochus, but the cystic duct and gall bladder were not. The hepatic ducts and common bile ducts were all patent, the two former being somewhat enlarged, and containing bile mingled with pus; the cystic duct, as already stated, was obliterated so that the bile passed directly downwards from the hepatic ducts into the common bile duct; the larger branches of the hepatic ducts on being cut across, poured out the same mixed fluid of pus and bile that came from their larger portions, and such a condition of affairs seemed to continue into their smallest ramifications.

The fissure for the gall bladder was marked by a deep narrow groove, into which this stony formation exactly fitted, and which explained the nature of the latter; there was nothing abnormal in the formation of the other fissures or lobes of the liver, only that its whole under surface was studded with various sized abscesses. On cutting through the substance of the liver in every direction the cut surfaces exhibited abscesses varying in size from a currant to a cherry—the largest perhaps being an inch in diameter—filled with creamy looking fluid pus. The lungs, pancreas, and spleen, looked healthy, and the stomach had not suffered except from inflammation of a part of the peritoneal coat on its anterior aspect. The cause of this condition is to me very obscure. The state of the ducts—filled with pus and bile—and the formation of this monstrous biliary concretion would place this case in that somewhat doubtful class known as "biliary abscesses."

Ziegler's Pathological Anatomy states that "when the biliary channels are somehow diseased, so that bile is retained and stagnates within them, concretions may be formed, and these appear to favor the entrance of noxious matter into the liver." Symptoms of these biliary abscesses are the mingling of pus with bile or with biliary concretions; and when the abscess lies immediately beneath the serous membrane the latter is more or less intensely inflamed.

This case fulfilled all the foregoing conditions, and hence the probability is that the cause was in the liver itself and in the quality of the bile which it secreted.

A physiological fact is here worthy of note, namely, the length of time during which a person may continue in apparent good health without a gall bladder—with the bile passing directly from the hepatic ducts into the ductus communis choledochus. This complete petrifaction of the gall bladder must have been a long time developing, for it could not possibly have occurred suddenly. The probability is that it became gradually filled with gall stones, and that these were in time cemented together by a continued secretion of matter similar to the gall stones. I had in my possession once a gall bladder packed full of gall stones—92 in all—and fitted to each other by angles and facets as perfectly as the bones of the wrist or ankle are fitted. A few years longer of life would doubtless have cemented them together into one piece, and then there would have been a condition similar to that which I have brought before you to-day.

EXTIRPATION OF UTERUS.

BY DR. TRENHOLME, MONTREAL.

The patient is 35 years of age, and the mother of five children, the youngest eight months old. Though of a cancerous family, she is of good general health, and all her children are healthy. Her suffering began about four years ago, when uterine pain was first felt. Gradually the distress increased until about four months ago, when it became so severe as to compel her to seek medical advice. Intense pain in hypogastric and iliac regions, uterine hemorrhage and fetid vaginal discharge are the most prominent symptoms. Upon making a vaginal examination the uterus was found freely moveable, and there was no induration of the pelvic tissues perceptible. The os uteri was excavated by an ulcer which had eaten away both lips close up to, but not involving the vaginal attachment. The cavity of the neck was funnel-shaped, the apex of the excavation corresponding to the inner os—depth of uterine cavity $2\frac{3}{4}$ inches. The surface of the ulcer bled freely when touched, and was covered with papilliform vegetations.

As the life of this lady was extremely valuable to her young family, I hesitated to speak of extirpation of the uterus, and yet any other treatment offered but little hope for benefiting her, or lengthening her days. Removal of the diseased tissue by knife or caustic was impossible for the reasons already stated. As the patient was willing to take the risk, I felt free to do the best I could for her and removed the uterus on 15th inst.

The operation was made per vaginam, and there was scarcely any loss of blood. After cutting into the posterior *cul-de-sac*, the womb was brought backward and outside the vulva and the vaginal detachment was made segment by segment, each portion being well ligated before dividing it with the scissors. I claim that the operation was a surgical and scientific one, barring a slight incision into the bladder, the result of trying to keep too well clear of the diseased os on the left side—the wound in the bladder was closed by a single suture of shoemaker's thread. The vault in the vagina was closed by four sutures of the same material, and a bulbous drainage tube was left protruding through the wound and concealed in the vagina. The patient stood the operation well, and for two days the bladder gave no trouble—then urine found its way by the side of the drainage tube into the vagina, and as the catheter was causing some vesical irritation, and no urine passed through it, it was removed. For three days the urine gave great pain, when once more it accumulated in the bladder, and she was able to retain it until it accumulated to the extent of an ounce or more—when she passed it herself.

For the last 10 days there has been no flow through the wound, and her bladder difficulty, and in fact almost all her sufferings, have ceased. On the second day her temperature ran up to 101, and her pulse to 108. Since the fifth day both pulse and temperature have been almost normal, and for the last week quite normal. On the seventh day the patient, without permission, sat on the edge of her bed for a rest. She eats freely, sleeps well, has very little pain, and except for a

slight discharge of pus and the occasional escape of a ligature, she appears quite well.

On 16th June a number of the ligatures protruding into the vagina were removed. From this time onward she has been able to take the charge of her house and enjoys goood health.

Correspondence.

UNPROFESSIONAL CONDUCT.

To the Editor of THE CANADA LANCET.

SIR,—Would you kindly express your opinion of the following through the columns of the LANCET:

CASE No. I.—A medical man of many years standing in this town, whom we shall call No. 1, was attending a sick child. The father, without informing Dr. No. 1, called in a young doctor who had lately come to town, whom we shall call No. 2, who knowing all the facts of the case, unceremoniously took the case out of the hands of doctor No. 1, and neither he nor the father of the child, ever informed No. 1 that he has been discarded, but leaves him to find this out from the neighbors.

CASE No. II.—Doctor No. 1 had a patient who came to his office for examination and treatment. Doctor No. 2 sends two distinct messages to the patient's home, asking the parents to bring their boy to his office, and he would call in doctor No. 3, a retired physician, and they would treat their boy. The parents disregarded the first request, but told doctor No. 1 that the message had been sent by No. 2. No. 2 perseveres and sends a second message, and this time succeeds. The boy is taken to No. 2, and he calls in No. 3, and between them they retain and treat the case. These medical men all met lately at the January meeting of the Med. Ass'n in this town. Numbers 1 and 2, are members in full standing, who have had no personal quarrel whatever. No. 3, is not a member. This seems to be No. One's way of doing business—as report says he followed the same practice in the place from which he came. Is it right? Is this the way to build up a practice? What means should be taken to prevent such conduct? Is it right to ask another doctor's patients on the street to come into your office for examination, and to ask other doctor's families to patronize you—as our friend has done? Is it not lowering the character and standing of our noble profession?

Yours, etc.,

Huron, May 12th. MEDICO.

[It is to be regretted that "regulars" in the profession sometimes stoop to such practices as are given above, for the purpose of gaining a foothold in a community. While we know that the *vox populi* is not always to be trusted, we still believe that the sense of right, governing any intelligent community, will relegate such practice where it belongs, and that No. 2 will ere long reap the reward of such underhand dealings. It would appear that no steps can be taken to punish such offenders, and we would suggest a severe letting alone by his medical brethren, as perhaps the best means of bringing No. 2 to his sense of right in such matters.]—ED. LANCET.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The sixth annual meeting of the Ontario Medical Association was held in the Normal School buildings, Toronto, on the 2nd and 3rd ult.; Dr. Tye, Chatham, president, occupied the chair, with Dr. Anrott, London; Dr. Temple, Toronto; Dr. Hillary, Aurora, and Dr. Henderson, Kingston, the vice-presidents around him. There was a large attendance present. The Secretary, Dr. J. E. White, Toronto, read the minutes of the previous year's meeting, which were confirmed. Drs. Cronyn and Tremaine, of Buffalo, Dr. Moore, of Rochester, President of the N. Y. State Medical Society, Dr. Manton, of Detroit, and Drs. Ross, Trenholme, and Rogers of Montreal were introduced as guests. Dr. Moore took occasion to utter a few words of congratulation to the profession on the high standing it has attained in this country, and to bid them beware of quackery. After a few remarks by the other guests the President delivered his address, which was received with marked interest and attention. After returning thanks for the honor conferred upon him by his election to the chair, he pointed out the advantages to be derived by the profession from such an association as this. In the great centres of medical learning the scalpel and the microscope have opened new worlds for them to conquer, and those who expect

to do much will accomplish much. Then there were the social benefits to be derived from these meetings. The profession in this province, he went on to say, is now in a very satisfactory state. Peace, harmony and progress happily characterize it. The status of the profession is immeasurably above what it was only twenty years ago. They were all proud of what had been achieved, and though they were thankful they did not desire to rest, but to steadily advance. They lived not for to-day alone, but for the days of their children also. It was their duty and their pleasure to place the society on a broader basis, to make it more thoroughly useful and to make it embrace a large number of their fellows. He suggested that efforts should be made to organize a larger number of local societies in affiliation with the association. Such societies would consolidate the profession and greatly augment the Provincial Association meeting in numbers and in useful work. He thought the changes made two years ago at Hamilton had proved satisfactory. But while providing for their own internal economy and growth, they could not forget that they had much other work to do. It was a source of much pleasure and gratification that our system of medical education is already so complete and that our graduates are second to none. There was, however, abundance of time and ability to reach still higher grades, and it was a matter of deep regret that the colleges graduate in three terms, and that our anomalous medical relations with the Mother Country oblige our council to accept three years. This matter might engage the attention of the association. It was the duty of that association to watch well the course of medical education, to suggests improvements and to let them be known for the guidance of those in authority. A standing committee representing all parts of the province, and comprised of active, well-educated men, should be appointed to carefully watch medical education, gather facts and report their conclusions. Thus the association would be the guardian and director of medical education. The University of Toronto had with liberality and wisdom opened its portals, so that students may go there for degrees without hindrance, and it bids fair to produce a majority of the best men in the future. He suggested also the appointment of a special committee on legislation to aid in procuring legislation necessary for self-improvement. He believed the profession should be more largely represented in legislative halls, so that they might find assistance when required, for they were not without enemies, and self-preservation must not be overlooked. Late efforts to obtain legislation showed how weak the profession is in this respect. It was most lamentable that men holding lisense to practice an honorable profession degrade themselves to the lowest condition by misrepresentation and falsehood, preying upon the superstition of the ignorant and the fears of the feeble. They obtain money under false pretences, and yet are not amenable to punishment. These were registered side by side with the most honorable men, and paraded that fact to prove a character. There was no legal distinction, and none could be made as the law stands. "We are ashamed of our company," the president said, "and pray for separation." He urged the inauguration of a system of collective investigation of preventible disease. This was a work for the State, and for the whole people. He concluded with these words:—"Should harmony still reign supreme in our young association as it has done hitherto, it should progress onward and upward, achieving a rich harvest in the future, and it shall become a pillar in the temple of the history of our country to represent the power and the glory of the profession."

Dr. Gibson and Dr. Yonkers. of Belleville, presented two patients suffering from hæmaturia, and gave detailed histories of their cases. Unfortunately, after all the trouble which these gentlemen had taken to bring these patients to the city from a considerable distance, no discussion took place and other business proceeded, the President ruling that the time allowed for the opening of such discussion had elapsed.

Dr. Atherton, Toronto, opened the discussion on fractures of the thigh by reading a paper on ordinary fractures. He concluded by emphasizing the

A long discussion followed, taken part in by Drs. Oldright, MacFarlane, Ferguson, Powell, Moore, (Rochester), Tremaine (Buffalo), Carson, J. H. Richardson and McCrae.

Dr. Campbell (Seaforth), gave the history of two cases of placenta previa, and detailed his treatment.

Drs. Stanbnry, Temple, Trenholme, Davison, and Canniff took part in the discussion which followed.

Dr. W. H. Henderson, (Kingston), read a paper on a case of glio sarcoma, involving the pituitary body, which had come under his notice in the Kingston hospital.

A discussion on pneumonia was opened by Dr. Gillies, of Teeswater, who read a paper on the subject. He pointed out that this disease stands fourth in the list of most fatal diseases according to returns of the Registrar-General of Ontario. He dealt with the disease and its treatment.

Dr. Geikie followed, and spoke also on its treatment.

Drs. Canniff, Smith (Seaforth), J. E. Graham, Clark (Walkerton), and Ross (Montreal), then spoke, the treatment being the main point of discussion.

Dr. McKeough (Chatham), read a paper on "The Influence of Malaria and Quinine on Pregnant Women."

Dr. Howe, of Buffalo, made a short address, and exhibited a simple apparatus to show that practitioners can with ease cultivate bacteria and and test the antiseptic power of preparations.

Dr. Teskey followed with a few remarks, showing the very great care which is necessary in making such experiments.

On the morning of the second day the Secretary read a telegram received in reply to the one which had been forwarded to the Ohio Medical Society, then in session at Akron.

Telegrams from Dr. E. W. Jenks, Detroit, and Dr. W. H. Hingston, Montreal, were read regretting inability to accept the invitation extended to them to attend the meeting.

The consideration of albuminuria was then taken up. Dr. Eccles, of London, opened the subject, which was discussed by Drs. Macdonald, Brouse, A. H. Wright, Rosebrugh (Hamilton), Temple, Ferguson, Harrison, Mitchell and Moore (Rochester). The last named gentleman spoke at length, and gave the history of many cases which had come under his care. His address was listened to with close attention, it being full of valuable information, and presented in an interesting manner.

Dr. McKinnon, of Guelph, read a paper giving the details of four cases of ovariotomy.

On the opening of the afternoon session of the second day, Dr. Arnott of London took the chair, The President, Dr. Tye, being obliged to leave the city.

Dr. W. H. Aikins exhibited a form of splint for use in fractures of the humures. It was of simple form, being a piece of hoop iron, about twenty-eight inches in length, with ends turned, one end to be placed under the elbow, and the other to rest on the shoulder.

Dr. Dupuis of Kingston read a paper on "Multiple Hepatic Abscess," showing specimens of gall stones, also notes of a case of congenital malformation of the rectum and anus, the specimens being exhibited at the same time.

Dr. McFarlane, Toronto, gave an address on diphtheritic croup. He had had many cases under his care during the late epidemic of the disease in Toronto. The conclusion he had arrived at was that no hard and fast line could be laid down for the treatment of all cases. He objected to tracheotomy in true diphtheria.

Dr. McDonagh, Toronto, read a paper on "The indentity of croup and diphthera," in which he expressed the opinion that membranous croup and laryngeal diphtheria are the same.

Dr. Cronyn, Buffalo, gave details of an attack of diphtheria, in his own person, to show that local applications are of no use. He thought the fact that the disease is one of septic poisoning was often overlooked. The disease was constitutional. He was opposed to tracheotomy.

The discussion was continued by Drs. Aikins, Curry, of Minden, Ruttan, Palmer, McPhedran, Macdonald, of Hamilton, and Atherton, the main point receiving attention being the expediency or otherwise of the operation of tracheotomy.

Dr. Macdonald, Hamilton, presented the report of the committee on nominations as follows:

President—Dr. J. H. Richardson, Toronto; First Vice-President—Dr. Harrison, Selkirk; Second Vice-President—Dr. Brouse, Brockville; Third Vice-President—Dr. Moorhouse, London; Fourth Vice-President—Dr. Ayelsworth, Collingwood; First Corresponding Secretary—Dr. Fraser, Sarnia; Second—Dr. Harris, Brantford; Third—Dr. Aikeman, Collingwood; Fourth—Dr. Gibson, Belleville; General Secretary—Dr. J. E. White, Toronto; Treasurer—Dr. W. A. Powell, Toronto; *vice* Dr. Graham, who resigned owing to his time being otherwise fully occupied.

Additions were recommended to be made to the committees as follows, one member being dropped from each:—Credentials—Dr. Pyne, Toronto.

Legislation—Dr. Jett, Guelph. Public Health—Dr. Bryce, Toronto Publication—Dr. A. A. Macdonald, Toronto. By-Laws—Dr. A. M. Roseburgh, Toronto, and Dr. Gillies, Teeswater. Ethics—Dr. Oldright, Toronto.

The committee recommended Toronto as the next place of meeting.

The report was adopted.

"Diseases of the Eye in Pregnant Women," by Dr. Palmer; "Secondary Puerperal Hemorrhage," by Dr A. H. Wright," followed.

Dr. Covernton then read a paper on "Intimate Relation of General Public, Medical Profession and Local Boards of Health with Practical Sanitation."

At the opening of the Evening Session, Dr. Temple presiding, Dr. Oldright opened a discussion on Colles' fracture, giving a few points on the subject.

Dr. Moore gave a detailed account of his mode of treating Colles' fracture. His method is to place a small rool under the wrist, bind adhesive plaster round it, and place the arm in a sling, allowing the hand to hang down. The explanation was given in the doctor's lucid manner, and was listened to with close attention. The operation was illustrated on the arm of one of the doctors present.

Dr. Cameron moved, seconded by Dr. Jones, a cordial vote of thanks to Dr. Moore for his kindness in remaining over to explain his method.

The motion was heartily adopted and presented to Dr. Moore, who replied briefly.

ETHICS.

A report of the Committee on Ethics was presented. It recommended for revision the code proposed by Percival in 1807, which forms the basis of the American code adopted in 1847.

Dr. Mullin stated that he, a member of the committee, had not been consulted in regard to the report.

The report, being irregular, was therefore tabled.

Dr. McFarlane expressed dissatisfaction because the committee had not dealt with the matter of consultation with irregular practitioners.

After some discussion, the following committee was appointed, on motion of Dr. McFarlane, to report next year:—Drs. Graham, Sheard, Mullin, Temple, Cameron, Burns, White, O'Reilly and the mover.

On motion of Dr. Graham, the report of this committee was made the first order for the second morning of the next annual meeting.

Dr. Henderson gave notice of a motion for the appointment of a committee to consider the formation of a defence union, for the purpose of defending actions for malpractice.

Dr. Richardson, the newly elected president, then took the chair and returned thanks for his election. He appreciated the honor very highly, particularly as it had been altogether unexpected.

ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council was held in Toronto on the 8th, 9th; 10th, and 11th ult. Dr. Bergin, M. P., Cornwall, president, occupied the chair, and the following answered to their names:—Dr. Bray, Chatham; Dr. Buchan, Toronto; Dr. Burns, Toronto; Dr. Cranston, Arnprior; Dr. Day, Trenton; Dr. Edwards, London; Dr. Fenwick, London; Dr. Fowler, Kingston; Dr. Geikie, Toronto; Dr. Harris, Brantford; Dr. Henderson, Strathroy; Dr. Henry, Orangeville; Dr. Logan, Ottawa; Dr. Moore, Brockville; Dr. Orr, Maple; Dr. Philips, Brantford; Dr. Roseburgh, Hamilton; Dr. Russell, Burbank; Dr. Ruttan, Napanee; Dr. Williams, Ingersoll; Dr. Wright, Toronto; Dr. Campbell, London; Dr. Grant, Ottawa; Dr. Husband, Hamilton; Dr. Vernon, Hamilton.

After the president's address, the following officers were elected for the ensuing year:—

President—Dr. H. H. Wright, Toronto; Vice-President—Dr. Henderson, London; Registrar and Secretary—Dr. Pyne, Toronto; Treasurer—Dr. W. T. Aikins, Toronto; Solicitor—B. B. Osler, Q.C.

On the motion of Dr. Geikie, seconded by Dr. Fowler a resolution, expressing a sense of the loss sustained by the Council in the death of Dr. R. Douglas late representative of the Saugeen and Brock Electral Division, and also tendering to the friends of the deceased the sympathy of the Council, was agreed to.

The standing committees were then struck as follows:—

Registration—Drs. Roseburgh, Fenwick, Orr, Russell, Campbell and Bergin.

Rules and Regulations—Drs. Day, Burns, Campbell, Fowler and Williams.

Finance—Drs. Edwards, Henderson, Philip, Russell and Ruttan.

Printing—Drs. Burns, Buchan, Vernon, Moore, and Henry.

Education—Drs. Grant, Buchan, Bray, Burns, Cranston, Day, Edwards, Fenwick, Fowler, Geikie, Harris, Husband, Logan, Moore, Williams and Bergin.

Executive—Drs. Wright, Henderson, and Roseburgh.

June 9th.

The Council met at 10 a.m. Dr. H. H. Wright, in the chair.

Dr. Williams gave notice of motion to revise the regulations affecting the appointment of examiners. The Building Committee reported that they had received no offers for the purchase of the Council building. They recommended that new and more suitable quarters be erected. This report was considered in Committee of the Whole and referred back to the committee for further suggestions. At the afternoon session the council appointed a Building Committee composed of Drs. Cranston, Day, Henderson, Bray, Wright, Burns, Buchan and Geikie. Mr. Grote, barrister, addressed the council on behalf of a gentleman seeking registration out of the ordinary course. The council then adjourned.

June 10th.

Council met at 10 a.m., Dr. H. H. Wright, President, in the chair.

The report of the Finance Committee was presented and adopted. It stated that the finances of the council were in a very satisfactory condition, and that after paying the mortgage on the building and ground a balance remained on hand of $3,184.15. The liabilities were $2,012.69, and the assets $35,684.15.

Dr. Campbell moved a resolution to the effect that the council desires to protest against the provisions of the British Medical Act under which licentiates of medicine of Great Britain are allowed to practice in the Province without completing the curriculum adopted by this council.

The resolution was carried after some discussion.

The retiring president's address was now discussed. Dr. Grant leading in a powerful speech in which some of the utterances made by Dr. Bergin were sharply criticised. Dr. Edwards, Burns and others followed, and Drs. Edwards, Grant and Logan were appointed a committee to report on the retiring president's address.

Dr. Day moved, That in view of the peculiar position in which this Council is placed, in consequence of the present medical legislation in Great Britain, Drs. Grant, Logan and Geikie, members of the Council, be authorized when in England to take such measures as will be most likely to remove the disability of this Council in reference to the conditions under which members of the profession will be admitted to registration.

The motion was carried.

Dr. Grant presented the report of the special committee on the ex-president's address as follows:—

1. With reference to the published statement in the presidential address, "That matters had now taken such a shape that it was a question whether the college really is of service to the medical profession of Ontario," and "that he feared the college had not accomplished the purpose for which it was established," your committee are of opinion the college has accomplished a good work in formulating a line of medical education in keeping with the scientific advancement of the age, and one which now merits the approval of the profession and the teaching bodies.

2. That a central examining body now exists for all the medical students desiring to practice medicine and surgery in Ontario, that every care and discretion is now exercised in granting licenses to practice the profession, such as did not exist prior to the introduction of our present Medical Act and the formation of this council.

3. We are of opinion the council has thus far accomplished a good work and merits both professional and public support.

4. As to increased clinical instruction, we are of opinion such might be very judiciously carried into effect.

5. As to British legislation, we are of opinion that the growing requirements of medical education in Ontario will meet shortly with the cordial support of the Home Government.

6. They regret the absence of the past president, inasmuch as they feel satisfied he would have so qualified his address as to remove the erroneous impression which might be conveyed as to the usefulness of the Medical Council of Ontario.

The council resolved itself into Committee of the Whole on the report, Dr. Bray in the chair.

After considerable discussion by Drs. Bray, Geikie, Ruttan, Grant, and others, the report was adopted, and the registrar was instructed to forward a copy to Dr. Bergin.

June 11th.—Council met at 10 a m.

Dr. Bray moved, seconded by Dr. Henderson, "That the present building committee with the addition of Dr. Aikins and the treasurer be appointed to take action and go on at once with the new building according to the plans presented to this Council, with such modifications as may be

deemed necessary, with power to raise the necessary funds in such a way as may be desirable." Carried.

The committee as constituted consists of Drs. Burns, H. H. Wright, Buchan, Geikie, Bray, Day, Henderson, Cranston and Aikins.

Dr. Orr moved, "That the territorial representatives be increased to twenty-four, and that the Legislative Committee be instructed to obtain the necessary legislation." He said that in supporting the motion that the change would do much to extend the interest in the council, while the representatives, by reducing the area of their divisions, would be within easy distance of their constituents.

The motion was referred to the Legislative Committee.

Dr. Day presented the report of the Legislative Committee, stating that the amendments to the Medical Act sought by the council had been introduced at the last session of the Legislature and read the first time, but owing to the lateness of the time when considered the further stages had not been taken. The bill was not likely to have any opposition next session.

The report was adopted.

Dr. Harris moved, that Drs. Grant and Geikie be hereby appointed representatives from the council to the British Medical Association which meets in England in August next." Carried.

A by-law was passed levying a fee of $1 on every member of the College of Physicians and Surgeons of Ontario.

Dr. Edwards moved, "That the council expresses its appreciation of the honor conferred on their body by the election of Dr. Grant as vice-president of Canada to the International Medical Congress." Carried.

The case of H. E. Sheppard, who applies for permission to practice, was referred to the Executive Committee.

The report of the education committee, which was adopted, recommended the appointment of the following Board of Examiners for 1887-8:—Dr. J. Fulton, Toronto anatomy, descriptive; Dr. A. S. Oliver, Kingston, theory and practice of medicine and therapeuties and general pathology; J. McArthur, London, midwifery, operative and other than operative, with puerperal and infantile diseases; Dr. G. A. Tye, Chatham, physiology and histology; Dr. I. H. Cameron, Toronto, surgery, operative and other than operative; Dr. J. H. Wishart, London, medical and surgical anatomy; Dr. M. Barrett, Toronto, chemistry, theoretical and practical and toxicology; Dr. McKay, Ingersoll, materia medica, and pharmacy; Dr. Elliott, Orillia, medical jurisprudence and sanitary science; Dr. Linton, St. Thomas, homœopathic examiner.

After passing a vote of thanks to the chairman, the council adjourned till the second Tuesday in June, 1887.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Regular monthly meeting May 4th. Dr. Stark, President, in the chair.

Dr. Malloch exhibited to the Society a strangulated multilocular ovarian cyst, and gave a history of the case which unfortunately proved fatal. When called to the case the patient had been suffering from Friday till Monday morning, and there was general peritonitis: a tense acutely painful tumor was to be felt on the left side of the abdomen, stretching up from the left iliac fossa to near the false ribs. He advised operative interference as the only means offering a chance of life. When the peritoneum was opened masses of thick tenacious jelly-like substance escaped with blood clots. The tumor lay so far to the left that it could only be touched—the wound was then enlarged to five inches: the tumor could not then be brought into view until some of the inflamed and distended bowels had escaped. A trocar was passed into the black tense cyst when brought to the wound but nothing flowed through it. The tumor was then slowly drawn out, and in doing so a cyst upon the anterior and superior surface of the tumor was seen discharging its contents which was similar to what had escaped from the abdominal wound. The pedicle was then untwisted and a ligature applied with the Stafford hire knot and the tumor cut away. The single ligature slipped and had to be replaced by three separate ligatures. Sponge after sponge was then removed, loaded with the jelly-like substance and blood. The patient showed signs of collapse, and washing out of the abdominal cavity could not be done. Some difficulty was experienced in returning the distended bowels. A drainage tube was left in and the wound closed with stitches very closely applied. The patient recovered from the shock, but died in 36 hours, delirious; temp. in axilia two hours before death 106⅘°. Nothing could be sucked through the drainage tube after the first four hours, so is was removed.

He stated that this was the second case of strangulated ovarian cyst that he had met with, that out of three cases of ovarian or parovian cysts seen in two years, two of them were thus complicated. The first case of strangulated ovar-

ian cyst which was successful he had reported to the Society in 1884.

From this experience one would be inclined to infer that strangulation was not an uncommon event in the history of ovarian disease : this however is not the case as in Mr. Lawson Tait's first 100 ovariotomies he had only once met this complication, and many ovariotomists had never met with this unfortunate complication. This case he thought was peculiarly interesting : it occurred on the left side, whereas by far the greater number of cases are right-sided : to his mind it completely refuted Mr. Lawson Tait's theory with regard to the cause of the twist in the pedicle in these cases. Dr. Malloch's first case was right-sided, direction of twist not noted, but in this case the direction and degree were seen by all present. In general, as he understands it from Mr. Tait's books, the direction of the twist in right-sided cases is from below outwards to the right and then across to the left, and that the direction is given by the infringement of masses of fæces passing down the rectum. In this case the direction of the twist was from the middle to the left, and then round towards the pubis, the rectum being in its normal position. He thought the twist would have been the very reverse were it due to the passage of fæces down a left side rectum. From a diagnostic point the case was interesting as the tumor lay over the descending colon, and did not reach the middle lines, the length of the pedicle could not have been three-quarters of an inch. The patient had been operated on for ovarian disease some 14 years before by Dr. Keith, of Edinburgh. In his first case Dr. Malloch advised an operation to remove tension in the abdominal cavity affected with peritonitis, not knowing that the cyst was strangulated, and he thinks that with symptoms of peritonitis and an abdominal tumor likely at all to be removable an operation is called for.

Dr. A. Woolverton said he thought that if the operation had been performed earlier the patient might have had a better chance of recovery.

Dr. Leslie advanced a theory to account for the twist in the pedicle. He supposed the cyst had first ruptured and set up inflammation and distension of the abdomen, thus causing the twist.

Drs. Phillips, Mackelcan, Shaw and McCargow, made some remarks.

Dr. Hillyer read a medico-legal paper, bearing on a case in his practice, which was freely discussed.

F. E. WOOLVERTON, Secretary,

Selected Articles.

MASSAGE AS A THERAPEUTIC AGENT.

BY WILLIAM MURRELL, M.D., F.R.C.P.

Massage is of such inestimable value in the treatment of many intractable diseases, that it is to be regretted that so little is known about it in this country, and that it is so rarely employed as a therapeutic agent. It is often spoken of as a new method of treatment, but it has been in general use on the continent for a long time, and, more than ten years ago, received the adhesion of Billroth, Langenbeck, Esmarch, and other authorities. In a crude and primitive form, it is very ancient indeed, and is probably as old as surgery itself. Amongst the Greeks and the Romans it was extensively employed, both as a means of hastening convalescence from long tedious illnesses, and to relieve pain, and render supple, bruised or injured joints. The writings of Plato abound in references to this mode of treatment, and its virtues seem to have been very generally recognised.

It is to be feared that there is a certain amount of prejudice against the employment of massage, arising, probably, from the fact that it is frequently confounded with "shampooing" and "medical rubbing;" but it is, in reality, a scientific mode of treatment well worthy of attentive study at the hands of skilled physicians and surgeons. The literature of the subject is extensive, and it would be impossible to give, within the limits of a short article, even an abstract of it. There are several kinds of massage, but the system almost universally adopted in Germany is that associated with the names of Mezger and von Mosengeil. Mezger may be regarded as the father of the modern phase of massage, while Professor von Mosengeil, by his accurate and painstaking experiments, has done much to establish it on a sound scientific basis. Those who have studied under the last named distinguished surgeon, and have had an opportunity of seeing him practise his method, will appreciate the fact that there is much more in it than at first sight appears. It is essential for success that the various processes should be carried out systematically, and in a definite order ; although, of course, the same method of treatment is not applicable to every case. Every "movement" begins and ends with *effleurage*, the palm of the hand, and sometimes the knuckles, being employed for the purpose. It is always centripetal, and is performed with considerable rapidity and force. *Pétrissage* is a more complex process, and is by no means easy to acquire, although it looks simple enough. *Friction* is performed with the tips of the fingers, and is used in conjunction with *effleurage*, chiefly in the treatment of various affections of the joints. This term, which was originally introduced by von Mosengeil, is an unfortunate one, for it has nothing in common with what we ordinarily understand by friction. *Tapotement* is a kind of percussion, and may be performed either with the tips of the fingers, the partially closed hand, or its ulnar or radial border. Mezger rarely employs electrical treatment in conjunction with the manipulative processes, but von Mosengeil attaches much im-

portance to it, and, in suitable cases, uses both the interrupted and constant currents to stimulate the motor points. He dispenses with complex apparatus, and his sessions are of short duration, rarely exceeding five minutes. On the continent, the physician or surgeon is usually his own operator, it being considered inexpedient to employ, even as an assistant, anyone who has not been thoroughly and systematically trained, a process which requires, at least, two years of unremitting attention It is known that, in many instances, incalculable harm has resulted to patients from ill directed efforts, or the selection of unsuitable cases. For the treatment of women and children, an accomplished *masseuse* is essential; but she must be well educated, and should have such a knowledge of anatomy and physiology as will enable her to carry out the instructions of the physician intelligently. It is not at all necessary that she should be physically strong, aptitude being of more importance than mere muscular strength. The hands must be soft; and, if proper precautions be taken, there is never any risk of abrading the skin.

It is no easy matter to say in what class of diseases massage proves most useful. Unfortunately, its employment has been advocated in many cases, for which it is essentially unsuited. Accurate diagnosis is of the utmost importance, and the sphere of usefulness of this remedy, will, with increased experience, become more accurately defined. My best results have been in infantile paralysis; and it was in consequence of the success achieved in certain obstinate cases of this disease, that my attention, as has been elsewhere stated, was directed to the subject. Progress is often slow, but the ultimate results are most satisfactory. The nutrition of the parts is maintained until new cells in the spinal cord take on the functions of those which have undergone degeneration, or have been destroyed. Massage is, undoubtedly, of much value in many cases of obstinate neuralgia, and succeeds admirably in some forms of muscular pain, such, for example, as those described by the late Dr. Inman, under the term "myalgia." There is a general concensus of opinion that it is well adapted for the treatment of chronic joint-affections; and most of those I saw treated by von Mosengeil, were such as would, in this country, be considered incurable, or would drift into the hands of "bone-setters." There are some diseases of internal organs in which it is, undoubtedly, useful. Not long ago, a gentleman, aged 68, came to me complaining of shortness of breath, and increasing disinclination to take exercise. He had been in business, and had led a most active and energetic life. Three or four years ago he retired, and, from that time, experienced a gradual falling off in health. His appetite was poor, his bowels were obstinately confined, and he was nervous and anxious about himself. He was found to have a loud apex systolic murmur, and the heart's action was weak and irregular. I suggested massage, which was carried out systematically four days a week, for a period of six weeks. He improved from the very first, and, before the conclusion of the course, was better than he had been for many months. His appetite returned; his hands and feet were warmer; the bowels became regular; he slept well at night; and his spirits improved in a most satisfactory manner. In other cases of obstinate constipation, especially in women, I have known massage of the abdomen do a great deal of good.

In a well-known group of symptoms from which women frequently suffer, massage is essentially useful. I recently saw a lady, aged 45, or thereabouts, a professional singer, who was laboring under the impression that she was going mad. She was so nervous that she was quite unable to accept an engagement, although she had been constantly before the public, and had hardly missed a night for twenty years. She told me that she felt she was not to be trusted, and that, if left alone, she would do herself or her children an injury. She was afraid to go near an open window, so great was the temptation to throw herself out; and she even begged that the knives might be removed from the table at dinner. These feelings were greatly intensified after each monthly period, and she insisted that she was suffering from cancer, or some organic disease of the stomach or womb. She was restless at night, and would often get up in the early morning, and walk for hours, until thoroughly exhausted. She was given full doses of the bromides—a drachm, or more, four times a day—but with only temporary benefit. Massage was then tried; and it seemed, to use her own expression, to soothe her, and calm her, and make her forget her troubles. The case was a prolonged one, but now, at the expiration of three months, she is much better, and will soon be able to resume her professional duties. In several other cases of restlessness and inability to sleep, the same method of treatment has proved efficacious.

Dr. Graham, of New York, speaks highly of massage in the treatment of neurasthenia. He uses it for those "who, in spite of rest, change and medication, have become chronic neurasthenics, the result of business reverses, over-work, worry, loss of relatives, disappointed hopes, or as a sequel of some affection that has existed in some part of the system, but which has recovered or has become of secondary importance." These symptoms may be somewhat ill-defined; but, I have certainly found massage of the greatest use in what, for want of a better name, has been called "spinal nervous weakness," or "neurasthenia spinalis."

In the treatment of corpulence associated with constipation, massage is of much value. Some months ago I saw a lady, aged 38, who, as the result of much good living and little exercise, had

become inordinately stout. She was very short of breath, and was disinclined for exertion of any kind. She had been fond of literary pursuits, but even those had lost their charm, and were irksome to her. She was extremely irritable, and a source of trouble and anxiety to her friends and relatives. Massage was prescribed, and in two months she lost a stone and a half in weight, and improved notably in other respects.

For many forms of menstrual disturbance, massage may be safely prescribed. I recently saw a young lady, aged 19, who suffered intensely at each monthly period, the pain being so severe, that hypodermic injections of morphine had to be resorted to. Massage of the abdomen and pelvis was prescribed, and from that time there was no return of the trouble. Cazeaux has reported several similar cases, in detail. In the convalescence from acute illnesses, this mode of treatment is a great help and comfort to the patient. There can be no doubt that massage is a very valuable therapeutic agent, and is likely to yield good results in many complaints other than those I have roughly indicated.—*Brit. Med. Jour.*

CONTRIBUTIONS TO PRACTICAL SURGERY.

BY PROF. JOHN CHIENE, ED.

Hæmorrhoids. The presence of internal hæmorrhoids is local evidence of a general congestion of the portal system, and only when there is great local discomfort, and after every endeavour has been made to improve the general condition of the patient by medicinal treatment, should operative procedure be undertaken. There is great difference of opinion as to the best method of treating internal piles when operation is necessary. If the ligature is used it should be soaked in a solution of chloride of zinc, 40 grs. to the ounce. It must be tied tightly, completely strangulating the pile. If the ligature is tied loosely, acute inflammation followed by gangrene is the result. Injection of 10 drops of a 4% solution of cocaine into the base of the pile before applying the ligature greatly relieves the pain. If the pile be pedunculated, its base may be constricted by simply passing the ligature round it and tying it tightly. If the pile is sessile, its base should be transfixed with a curved needle carrying a double thread, each ligature being tightly tied so as to constrict ½ of the base. If the base of the pile is close to the opening of the anus, the division of the mucous membrane at the verge of the anus with scissors before tying the pile assists the more effectual application of the ligature and greatly lessens after discomfort. If there is more than one pile, each must be attacked separately in this way. The ligatures being cut short, the strangulated masses are then pushed back, and a ½ grain morphia suppository introduced into the cavity of the rectum. The patient's bowels should have been thoroughly emptied before operation. The diet should be very light after the operation, and it is not necessary that the patient's bowels be moved until the third or fourth day. This is best done by the administration of castor oil by the mouth, and the discomfort felt during the movement of the bowels is greatly alleviated by the injection of 4 oz. of olive oil. Many patients suffer from retention of urine after this and other operations on the rectum, and it is therefore necessary to see the patient on the evening of the operation, and if he has not made water, a red rubber instrument must be introduced to evacuate the contents of the bladder. The use of the clamp and cautery has to a certain extent displaced the use of the ligature, but in the opinion of the writer the ligature, if properly applied, is as efficient as the cautery, and is less likely to be followed by hæmorrhage. Never operate in a case of internal piles without having first satisfied yourself that the patient is not suffering from cancer of the rectum. External piles are to be treated by removal with a pair of curved scissors, the cut surface being touched with a solution of chloride of zinc, 40 grs. to the ounce.

A patient may consult you, complaining of having felt a sharp, cutting pain during the passage of a hard fæcal mass. Visual examination of the anus will at once indicate what has happened. A small tumor of a bluish color is seen at the opening of the anus, where the skin and mucous membrane meet. A submucous vessel has given way, and the extravasated blood clots. This condition may be treated by fomentations and rest. After a time the clot will be absorbed, but the process is a slow one, and it is better to transfix the mass with a sharp-pointed, curved bistoury—the clot being squeezed out and the cavity touched with chloride of zinc, 40 grs. to the ounce.

Fiss re. The pain in fissure is of a two-fold character: a sharp, cutting pain felt during movement of the bowels, and a throbbing persistent uneasiness coming on after the bowels are moved, and lasting for a variable period. The primary pain is due to the stretching of the part. The persistent after-pain is due to spasmodic contractions of the sphincter The base of the fisure consists of mus cular tissue, and free division of this muscular base relieves the symptoms, gives the part rest, and allows the ulcer to heal. Injection of cocaine into the tissue forming the base of the ulcer renders the operation painless. The division of the base of the fissure, however, does not always give relief, and in a severe case of fissure it is more satisfactory to place the patient deeply under chloroform, to introduce the thumbs within the anus and forcibly to stretch the sphincter, dividing at the same time the base of the fissure. Introduce a morphia sup-

pository after the operation, and prevent movement of the bowels for three or four days.

Division of the base of the fissure is very frequently done by introducing the finger into the anus, and then, with the finger as a guide to the upper extremity of the fissure, a sharp pointed curved bistoury is introduced at the side of the anus and carried through the base of the fissure up to the point of the finger. This method of performing the operation is dangerous, and surgeons have been attacked with syphilis in consequence of pricking the finger with the point of the bistoury. The safer plan is to lay a straight blunt pointed bistoury flat upon the finger, to introduce the finger with the bistoury in position, to feel for the upper extremity of the fissure, and then to turn the sharp edge of the bistoury towards the ulcer, the back of the bistoury lying on the finger. The knife is then carried through the base of the fissure by the pressure of the finger. The bistoury to be used, though probe pointed, must have a cutting edge to its extremity.

Prolapsus Recti in the child is very often a symptom of stone in the bladder. The child may be brought to you with the prolapse down for some time. It may be reduced by manual pressure, but the simplest way to reduce it is by elastic pressure with a T shaped bandage, placing a pad of cotton wool between the bandage and the prolapse. In elderly people, prolapse of the rectum is generally due to chronic relaxation of the sphincter ani, and levator ani muscles. The removal of the redundant skin around the dilated anus may assist in keeping up the prolapse. Special instruments are made for preventing its descent, but the most efficacious method is a double T bandage, with two vertical limbs, each one attached, both in front and behind, to a firm pelvic band, and crossing in the perineum over the anus. At the point where they cross, a pad of lint is interposed between the bandage and the anus.

Fistula in Ano The most satisfactory way to divide a complete fistula is to pass a probe from the external opening along the sinus, through the internal opening, and then by bending the probe to bring its point out at the anus. The probe is then cut out, and the septum is in this way completely divided. There is a grove in the probe which acts as a guide to the knife. Care must be taken in the after treatment by stuffing the wound, to cause it to heal from the deepest parts towards the surface.

Bladder. Chronic cystitis is one of the most troublesome affections that the surgeon is called upon to treat. The primary cause is often due to the introduction of organisms with an unclean instrument, and therefore in all cases in which, by the presence of increased quantities of mucus or of pus in the urine, along with frequency of micturition, a diagnosis of cystitis is made, the urine should be carefully examined for the presence of organisms. If they are present, corrosive sublimate should be administered internally in small doses, and the bladder should be washed out with antiseptic solutions. No rule can be laid down as to the special antiseptic to be used. The great point to attend to is that the bladder be repeatedly filled and emptied until the fluid escapes free from all sediment. The best way to wash out the bladder is to introduce a red rubber catheter with a "velvet eye," and to attach to this a T tube of glass. To the vertical branch of the T an india-rubber tube four feet long is fixed, and is passed into a vessel containing the fluid to be injected. This fluid should be tepid and contain an antiseptic. To the horizontal limb of the T another piece of tubing is attached, in order to carry the fluid from the bladder. The outlet tube being pressed with the finger and thumb, the vessel connected with the inlet tube is raised, and the fluid is allowed to flow into the bladder until the patient feels slight discomfort. The inlet tube is now grasped with the finger and thumb and the fluid is allowed to escape by the outlet tube. This is repeated again and again until the bladder is thoroughly cleansed. In many intractable cases this method of treatment is not sufficient, because the bladder is an organ which is never at rest. When it is inflamed from any cause, its diastole and systole, instead of being repeated three or four times within the 24 hours, takes place much more frequently. In such cases it will be necessary to give the bladder rest, either by bladder drainage, according to the method recommended in the MED. ABS., p. 4, 1881; or should this plan fail, as it may do if there is much mucus which plugs the tube, the membranous urethra must then be opened on a grooved staff, and a tube introduced into the bladder through the wound, which allows the urine constantly to drain away as it escapes from the ureters. The tube introduced should be as large as possible to prevent any risk of blocking, and the bladder should be washed out through this tube, so as to clear away any mucus which may collect at the floor of the bladder. Such a tube may be kept in for a fortnight without risk of a persistent fistula remaining.

Hypertrophy of the Prostate. If a patient says he has to rise at night to make water, and that he makes water during the day with increased frequency, always be suspicious that he is not emptying his bladder completely. He makes only the overflow from a distended viscus. When there is a tendency to obstruction of the flow of the urine in consequence of hypertrophy of the prostate, there is little doubt that the occassional passage of a large-sized bougie is of value in keeping the channel patent.

Stricture of the Urethra. Organic stricture of the urethra is caused either by an injury to the urethra or by gonorrhœa. After a gonorrhœa

passes into a persistent gleet, the source of the discharge is generally from the urethra, in the neighborhood of the triangular ligament. This is the common situation of stricture. The patient may be brought under your notice for the first time suffering from retention of urine, or he may come complaining of a decrease in the size of the stream. The contraction of the urethra is so very gradual, that the stream may become of very small size before it attracts the notice of the patient. No method of relieving stricture is permanent, and after the urethra is restored to its normal calibre, the patient must always be informed that the occasional passage of an instrument during the remainder of his life is the only certain way of preventing a recurrence of the condition. In uncomplicated cases of stricture the treatment by gradual dilatation is the surest and safest method. In anterior strictures internal division may be adopted; in posterior strictures at the triangular ligament, if the stricture is of a resilient character, with great tendency to rapid recurrence, Holt's method may be used. If there is much perineal induration, more especially if it is complicated with perineal fistulæ, external division is the best remedy. These three latter ways of treating stricture are only to be used in exceptional cases. The great majority of cases of stricture should be treated by gradual dilatation. This can be done in two distinct ways. If the patient can keep his bed, a gum elastic catheter is passed through the stricture into the bladder. The size of the instrument will depend upon the size of the structure. If, for example, a No. 2 is passed, and is not tightly grasped at the strictured part, a No. 3 is passed. This may also pass easily, and not be grasped. If so, a larger instrument must be introduced. If, however. it is grasped, it is fixed to the penis with a piece of sticking plaster. During the first few hours the urine flows through the instrument, but on the following day, when the patient makes water, the urine escapes along the outside of the instrument. The instrument is now loose. By its pressure it has caused absorption of the inflammatory lymph or fibrous tissue under the mucous membrane. A larger sized instrument is then passed. It in its turn is grasped and gradually the process being repeated, a No. 12 is at last reached. The rapidity with which this point is arrived at will vary, but, as a rule, in uncomplicated cases it is generally found that each day represents a number in the size of the instruments, and in from ten days to a fortnight the urethra is dilated to its normal calibre. It is well not to stop at No. 12, but to go on to No. 14. This method of treatment requires constant confinement to bed.

The other method of treatment is intermittent. The stricture is gauged with a bougie. Let us suppose that a No. 3 can be passed. The result of the passage of this instrument will probably be slight decrease in the size of the stream on the following day. On the third day there will be improvement; on the fourth day a No. 3 can be passed with ease. A No. 4 is then passed, and perhaps even a No. 5 can be passed The great point to attend to is not to attempt too much at each time, but to be satisfied with the passage of one or two instruments of a larger size than the one that was previously passed. Gradually by this method the full size is reached. If the patient can keep his bed during the cure, the instruments may be passed every third or fourth day. If the patient is going about, an interval of a week between the passage of the instruments is preferable. There is much difference of opinion as to the best form of bougie to use. Many surgeons use the French bulbous-pointed flexible bougies. Other surgeons use a metallic instrument—either the cylindrical bougie with a rounded point and of equal calibre throughout, or a solid metallic instrument with a bulbous point and gradually increasing from the neck, so as to be more or less of a wedge shape. The writer prefers the metallic instruments, and if the bulbous-pointed metallic instruments are used, care must be taken not to exert any force in passing the bougie, because its wedge shape, especially as this is very gradual, greatly increases its power, and, in fact, it may be used forcibly to distend the structure. If used in this way, it does not act in the same way as the old cylindrical bougie, which is intended simply to set up a slight irritation, and cause absorption of the fibrous tissue. If the wedge-shaped bougie is used, it may not only do this, but may mechanically stretch the strictured part, and to a certain extent approach in principle to other mechanical means used.

Retention of Urine. (*a*) Retention may occur after an operation, such as ligature of internal piles. In this case the condition is a purly reflex one, and is easily relieved by the use of a large sized red rubber instrument, thoroughly purified by injecting through it a weak solution of corrosive sublimate, and anointed with a weak antiseptic oil, *e.g.*, vaseline mixed with oil of eucalyptus, half a drachm of the latter to an ounce of the former.

(*b.*) Retention of urine may also occur as a complication in an accute gonorrhœa. This is rare if the urethra has previously been perfectly healthy. In such cases there is a combination of acute inflammation with spasm, and every endeavour ought to be made to relieve the condition by the use of hip-baths, hot fomentations, large doses of bromide of potassium, and morphia suppositories. An instrument should only be used when these fail. A flexible instrument will not do; and a metallic instrument, which should be of large size, is necessary. The catheter should be thoroughly purified by passing through it a stream of 1 to 20 carbolic lotion; and the form of metallic catheter most

easily kept pure is that in which the portion between the eye and the point of the instrument is solid, instead of forming a little cul-de-sac, which is often very difficult to cleanse thoroughly. The spasm is overcome by gentle steady pressure. Even with the greatest gentleness there is often severe pain, and the injection of a drachm of a 4% solution of cocaine gives great relief.

(*c*) Retention of the urine may also occur in consequence of the superaddition of an acute inflammation, with spasm, to an old standing organic stricture. Here, again, the hip-bath, with the other means above recommended, should always be tried in the first instance before attempting to pass instruments; and if the surgeon has no previous knowledge of the case, and is unacquainted with the size of the organic stricture, he should not at once use a small instrument but begin with a No. 6 or No. 7; and if he fails to pass this, he may then try smaller instruments. The smaller the instrument the greater the risk of laceration of the mucous membrane of the urethra. If after a fair trial with instruments, he fails to relieve the retention, he should aspirate above the pubis, continue the use of fomentations and sedatives, and on the following day he will find either that the retention is relieved, or that he is now able to pass an instrument along the urethra into the bladder. This use of aspiration is of value. Repeated aspiration in bad cases of stricture with retention are not, however, to be recommended. In such cases there is a tight stricture, and it is best here to pass a large sized instrument down to the stricture, and the patient being tied up in the lithotomy position, to cut down on the middle line on the point of the instrument, to open the urethra, and, using a fine grooved probe, to search for the stricture; and, pass the probe along it, to divide the stricture with a narrow knife, passed along the groove in the probe. A full-sized gum elastic catheter is then tied into the bladder.

The tolerance of instrumental interference with the urethra varies very greatly in different people, and it should be a rule in practice, in cases in which the surgeon is entirely ignorant of the sensitiveness of the patient, not to pass an instrument, for the first time, in any circumstances in which the patient may be exposed to wet or cold. Before the passage of an instrument, it is well to administer 5 grains of quinine, or some of the more recently introduced antipyretics, *e.g.*, kairin or antipyrin. These remedies have an undoubted value in checking urethral fever. Their power is increased by giving the patient a drink of warm gruel immediately after the instrument has been passed. Shivering and rapid rise in temperature, after the passage of a bougie, must not be confounded with so-called "catheter fever," which has within recent years been brought prominently under notice.

(*d*) Retention of urine in old men is generally due to a congestive attack of the prostate superadded to hypertrophy of the gland. Here, again, the congestion should, if possible, be relieved by hip-baths, fomentations and sedatives, and, if instrumental assistance is required, in the great majority of cases the red rubber instrument relieves the retention. If the instrument fails then a metallic instrument is necessary. In cases in which there is a distinct valvular obstruction from enlargement of the middle lobe of the prostate, the difficulty is overcome by passing a large sized gum elastic catheter with a metallic stylet *in situ* down to the obstruction. If the instrument is then withdrawn to the extent of an inch, by pulling on the stylet, the point of the catheter will rise vertically in the bladder.

(*e*) Retention in young children is very frequently due to the presence of a calculus in the urethra. In rare cases it may be due to malignant disease of the prostate, and sometimes it is due to abscess in the prostate. These conditions are comparatively rare.

THE IMMEDIATE CLOSURE AND RAPID CURE OF FISTULA-IN-ANO.

BY STEPHEN SMITH, M.D.,

The possibility of a prompt cure of fistula-in-ano is a great advance in the treatment of this hitherto troublesome affection. Every surgeon must have met with cases which resisted the old method, and failed altogether to heal. And even when those having a large abscess cavity finally healed after free incision, there was often a deep cicatrix, which was a source of constant irritation from the tendency to the accumulation of filth in the deep sulcus. Occasionaly there was a certain troublesome defect in the action of the sphincter, which remained as a permanent disability. In these latter days of rapid improvement in the methods of operations, it has naturally occurred to many surgeons that fistula-in-ano might be treated successfully by the immediate closure of the wound, provided the track and abscess cavity were properly prepared, and then sutures were employed so as thoroughly to approximate the surface. It has been performed successfully in this country by Drs. Emmet, Weir, Lange and Chamberlain, of this city, by Dr. Jenks, of Chicago, and by several surgeons abroad. In most instances these surgeons have operated without any previous knowledge of the work of other operators. The simplicity and the success of the operation warrant the effort to give it greater prominence than it has yet received.

Attempts have been made, heretofore, to cure fistula-in-ano by incision of the track, followed by the dissection of the lining membrane, but with indifferent success. It is only when the surfaces are quite firmly brought together and maintained in apposition, that union takes place with any greater

certainty and rapidity than by the former method. My attention was first directed to this method of operation on the appearance of the first edition of Dr. Emmet's work, in 1879. I was impressed, while reading that work, with the explanations of the method of closing a lacerated perineum involving the sphincter ani, and with the accompanying illustrations. I had at that time under observation a case of fistula-in-ano, which had been laid open freely six months before, but had failed of union. The line of incision was slightly to the left of the median line, but the depth of the wound and its large granulating surfaces reminded me of some of the conditions of a lacerated perineum of long standing.

The suggestion that this wound, involving the sphincter, was amenable to a somewhat similar method of treatment was very natural. The result proved the truth of the suggestion. It was not difficult to dissect away the granulating surface, and to accurately close the wound with sutures not unlike those used for the lacerated perineum. Union promptly occurred. Since that time I have operated on a number of cases of fistula, including every variety of form, and nearly every condition of patient, with a degree of success which commends the procedure to my confidence.

The principles which should be born in mind in the operation are: 1, complete removal of the lining membrane of the fistula and of the abscess cavity which may exist; 2, accurate and permanent adjustment of the opposing surfaces; 3, through antiseptic treatment of the wound.

The details of the operation are simple, but they must vary somewhat according to the peculiarities of each case. After considerable experience, I have adopted the following plan: The patient is prepared for the operation by taking an ounce of castor-oil for two succeeding days before the operation, omitting the last day, on which he takes an opiate at bedtime. The diet should be milk. It is intended to keep the bowels quiet for four to six days after the operation. The patient being anæsthetized, the parts about the anus are thoroughly washed with soap and water, then carefully shaved, and finally irrigated with bichloride solution. This douche is also thrown into the rectum and the index-finger is introduced and swept around the folds of the rectum, in order that the mucous membrane may be relieved of any matters lodged in that region. A clean sponge, wrung out of the bichloride solution and having a string attached, is next introduced into the rectum to prevent any matter from the bowel escaping and soiling the wound. The patient is placed on the back or side on which the fistula opens. If the fistulous passage is direct it is incised in the usual manner. If there is an abscess cavity this is opened to the full extent, in order to give free access to the lining membrane. The lining membrane or so called pyongenic membrane, is then carefully dissected away, throughout both the cavity and the fistula. The rapid and permanent healing of the wound depends largely upon the thoroughness with which this tissue is removed. It is generally very dense, and can only be completely dissected off with a sharp scalpel or scissors cutting well at the point. In some of my early operations I resorted to the curette, and endeavoured to destroy the membrane sufficiently to secure union, but the operations were unsatisfactory till I removed it with a knife or scissors. When it is completely removed, the ragged, or thin and purple, margins of the wound are cut away so as to have clean and healthy surfaces for apposition and union. There is in some cases considerable hemorrhage from small arteries, which must all be ligated before the wound is closed. The first step in the closing of the fistula and abscess is to secure perfect apposition of the margins of the wound within the rectum. To effect this object an assistant should introduce an index-finger well into the rectum, and then, bending in as a hook, extrude the bowel which is readily effected. The whole track of the fistula is thus brought into view, and the surgeon has full control of the wound. To obtain prompt union it is necessary to evert the edges of the mucous membrane, and bring the deeper cut surfaces into contact. The success of the operation depends upon securing complete and firm closure of that portion of the fistula which involves the mucous membrane. The first sutures, therefore, should be so applied as to bring the deep surface together and evert the margins of the mucous membrane. To effect this object I take a large-sized carbolized silk ligature, or catgut prepared with chromic acid, and attach a needle having a slightly curved point to each end. These materials are preferred because they will not yield as does the ordinary cat gut, and allow the margins to separate before union takes place. One needle is now passed just above the highest point of the incision, and from a fourth to half an inch from the margins of the wound, and the thread is drawn through to its centre. The needles are then passed in opposite directions at intervals of about half an inch, in the same manner as the saddler takes his double stitch when two pieces of leather are held in a vice and united. If the fistula is simple and there is no abscess cavity, the stitches are continued to the external extremity of the incision, making a continuous suture on each side of the wound. They are now tightened sufficiently to bring the two surfaces into apposition and slightly evert the margins of the mucous membrane, but without any strain. The ends of the ligature are then given to an assistant, who by moderate traction draws the entire fistulous track outside. The margins of the wound are now nicely adjusted with a continuous suture commencing at the upper extremity of the wound. At the external extrem-

ity of the wound a drainage-tube is inserted. When the margins of the wound are closed the ends of the suture are tied. The operation is completed by passing two or three large carbolized silk ligatures entirely under the fistula, and tying them over an iodoform gauze pad rolled firmly and laid along the wound. The object of these last ligatures is to bring the deep portion of the fistula in suitable apposition. During the operation irrigation with the bichloride solution is continued, and iodoform gauze is applied as an external dressing. The sponge is finally withdrawn from the rectum, and a suppository of opium inserted. The diet should be milk, and opium should be continued daily for from four to six days to keep the bowels quiet. The patient should remain in bed, and at first should remain recumbent, with the limb straight. In some cases I have applied a binder about the hips to prevent movements, where the patients were inclined to be restless.

If there is a large abscess cavity and, as often occurs, irregular, as in the horse-shoe fistula, I have always entered the cavity at the external opening, then laid it open freely throughout its entire extent, and finally have opened the internal fistulous passage at the point where the cavity communicated with the interior of the bowel. Such an abscess presents a large, irregular, deep cavity, having an opening into the bowel sometimes on the side opposite the point where the cavity opens externally. These cases require much care, for the cavity to be closed is enormous, but they may be perfectly healed by one operation, if great pains are taken to dissect out all the false membrane, and to adjust the sutures so as to bring the surface into apposition. The internal fistulous track is closed by the same suture as the simple fistula. The abscess cavity may be closed by one of two methods: 1. The same double, continuous saddler's suture may be employed, but it should be taken farther from the external margin of the wound, in order to bring as much strain as possible on the deep parts of the wound. Upon the inside along the margin of the anus, it is well to enter the suture close to the border of the mucous membrane. This suture is continued to the external extremity of the wound The continuous suture is then applied to the wound, and the same dressings applied. It sometimes happens that, even in the horse-shoe fistula, when the suture is finished, two or three sutures, either large thread or wire, inclosing the entire cavity, may be passed completely around it, thus aiding in approximating the deep surfaces. 2. The second method is by interrupted sutures passed the same as the suture in the lacerated perineum, that is, completely around the cavity. This suture is more difficult to employ than the former, but it is more successful. With this suture I have found no difficulty in closing at one operation an old rectal abcess of large size, which had no communication with the rectum.

In simple fistula having no cavity between the external and internal opening, I have found it possible to save incision of the sphincter by incising the sinus to the sphincter, dissecting away the false membrane up to the internal opening, and then by means of the double suture to bring the raw surfaces together. The suture is to be applied within the anus, the parts being partly extruded by the finger of an assistant hooked within the anus. The same result has been obtained by Dr. Emmet, and I believe by others. In two cases the internal opening was more than two inches above the anus, one indeed being three inches. In both cases the sinus were incised to its fullest extent, and the same form of suture employed with the best results. In my first operations I employed the single-valve speculum, but I found it by no means as useful as the finger of an assistant. When the internal opening is high up, with strong loops of ligature thread inserted into the margins of the wound at the anus, the whole track can be readily drawn down within reach of the operator.

The conclusion which I have reached from my own experience is that fistula-in-ano and old rectal abscess cavities, whether communicating with the bowel or not, can be cured by removal of the lining membrane and the application of a proper suture, in a period varying from eight to fourteen days.

I may add that I have found deep fissures of the anus readily cured by excision of the track with its cicatricial lining, and accurate closure with carbolized silk ligature, the parts being first carefully shaved and cleansed with bichloride solution, and the wound dressed with iodoform gauze.—*Medical Record*

INDICATIONS AND CONTRA-INDICATIONS FOR THE IMMEDIATE SUTURE OF THE PERINEUM.

Proceedings of Cincinnati Acad. Med., published May 1, 1886:—The management of the perineum both during and after labor, has often been the subject of animated controversy.

This controversy has been somewhat influenced by the time in which these opinions were entertained, so that it may be said that while the older masters were mostly in favor of the so-called "let-alone" treatment, our modern authorities in a great majority are in favor of prompt artificial repair. It must not be understood, however, that the former did not recognize the necessity of closing a large chasm when caused by labor, but they did not deem it necessary to close up a rent of the perineum as it usually occurs. In a general way it may be said, then, that some of the authorities were opposed to the immediate suture of a torn perineum, no matter what its extent. These, however, were a minority. The next class admit-

ted the necessity of the immediate repair when the sphincter ani was involved, but discountenanced any operative measure as long as this muscle was intact; these formed the majority. At the present day, the great majority of obstetricians demand the immediate repair of every lacerated perineum, whether complete or incomplete, except an insignificant rupture of the fourchette, or a little beyond it, whilst a few urge the union by suture of every laceration, no matter how slight.

The opponents of the immediate suture claim:

1. That the patient is already too much exhausted from the throes of labor to undergo another, oftentimes extensive, operation immediately afterward.

2. That posture alone will suffice in effecting spontaneous union, rendering the use of sutures unnecessary; or, *per contra*—

3. That a lacerated wound, such as occurs in a perineum during labor, never heals by first intention, even after union by suture; and

4. That such union, even if it could occur, would be prevented by the constant flow of the lochial discharge, which by no contrivance can be kept from the fresh wound.

5. That a perineal laceration, as seen just after labor, seems much larger than it really is, on account of the abnormal stretching of the parts.

6. That the operation is itself a confession of careiessness or ignorance in the management of the case.

In answer to these objections, the advocates of the immediate operation claim:

1. That the patient is in a better condition to bear the operation immediately after labor than subsequently, on account of the obtunded sensibility of the genital parts.

2. That posture alone will not suffice for priary union, because the least change in position will disturb the apposition of the surfaces.

3. That although the rent in the perineum is a lacerated wound, it partakes almost of the character of an incised wound, and the surfaces will readily unite if brought together immediately after labor.

4. That in order to prevent the irritating action of the lochia on the torn surfaces, the wound ought to be closed up by suture.

5. That no matter how slight the laceration, it ought to be sutured, in order to restore the parts to their primative condition; also because the slightest rent may endanger life by sepsis.

After examining these arguments critically, the author reaches the following conclusions:

1. A laceration of the first degree, as long as only the skin is involved, may be left to heal by postural apposition, provided there is no danger of septic infection. If there should be any danger of the latter, although the closing of the wound will not altogether prevent infection by absorption, it will at least lessen this danger, especially with antiseptic treatment.

2. A laceration of the second degree, when the fascia and muscles are torn, ought, if possible, always to be repaired immediately after the occurrence of the laceration, provided there are no complications on the part of the patient, as extensive œdema of the parts, great bruising, etc. In such an event, we cannot expect union by suture immediately; it is, therefore, necessary to wait a certain length of time, from a few hours to a few days, in order to give the parts a chance to recover their proper vitality and tonicity; or, after having pared the edges, we may introduce the sutures, and gradually tighten them as the swelling subsides. Just here I would direct attention to the tension of the suture. If it be drawn too tight, the vessels may be strangulated, and union may be thus prevented; if, on the other hand, too loose, the surfaces will recede from each other as the swelling subsides, and the stitches will serve to no purpose. Consequently great care must be exercised in the proper tension of the sutures, and if the parts do not look favorable for primary union it is better to wait a few hours, then place the patient under an anæsthetic, pare the edges, and proceed with great care.

3. Lacerations of the third degree produce such a deplorable state of the patient afterward, that every attempt should be made to repair the accident immediately. Even if we should not be wholly successful, we may be so at least partly, by converting a laceration of the third degree into one of the second degree, which is vastly more comfortable than the loss of the sphincter power of the anus. If very urgent reasons should prevent us from attending to this accident immediately after labor, we should at least select the earliest possible time to repair the accident, proceeding with all due care and skill, as in the second operation.—*Epitome.*

THE RELATIONS OF PUERPERAL ECLAMPSIA TO BRIGHT'S DISEASE.

Why does Bright's disease result from the pregnant state? The answer may not be altogether satisfactory, but it is certain that the condition involves the accumulation in the blood of a large amount of effete and therefore poisonous matter. We have, in fact, the same agencies operating as in many cases of Bright's disease from other causes. It is well known that acute Bright's disease is a very common sequela of scarlet fever. It is here due to the presence in the blood either of the scarlet fever poison itself, or of effete matter which is retained in consequence of the inactivity of the skin; or both of these sources of poison may

be combined. In the puerperal state we have likewise conditions favoring the accumulation of effete matters. The woman is at once the eliminator of her own excretions and those of the child, the retention of which is the essential cause of the Bright's disease. The obstruction to the circulation, due to the compression of the vessels by the gravid uterus, doubtless adds to this, but it is of itself insufficient to cause it.

There are two symptoms to which I desire to refer. The first is the blindness, and the second the convulsions. Blindness frequently develops previous to the occurrence of the convulsions. What is the cause of this loss of vision? It is known that there is a form of Bright's disease in which there are organic changes in the retina, technically termed albuminuric retinitis. These changes are most frequently associated with chronically contracted kidney. The defect of vision under such circumstances comes on slowly, but blindness, to which I now refer, comes on suddenly, and is of a very different character. It occurs suddenly, and often disappears as suddenly as it came. Such blindness evidently cannot be due to structural change in the retina. I do not know that we are sure as to its precise cause, but the most rational explanation is that which attributes it to the same cause that produces the uræmic convulsions—that is, an accumulation of urea and allied substances in the blood vessels of the brain, affecting the centre of vision, and thus blotting out for the time being, the responsiveness of that centre to the stimulus to which it usually responds. The convulsions are caused in the same way. The nerve cells are irritated by the presence of these products, and the response comes in the shape of a convulsion.

We have in these facts the key to the treatment. Unquestionably, the most efficient treatment of puerperal convulsions is bloodletting, for by bloodletting we draw from the system the agent which is the most important factor in the production of uræmia. But it may be said by some that venesection is not recommended in the treatment of the convulsions of acute Bright's disease. Why then should it be used in puerperal cases, if the same essential causes prevail in both?

I believe, however, that it is a mistake not to treat the convulsions of non-puerperal Bright's disease in the same manner, and that if bleeding were more common, the results would be more satisfactory. I do not hesitate to advise you to bleed in the convulsions of acute Bright's disease. No harm can follow the removal of from eight to sixteen ounces of blood from an adult patient so that if it does no good, it does no harm. You must not, however, expect equal success, because there is still an important difference in the conditions. In the instance of renal disease accompanying the puerperal state, the termination of this state not only removes the remote cause of the disease, but the disease itself is usually less advanced, and the chances for recovery may thus be increased.

Afterwards, or coincidently with this measure, anæsthetics are often of great service, and the patient is kept with great advantage, more or less thoroughly under the influence of chloroform or ether, in order to keep off the convulsion. This is not always necessary, for in many cases chloral answers every purpose. There is no condition in which chloral can be relied on more confidently, in connection with venesection, than in puerperal convulsions, and in the convulsions of Bright's disease. It must be given in full doses. I usually give an adult one drachm of chloral by enema. It is not worth while to give a smaller dose. The dose named may be repeated; but in the majority of cases one dose is sufficient. Chloral has the advantage over anæsthetics, in that it is possible to judge accurately of the condition of the patient. When a patient is under chloroform or ether, it is impossible to note the changes in mental condition by which almost alone we are to judge of improvement. If bloodletting and chloral are not sufficient, chloroform or ether must be resorted to. Chloroform, dangerous as it is in ordinary surgical operations, appears to be harmless in puerperal conditions.

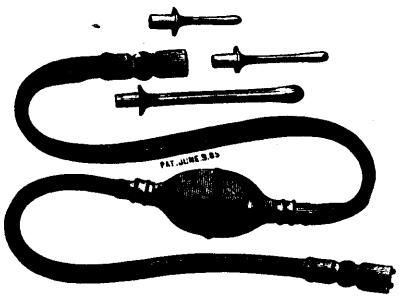
There are two other grades of complication of Bright's with pregnancy, both of which are far more dangerous than that of which we have been speaking. The first is a puerperal case with Bright's disease, where the renal affection is not the immediate result of the puerperal condition, but where it has previously existed; for although these cases occasionally get well, the mortality is much higher than in those cases of which we have been speaking.

There is a second class of cases in which, in my experience, the prognosis is invariably fatal. A girl of eighteen or twenty, with Bright's disease, who subsequently marries, is almost certain to die in her first confinement. This is an exceedingly important practical point with reference to the question of marriage of girls with Bright's disease. If a woman has had two or three children, and then acquires Bright's disease, although the condition is more dangerous than where the renal condition comes on during pregnancy, she still has a chance of getting as near well as she was before she became pregnant. The probabilities are, however, that the kidneys are left a little more damaged than they were previous to pregnancy. The renal disease is better than it was during pregnancy, but a little worse than it was before pregnancy. It is not so with the primipara who had Bright's disease before marriage. Her marriage-bell is her death-knell.—*Mediacl News.*

It is said that tickling the nose will stop hiccough.

THE NEW CONTINUOUS-FLOW SYRINGE.

This new syringe, which is attracting the attention of all the leading medical men of this city, entirely obviates the intermittent action of all other pump syringes and produces a continuous stream with less exertion than other styles require. The Alpha, as the syringe is called, is perfectly simple in construction and its great advantage consists of its corrugated outlet tube, which is folded in such a manner that when filled with water it expands, and, by contracting to its original shape, keeps up the pressure while the bulb is filling. The syringe has many other advantages, such as noiseless rubber-covered sinkers and soft rubber sockets for the pipes, which require no screw-threads.



A close inspection of the cut shows a simple change in the formation of the rubber outlet tube, which completely changes the action of the ordinary instrument. This tube is made of very fine rubber, vulcanized in a corrugated or folded form, so as to contract its capacity and allow expansion. When the bulb is compressed in the usual manner, the liquid flows into and expands this tube into a temporary reservoir, and the elastic tendency of the rubber to regain its dormant shape assists the action of the syringe, and keeps up the flow while the bulb is expanding and refilling. The flow is, therefore, not only continuous, but can be either gentle or strong; or checked at once at the easy control of the user.

It is well understood that all intermittent bulb syringes act only while the liquid is being squeezed out of the bulb, the flow through the injection nozzle ceasing while the bulb is expanding. More or less air is, therefore, invariably drawn back into the syringe while the valve is seating, or oftener through a disorder of the outlet valve; fecalized fluids of the rectum are also drawn back into the tubes from the same causes, rendering an intermittent syringe offensive. It is apparent that a practical syringe constructed to produce a continuous flow, obviates many serious and oft times dangerous faults existing in the intermittent acting syringe.—*N. Y. World.*

CORROSIVE SUBLIMATE IN DIPHTHERIA. — Dr. Werner, medical officer to a circumscribed factory population of about two thousand near Narwa, on the Gulf of Finland, writes in the *St. Petersburger Medicinische Wochenschrift*, describing the satisfactory results he has obtained in diphtheria by treatment with perchloride of mercury internally, combined with icthyol inunctions. The disease is very frequent and fatal in the locality, he having attended during the last six years ninety cases, the average mortality of which was between sixty and seventy per cent., the majority succumbing from general weakness when the local affection was passing off or after it had quite disappeared. Last year the type was peculiarly severe. In July, August, and September eleven cases occurred of which no less than nine proved fatal. From the end of September to the present time, however, during which period there have occurred seventeen cases, all of which were treated with perchloride of mercury, and many of which were very severe, there were only two fatal cases, neither of which were seen till a few hours before death.

The author's method of administration is as follows: For young children he dissolves a quarter of a grain of the perchloride in four ounces of water, for children of 6 or 7 half a grain in six ounces of water, and for adults three-quarters of a grain in eight ounces of water. This solution is given to the patients while they are awake every twenty or thirty minutes, in measured doses, so arranged that the quantities made up shall last from twenty to twenty-four hours—*i. e.*, about half a drachm in the case of young children, and a drachm in that of adults. When a good deal of sleep is obtained, larger doses are given at longer intervals. As a rule only milk is allowed as nourishment. If considerable pyrexia exists, an enema of from 10 to 30 grains of antipyrin, according to the age of the patient is given, the rectum having been previously cleared out. Externally, icthyol is dilligently rubbed in over the swollen glands three or four times a day, the fingers being wetted with water when dry to permit of the rubbing being continued for some time. For the first two days of this treatment the local affection usually undergoes no improvement, but on the third day it begins to diminish and the general condition becomes better, the appetite increasing and the children regaining their wonted spirits. In no case did the author meet with the extreme debility which was frequent in cases treated by pilocarpine even when the local affection was decreasing. As the patients approached convalescence the medicine was diminished, so that more than six bottles were never required. Complications never occurred, though three of the patients had previously had scarlatina.—*Lancet.*

THE ORIGIN OF CANCER.—The close connection that exists between chronic inflammations and irri-

tations and cancers was long ago pointed out, and subsequent observations serve only to demonstrate more clearly what has long been obvious to nearly all professional minds. A recent writer in Volkmann's *Sammlung*, No. 257, Karl Schucharts, brings forward a series of illustrations, carefully studied, clinically and microscopically, of this connection. First of all are five cases of buccal and lingual psoriasis that have been followed by carcinoma: one of the patients had suffered from the psoriasis 30 years, another 13, another 3, and the fifth between 5 and 6 years before the carcinoma developed. Another case was one following psoriasis of the prepuce of long standing, which in its turn was supposed to be due to phimosis. A second series of cases was formed by a number of skin carcinomata following diseases of the skin. This series included chimney sweep's cancer, tar and paraffin cancer. All had this in common, that skin affections of a hyperplastic character followed chronic fouling of the cuticle by mechanical agents as well as repeated traumatisms of specially disposed and exposed parts of the body, such as the arms and scrotum. To these succeeded cancerous degeneration which remained local in its action for years, but which was capable of setting up metastatic processes. Schuchardts reports six cases of this kind. The seborrhœa of old people is capable of giving rise to cancer in a similar manner. Want of cleanliness has great influence in originating these. Microscopical examination demonstrated enormous extension of the anuclear layer of the epidermis, desquamation even to the hair follicles, increased formation of salts and retention of this secretion, and especially inflammatory infiltration of the corium, and more particularly into the papillæ. To these may be added those cases of cancer that follow ulcers of the stomach, and sarcomata following blows, such as osteo-sarcomata, and such as the following, reported in the *Deutsche Med. Wochensch.*, 38, 1885, by H. Lindner. A virgin, æt. 16, had a blow on the mamma. Within three weeks a sarcoma followed; within seven weeks the breast was amputated; in five months the disease recurred, and was extirpated, and within a year death took place from "marasmus." In all these cases, and such could be multiplied, indefinitely, the malignant disease followed injury of some kind or other, generally chronic, but sometimes as in the latter class, acute. The question almost naturally presents itself—Is cancer, whatever its form, ever primary, *i.e.*, does it ever originate without a previous injury? Is it not in its earliest stage always an abortive and ineffectual effort at repair? The numerous facts collected seem to point to this origin, and we know of no facts that militate against such a view. Whenever cancer originates in parts open to inspection it begins in this way, and it is only when it arises in parts shut out from view that we assume that it is itself primary. It was long thought that cancers of the stomach were primary, but microscopical examination has shown that cicatrical tissue can be demonstrated in them. The same could possibly be shown in cancers of the liver, lungs, and æsophagus, if they were subjected to the same careful scrutiny.—*Medical Press.*

ACUTE OTORRHŒA IN CHILDREN.—Under the mistaken idea that he will be compelled to buy expensive and complicated instruments, with the use of which he is unacquainted, as well as the equally erroneous notion that such treatment requires great manual dexterity and long practice, the general practitioner too often neglects the treatment of the ears of such of his little patients as suffer from otorrhœa. The results obtained by the early treatment of such cases are very satisfactory, while, as every one knows, the chronic otorrhœas are most difficult to cure. A very few applications will often stop an acute discharge, give the membrana tympani an opportunity to heal, and free the patient from the dangers and discomforts to which a neglected otitis media purulenta always exposes him. All that is needed in the way of instruments are an ordinary half-ounce rubber syringe, a little piece of wire, such as a straightened hairpin, and some absorbent cotton. Armed with these simple and inexpensive instruments, a few ounces of a one per cent. solution of carbolic acid, and a little finely powdered boracic acid, let the practitioner proceed as follows: Let him gently wash out the affected ear with the syringe and the carbolized water, warmed, using three or four syringefuls. Then let him have the nurse take the little patient to the window and allow the sunlight to fall directly into the affected ear, while he carefully and gently dries the canal with a bit of cotton wrapped around the roughened end of the hairpin probe, straightening the canal for this purpose by drawing the concha upward and backward. Then let him have the child placed on its side with the affected ear upward; and let him fill the canal nearly full of the powdered boracic acid, plugging the meatus finally with a bit of cotton. Let him repeat this process a few times at intervals of twenty-four hours, and he will be surprised to find how quickly a recent discharge will cease, and the ear regain its healthy condition. If after a week or ten days' trial he finds, as he seldom will, that the discharge does not decrease in quantity, let him throw aside the "dry treatment" and try the "wet treatment," beginning with a weak solution of nitrate of silver—say five grains to the ounce—gradually increasing the strength if the discharge does not yield. In all cases and under all circumstances, however, he should not forget that here, more than anywhere else, "cleanliness is next to godliness," and that frequent syringing with a warm antiseptic solution is the only way to keep

the stagnating and decomposing secretions from irritating the diseased mucous membrane and perpetuating the discharge—*Pacific Medical and Surgical Journal.*

PROPOSED MODIFICATION OF PIROGOFF'S OPERATION.—At the recent congress of Russian practitioners, Professor Tauber described and demonstrated on the dead subject an operation for removal of the foot, which he believes has several advantages over Pirogoff's amputation Standing on the outer side of the limb, he commences an incision at the insertion of the tendo Achillis, and carries it forward just below the external malleolus to the dorsum of the foot, and then vertically downwards on the inner side in front of the heel. When the middle line of the sole is reached, the incision is carried along it backwards and prolonged upwards to the starting-point at the insertion of the tendo Achillis, a flap having thus been cut consisting of the inner side and half the sole of the heel. The joint is then opened, the external ligaments being first divided and then the internal. The astragalus is seized with the bone-forceps and removed, and the anterior part of the foot cut off by Chopart's line, nothing being left but the os calcis, the soft coverings of which on the inner aspect are untouched. The os calcis is seized with the bone-forceps and turned so that the articular surface is towards the operator. The forceps are now taken by an assistant, who holds them tightly; the operator then saws the bone longitudinally in two; the outer half, which is free, is removed, the inner half remaining attached to the flap. The ends of the tibia and fibula are then sawn off just above the malleoli. The cut surfaces of these will be found to correspond almost exactly with that of the os calcis, which is now brought into apposition with them. The advantages claimed for this operation are: 1. The posterior tibial artery itself is untouched, only its branches being divided. 2. The insertion of the tendo Achillis, as well as its bursa, are not injured. 3. Surfaces of the os calcis and of the leg bones correspond very nearly to one another.—*Lancet.*

MEDICAL NOTES—Prof. Parvin regards an absolute milk diet as the very best means of treating *albuminuria of pregnancy.*

Prof. Bartholow recently practiced at the clinic the deep injection of cholorform, in two cases of *chronic sciatica.*

Prof. DaCosta prescripes the following for *lithæmia*:—

R. Liq. potass. arsenitis, ... ℥j
Tinct. ignatii amar., ... ℥ij
Tinct. cinchonæ comp., q. s. ad . ℥iv. M.

Sig.—Teaspoonful after each meal.

In acute conjunctivitis, the following solution is a favorite one of Dr. Fox's:—

R. Acid. boric., ... gr.xij
Zinci chlorid., ... gr.iij
Aquæ camph.,
Aquæ destillat., . . *aa* . . f℥ij. M.

Sig.—Use as lotion for eyes.

Prof. Bartholow advises the following combination for *irritation of teething children* and *infantile colic*:—

R. Potass. bromid., ... gr.v
Olei anisi, ... gtt.$\frac{1}{8}$
Mistuæ asafœtidæ, ... f℥j. M.

Sig.—Pro re nata.

Prof. Da Costa, at the Pennsylvania Hospital, showed a case of *aneurism of the arch of the aorta*, immensely benefited by iodide of potassium and rest in bed. The tumor was greatly lessened in size, and all the bad symptoms, dyspnœa, vertigo, nausea, were ameliorated.

Prof. Da Costa recently had at the clinic a protracted case of *catarrhal fever* affecting the gastro-intestinal mucous membrane, simulating typhoid. There was some abdominal tenderness, the mind was dull and heavy, but the temperature was very irregular, tongue heavily coated; nausea and vomiting a marked symptom; the bowels were constipated, and no eruption was ever found. The patient was almost cured by a regulation of diet, attention to secretions, calomel and quinine. She will now keep the bowels open with oleum ricini and take a light bitter tonic, as:—

℞ Acid, phosphorice dil., . . . f ℥ j
Tinct. cinchonæ comp., ... f ℥ ij
Elixir. simpl., ... f ℥ j. M.

SIG.—f ℥ j before each meal.

Prof. Bartholow prescribed for a case of *simple anæmia*, which had resisted the ordinary treatment of iron, exercise and food—

R. Liq. potass. arsenit . . . . . f ℥ j
Massæ ferri carb., ... ℥ ij
Syrup. simplic., . q. s. ad. . . f ℥ iv M.

SIG.—℥ j, after each meal, and take before each meal, tinct. nuc. vomicæ, gtt. x.

Exercise in open air about three hours after eating. An occasional purge in the form of the official pill of aloes and ferrum, or if there be flatulency, of aloes and asafœtida.

At Prof. Da Costa's clinic recently was a case of *gastro-intestinal catarrh* and enlarged liver. The enlargement was due to a fatty change in the cells, and a fibroid thickening of the intercellular substance, resulting from a chronic congestion of the organ. These cases are frequently associated with gastro-intestinal catarrh. Jaundice is usu-

ally absent. The patient has been taking small doses of calomel and sodium bicarbonate, with little effect. One of the best remedies in these cases is phosphate of sodium; it keeps the upper bowel open, and acts on the liver. The patient will take one drachm, in warm water, three times per day, on an empty stomach. Counter-irritation over the liver, with tincture of iodine, also. Will live on skimmed milk, to which is added ʒ ss of lime water to each ʒiv. Let her also have soups, and at times stewed oysters.—*Coll. and Clin. Record.*

IODOFORM-COLLODION IN NEURALGIA.—Dr. William Browning, of Brooklyn, gives his experience with this remedy for external application, together with notes on the preparation itself, and a brief study of its action. The strength usually employed is 1 part of iodoform to 15 of collodion. A half ounce is usually sufficient for any ordinary single application. Dr. Browning has found it most effective when painted on in very thick layers, which may be conveniently done with the usual camel's-hair brush. As soon as one coating becomes a little firm another is applied, and so on until it appears to have an average thickness of ½ mm. In the neuralgic cases a cure, when effected, was usually accomplished with one or two applications The class of troubles found most amenable to this treatment was narrowly localised neuralgias, especially when corresponding to some particular nerve and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt its being a purely functional affection, and look carefully for some tangible cause. It has thus a certain diagnostic, as well as a therapeutic value. Several times its complete or partial failure has lead to a more searching and successful examination. Even in such cases much temporary relief is often afforded. Supraorbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seem quite amenable to this treatment. Of course it is not recommended as a substitute for quinine here, but only as an adjuvant where the latter fails or acts too slowly.—(*Amer. Jour. Med. Sciences.*)

PAPAIN, ITS USE IN THE TREATMENT OF DYSPEPSIA.—*Chronic Stomach-Catarrhs of Children.*—I have found rapidly improve with the following prescription: ℞. Papain (Finkler), gr. ½ - gr. j: sacch. lactis, gr. j; sodii bicarb., gr. v. M. To be taken after every meal. It is also advantageous to give a drop or two of tincture of nux vomica immediately before the meal in a little water. The papain probably acts by disolving the mucus, and thus faciliating the absorption of the food.

In Acid Dyspepsia. I usually order it in the following manner: ℞ Papain (Finkler), gr. ij; sacch. lactis, gr. v. M. To be taken an hour after meals with the following draught: ℞ Sodii bicarb., gr. xv; glycerin. acid. carbolic., ♏viii; spirit ammon. aromat., ♏xx; aq. ad ʒ iss. M. Fiat haustus. It appears that, taken one hour after a meal, a smaller dose of papain is required to produce the same result than if taken with the food.

In Cases where severe gastic pain coming on shortly after eating is the prominent symptom, I have tried the drug twelve times. Complete relief was given in ten, one case was partially relieved, and one completely failed to derive any benefit.

Apart from its internal use, papain will probably come into extensive use as a peptonizing agent, to prepare ready digested food and enemata in the way in which pancreatin and pepsin are used at present.—*Herschel in Br. Med. Jour.,*

DISINFECTION OF INFECTED DWELLINGS.—The following method of thoroughly disinfecting a room in which an infectious disease has existed is reported in the *Centralb. f. Chirurgic.*

The windows of the infected room having been closed tightly, 50 to 60 grammes (1½ to 2 oz.) corrosive sublimate are placed on a small shovel of burning coals; after that the person leaves the room immediately and closes the door. The sublimate evaporates rapidly and exposes the room to its vapors for three or four hours. Then the door is to be opened, and, covering the nose and mouth with a piece of cloth, the person re-enters, opens the windows and closes the door again. The room having been thus ventilated for several hours, the possibly remaining vapors are to be rendered harmless by the burning of sulphur in the closed room. After repeated ventilation the room may again be occupied.'—*Therap. Gaz.*

LOCAL APPLICATIONS FOR USE IN NEURALGIAS.—Intercostal neuralgia may be greatly relieved by daily gentle inunctions with a portion, of about the bulk of a pea, of a pomade thus constituted:

Morphine chloride,	
Veratrine	gr. iss.
Cold cream	ʒiv.

In lumbago, or painful contraction of the muscles of the back a liniment containing one part of tincture of capsicum in six parts of olive oil, is advantageously applicable. If its infriction be painful, it may be applied on flannel—*Rev. de Therap.*

CIRCUMCISION UNDER COCAINE.—Various experiments have been made with solutions of the hydrochlorate of cocaine with the object of producing such local anæsthesia of the prepuce as would result in a painless circumcision. The results of quite a number of such efforts by myself and sev-

eral which I have witnessed in the practice of other surgeons, while greatly lessening the pain of circumcision, have not been entirely satisfactory. In the last two operations, however, which I have done by a new procedure, the first was entirely painless; in the second there was only slight sensitiveness in putting in the last few stitches.

The plan pursued was as follows: Retracting the prepuce, three or four drops of a six-per-cent solution of hydrochlorate of cocaine were injected with a fine hypodermic needle into the internal layer of the prepuce about half an inch from its attachment at the base of the glans penis. This was done so superficially that, as the needle was withdrawn, a little bleb was formed nearly half an inch in length. Waiting for half a minute, the needle was again introduced, at the opposite side of the bleb, and it slid in painlessly for another half inch in the line of the circumference of the penis. In this manner blebs were made until the cervix was completely encircled by them.

The prepuce was then drawn forward, and, by a similar procedure, another line of blebs was made to encircle the external preputial layer at the point elected for the incision. This was intended to be directly opposite the line of injection of the internal layer. The prepuce was then advanced so that the line of injection cleared the end of the glans, at which point it was compressed by a clamp, and excised without the least pain. Not the least pain was experienced in the operation except that caused by the first introduction of the needle in the internal layer, and the same in the external layer. Twenty drops of the six-per-cent solution were used in one case, and in the other twenty-five drops of a four-per-cent solution were injected.—*N. Y. Med. Jour.*

INCIPIENT BALDNESS.—In commencing alopecia, VIGIER advises the use of the following formula, in which the proportions are given by weight:

Alcohol (80°) . . .	ʒxx.
Camphorated alcohol,	
Rum,	
Tincture of cantharides,	
Glycerine	āā ℈iv.
Essence of santal, wintergreen,	
laurel roses . . .	āā gtt. v.
Muriate of pilocarpine . .	gr. viij.

The mixture is gently rubbed on the scalp once daily.—*Rev. de Therap.*

A MODIFICATION OF FEHLING'S TEST.—Buchner has proposed the following modification of Fehling's method for sugar. Many saccharine urines only give an opalescent yellowish-red coloration, and no red precipitate of cuprous oxide, when heated with Fehling's solution, making therefore the presence of sugar appear doubtful. In such cases, the urine is to be boiled with excess of cupric sulphate solution (1:10). The greyish-green precipitate is to be separated, and potassic hydrate, or some Fehling's solution, to be added to the filtrate, on boiling which the red sub-oxide of copper will be deposited, if even a small proportion of sugar be present.—*London Med. Record.*

DR. LIVEZEY writes: "While wintering in Florida I met with my annual patient, a young lady of twenty-eight, from Chicago, who was sent hither three or four years ago in order to pass out into the "spirit land" comfortably, who now being troubled with poor appetite, a slight but distressing nausea, great debility, irregular menstruation, excessive cardiac action on the least exertion, etc. I ordered 1 oz. bottle of Lactopeptine of the N. Y. Pharmacal Association's manufacture and she improved at once. Soon after, she met a ladyfriend, who told her she ought to take Lactopeptine, stating what wonders it had done her, who was troubled "just the same way" (of course). "Why, bless me," said my patient, "that is just what my doctor prescribed for me and I am doing nicely." By the time she finished the small vial she declared she never felt better in her life, her appetite being regular and everything O. K. She has taken since Lactopeptine, Elixir, Calisaya, Iron and Bismuth, with excellent results.—*The Medical Summary.*

J. LINDSAY PORTEOUS, M.D., F.R.C.S., M.R.C.P. ED., in the April number of the *Edinburgh Med. Journal*, says:—Of late there has been a great influx of new drugs, some of great value, others of little or no use. Where a medical man has an extensive practice, consisting of rural and urban patients, he has ample opportunity of testing the effects of drugs, as the varieties of disease that come under his notice are great; and although his means of watching the actions of drugs are not so good as in hospital practice, yet a good deal can be done if he cares to take a little trouble to "take notes." The following is one which has been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results:—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine much used in the States, called Bromidia. According to the makers it is composed of chloral hydrate, 15 gr.; potassium bromide, 15 gr.; extract of cannabis indica, $\frac{1}{6}$ gr.; and extract of hyoscyamus $\frac{1}{8}$ gr. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after effects of opium. The dose is ʒss. to ʒj. every hour till sleep is procurred. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

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SECRET PROPRIETARY MEDICINES.

Hitherto the so-called patent medicines have been generally ignored by the profession. That we have acted wisely in simply ignoring this monstrous imposition is open to serious question. Had we been active rather than passive, our influence would not have been impotent in stemming the tide which threatens to overwhelm us, nor are we wholly guiltless of sins of commission. It is not impossible to find testimonials of the alleged virtues of many secret compounds signed by M.D.'s. We anxiously hope, in the interest of mankind, for the credit of our noble profession, and for the advance of scientific medicine, that in future no physician may be found so forgetful of his position as to endorse any secret nostrum, no matter how seductive the temptation placed before him. The manufacture and sale of proprietary medicines have become one of the prominent institutions and established industries of the civilized world. Millions are engaged directly or indirectly in imposing on suffering humanity an innumerable host and variety of alleged specifics for every ill, real or imaginary. No inconsiderable portion of the earnings of the people are engulfed in this destructive maelstrom, for which they not only receive no benefit, but often positive injury; and the sum of human misery is largely augmented by the promiscuous administration of deleterious drugs and compounds contained in these lauded nostrums.

The chief factor in promoting this giant evil is a purchased press. It has been said that the freedom of the press is the palladium of our liberties. While this is true in a general sense, yet like all other great powers, the press is subject to abuse, and may become a great tyrant. When the financial interests of those who control it are antagonistic to the welfare of the public, its potency for harm is only equalled by its almost unlimited power. Therefore the press should be held accountable for the proper use of so great a power. That it should be required to acknowledge its responsibilities to the commonwealth, and that it should not be wholly actuated by mercenary motives, or promote fraud and imposition in its own financial interests, is obvious. The reading public have a right to demand truthful information, on this, as well as every other subject; and that the press, so potent for good, should not prostitute its high function in the worship of mammon. The common weal is its alleged and should be its prime motive and function, and only on this ground can it claim immunity from censorship. When it fails in its function or degrades its important office, public welfare demands that government should exert authority over a venal press, and restrain its cupidity. "The children of paternal government ask for bread and are given a stone."

One of the duties of government is to protect the governed from the rapacity of foreigners or subjects, from the evil results of want of knowledge and experience, and from the powerful but demoralizing influence of a suborned press. Editors as a rule, are amongst the most intelligent of the community, and cannot be excused on the plea of ignorance; although in justice, we must admit, that many of them are sadly misinformed on technical subjects, especially that of medicine. But the glaring frauds of patent medicine advertisements are so palpable, that it would be an insult to their intelligence to doubt their knowledge. Is there a newspaper in the land which does not pollute its columns in promoting this imposition? Even the so-called moral and religious periodicals are not guiltless of degradation in this respect. Who has not seen, even in the columns of the latter, advertisements criminally suggestive of "the slaughter of the innocents?"

The pulpit, that bulwark of morality, has been culpably silent on this subject in the past, and even ministers of the Gospel lend their names and

influence to promote the sale and use of these pernicious nostrums. This may have been done ignorantly, in most instances, but we have known more than one instance of reverend gentlemen furnishing a fulsome "testimonial" for some alleged panacea, in consideration of a *quid pro quo*. But possibly some excuse may be admitted, as they had evidently mistaken their calling, and the temptation to debauch their honorable profession, in which they must have been a failure, was too great, for the limited grace with which they were endued.

Should not *we*, then, who only are in a position to fully comprehend the magnitude of this ever-growing evil, exert our influence in every legitimate way against it. We are aware that our influence is handicapped by the suspicion of self-interest entertained by the laity, yet we should not permit even this to deter us from performing so obvious a duty. We are continually making strenuous exertions in the public interest against disease in many ways, and devoting our time and talents often gratuitously to hospitals, homes, asylums, infirmaries, boards of health, etc. We are searching for the causes of disease, removing or destroying them, and using every effort in promoting ventilation, good drainage, disinfection, cleanliness, etc., that sickness may be obviated or reduced to a minimum, often in direct antagonism to our own financial interest. Therefore we claim credence and confidence when our advice is given, even though it has the appearance to the lay mind of being in our own interest. We confidently believe such advice would command recognition and just acknowledgement from an intelligent public. Hence, the duty chiefly devolves upon us, to promote this much-needed reform. We should disabuse the public mind, educate opinion, expose the fallacies of this imposition, try to convince the press and the public of their duty, and by bringing the matter before the law makers, induce them to put some restrictions at least, on the indiscriminate sale of noxious drugs, and require that all proprietary medicines should have their components printed in ordinary language on the labels. We confidently trust that there is sufficient intelligence and moral stamina remaining to us, with our boasted civilization to sustain us, and to uphold any government which undertakes so great a task.

UNPROFESSIONAL ADVERTISING.

We hope our readers will not be too much disgusted at seeing the above caption again appear in our columns, after so short a space of time. Occasional instances have come under our notice since we last wrote anything on the subject, and we let them pass. But this month we have received so many letters, backed by marked newspapers, and newspaper clippings, complaining of medical men allowing themselves to be puffed in the local press, that, distasteful as the subject is, some notice must be taken of it. The number of complaints is suggestive of an epidemic. "In the spring" a young doctor's necessities force him, apparently, to inspire notices in the papers of his city, town or village, showing forth his skill, especially in surgery. The poor physician has no blood with which to draw an admiring audience of laymen to wonder at his skill.

If we published all the letters we have received this month, our readers would have complaints *ad nauseam*. From the four points of the compass, and from intermediate points they come, some from the East being particularly glaring.

A "Card of thanks" appears in a local paper and the puffed *M.D.* makes no explanation in the following issue of the paper. "Surgical operations" described fully, in such terms that their parentage would be evident to a second year man; "Very successful operation" at a hospital; "Ovarian tumor removed," "Amputation to save life"; are headings of some of the notices sent us. Now there is not one of the medical men whose names figure so conspicuously in relation to these operations, but who could easily suppress such notices, if he so wished, and there is not one of them but knows he is transgressing the spirit of the code in even allowing them to appear, to say nothing of inspiring them. When a paper has, day after day, some item, lauding the skill of one surgeon whose name is given even to the initials, it is hardly in human nature to be sufficiently charitable to suppose that said surgeon is oblivious of the advantage he is gaining over his brethren who do not allow themselves to be noticed in the secular press, as having performed operations, which to laymen seem wonderful. There is no occasion for us to enlarge on this unsavory subject. We wrote on the subject in our January number, and thought we had point-

ed out most of the ways in which members of our profession transgress; but this month's correspondence on the subject shows that there is no limit to the ingenuity of medical minds of a certain grade to find avenues to disgraceful advertising. We have not mentioned localities, and we have been impersonal in our remarks, though some of the instances might warrant different action, and yet we are certain that what "Nathan said unto David" will come home to some of the transgressors.

ONTARIO MEDICAL COUNCIL.

The late meeting of the Council of the College of Physicians and Surgeons of Ontario, held in Toronto, June 8th, 9th, 10th and 11th, was characterized by an unusual amount of interest, in discussion and business. There was a good representation from all parts of the Province. Dr. H. H. Wright, of Toronto, was elected President, and Dr. Henderson, of London, Vice-President; other officers as last year. The address of the retiring President, Dr. Bergin, was listened to with much attention, and we are inclined to think, with more interest than is usually felt in such addresses. When the President of a society feels so strongly, that he openly proclaims his fears that said society has not fulfilled the end for which it was called into being; when he raises the question as to whether it is of any service at all, he is likely to have attentive and interested listeners in those who compose such society, and who are thus, by their own chief officer, held to be useless. Every one is entitled to his own opinion as to the work which has been done by our Council since its inception, but unless we greatly err, the concensus of opinion of the medical men throughout the Province, is that the status of the profession has been vastly improved, and its interests protected by that body. It was an unhappy corporation at its birth, in that many of the members then composing it were not men to whom the profession could look with respect, either for their scientific attainments or personal qualities. But that state of affairs has passed away, and we believe that the Council as it has existed for some years past, has the respect of the profession at large. The special committee appointed to consider this address, reported straight against the cardinal points contained in it, but owing to the absence of Dr. Bergin, the discussion which followed was not as full as it otherwise doubtless would have been. Their report was however adopted and a copy ordered to be sent to Dr. Bergin.

We imagine that too sanguine a view is held by some members of the Council, as to the action which the Home Government may take in regard to licentiates of British colleges being required to fulfil the curriculum laid down by our college. Great bodies move slowly, and before we may look for any such enactment on the part of the Home authorities, the *raison d'être* of such enactment must be clearly defined to them, a matter not of easy accomplishment, for the British mind usually considers that what is good enough for home use, is, to say the least, good enough for the colonies, whether it be pickles or medical practitioners.

The examining body appointed should meet with the approval of all concerned, as they are all good men and well known to the profession. It is to be hoped that Dr. Bray's notice, in respect to the action of the building committee, may be productive of early action in the matter of a new college building.

THE ONTARIO MEDICAL ASSOCIATION

The last meeting of this Association, held in Toronto, June 2nd and 3rd, was in every respect a success. The number of well-known gentlemen taking part in it; the character of the papers and discussions, and the friendly spirit evinced by all, will make it remembered as a time of profit and pleasure to all who were present. Not the least pleasant feature was the presence of some American medical brethren. We are sure they were heartily welcomed, and it is to be hoped that that spirit of mutual acknowledgement of merit between members of the profession of the two countries may continue, and lead to more frequent interchange of thought at our meetings. Especially refreshing and encouraging was the presence of the veteran President of the New York State Medical Society, Dr. Moore, of Rochester. All who listened to the clear, incisive sentences, delivered with the force of full conviction of the truth of what he uttered, must have felt that they were in the presence of a mind matured by years of study and close observation. The address of the

president was a valuable one, and was well received. It is to be regretted that more opportunity was not given for discussion on the cases presented by Drs. Gibson and Yonkers. Such cavalier treatment will not encourage members to undertake the trouble and expense of bringing patients to the association meetings, for no one would be warranted in asking patients to spend their time and money in presenting themselves, were there not some hope of an elucidation of their cases by a general discussion. It is to be regretted that the report of the committee on ethics was tabled, owing to some irregularity. It will however be taken up early at the next meeting. Toronto is again chosen as the next place of meeting, which, considering its central position, and the better accommodation which may be obtained, will be of advantage to the association Dr. Henderson's notice of motion for the appointment of a defence union committee is, we think, timely; and we trust that such steps may be taken at the next meeting as will give adequate defence to practitioners proceeded against for malpractice. The election of Dr. Richardson, as President, is a matter of congratulation to the Society. His popularity and well-known zeal in the prosecution of scientific medicine and surgery make him a most acceptable officer. We anticipate for the next meeting of the Association a greater measure of success even, than has heretofore attended its proceedings.

MORTALITY IN THE MEDICAL PROFESSION.—Dr. William Ogden, in a report published in the *Medical Press and Circular*, shows that the longevity of members of the medical profession is in anything but a favorable condition, and that the death rate in our profession is steadily *increasing*, In 1880-81-82 the mortality among doctors was no less than 25.93 per 1000, while in the same years the legal profession yielded a death rate of 20.23, and clergymen a rate of 15.93 only. Nor is it with the professional classes alone that our calling compares thus unfavorably in regard to its risk to life, for even in the case of workers at some of the most unhealthy trades, *e. g.*, watchmakers, coal miners, chemists, tailors, printers, a greater immunity from death is enjoyed than can be boasted of by those who practise the healing art. "Indeed," continues the report, "to estimate the degree of danger which medical men encounter in this respect, it is necessary to compare our calling with what we are accustomed to regard in the light of 'dangerous' occupations, such as those followed by butchers, woollen manufacturers, painters, plumbers, quarrymen, etc., and even then there is little advantage on the side of the professional laborer"

PERSONAL.—Mr. G. J. Romanes, M.A., F.R.S., a native of this country, has been appointed for five years, lecturer on the Philosophy of Natural History in the University of Edinburgh. Mr. Romanes has, for a number of years, devoted himself to physiological investigation, and has specially interested himself in the elucidation of the difficult problem of the evolution of the intellectual faculties. We congratulate our distinguished countryman on the high honor which he has been paid, and it is gratifying to learn from a contemporary that "There is probably no man in England equally fitted for the office."

MANITOBA UNIVERSITY.—The following are the names of the successful candidates at the recent examination in the above University:—

Final for M.D.—A. Olver, H. L. McInnis, J. R. Steep, G. E. Dixon, G. A. Lacombe, and J. Fawcett.

Final Scholarships.—1st. A. Oliver, $100; 2nd, H. L. McInnis, $60.

C. M.—H. L. McInnis.

Primary Pass.—J. P. McIntyre, R. M. Simpson, D. W. Cowan, F. Goulding, V. E. Latimer, E. A Blakely.

Primary Scholarships.—1st. J. P. McIntyre, $100; 2nd, R. M. Simpson, $60.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The fourteenth annual meeting of the American Public Health Association is to be held at Toronto on Oct. 5th to 8th. The following topics have been selected by the executive committee for discussion: (1) The disposal of the refuse matters of cities and towns; (2) the condition of stored water-supplies, and their relation to the public health; (3) the best methods and the apparatus necessary for the teaching of hygiene in the public schools, as well as the means for securing uniformity in such instruction; (4) recent sanitary experiences in connection with the exclusion and suppression of epidemic disease. Mr. Henry Lomb, who last year

offered prizes for the best essays on sanitary subjects, offers for the present year 1750 dollars to be awarded as prizes on the following subjects: (1) The sanitary conditions and necessities of school-houses and school life; (2) the preventable causes of disease, injury, and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them; (3) plans for dwelling-houses—(*a*) the cost not to exceed 800 dollars; (*b*) the cost not to exceed 1600 dollars.

TREATMENT OF CHANCROIDS.—Prof. Gross treats chancroids (*Col. and C in. Rep.*) as follows, if seen a few days after their appearance: Wipe out the sore and under the edges thoroughly with cotton, then apply with another bit of cotton carbolic acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by the application is but momentary, and is followed by a sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison there may be left. Protect with a bit of cotton. Have the patient bathe the penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use a wash:—

℞ Cupri sulphat., ... gr ½
Acid. tannic., ... gr. ij
Aquæ, ... f ℥j. M.

Place a piece of cotton cloth between the glans and prepuce. A bubo can be aborted by injecting into it an eight per cent. solution of carbolic acid, and the use of compression. If already formed, it may be treated as the original sore.

THE CHOLERA.—There is no doubt that this scourge has appeared at Brindisi, and is supposed to have been brought by a P. & O. steamer. A rigorous quarantine has been imposed at all Italian ports on vessels from the Adriatic coast. It is to be hoped that such measures may be taken by the various governments as will prevent its spread westward, and that we in America may be spared, as we have been in the past few years, from so terrible a visitation.

REMOVAL OF FOREIGN BODIES FROM THE EAR.—Following Jonathan Hutchinson's explanation of his method of removing foreign bodies from the ear, Dr. Gramshaw writes to the *Lancet* that he has rarely failed in this operation, by injecting into the ear hot soap suds from a five ounce syringe. He has thus removed cherry-stones, beads, slate-pencils, etc. He is of the opinion that when they are so firmly impacted as not to be removed by this method, the wire loop will fail also.

TREATMENT OF HYDROPHOBIA BY SWEATING.—Buisson's mode of the treatment of hydrophobia by sweating is being revived in the East. A report from Odessa goes to show that considerable reliance may be placed upon this method. A boy who showed apparently unmistakable symptoms of the disease seventeen days after being bitten, was placed in a bath, the temperature of which was rapidly raised to 42° Reaumur. He became unconscious, but was kept in the bath for one hour. He was then placed in a room at 68° and swathed in cloths. This was repeated twice a day for three days, when he appeared well and has remained so since.

TORONTO MEDICAL SOCIETY.—The following have been elected officers of the Toronto Medical Society for the ensuing year: President, Dr. McPhedran; 1st and 2nd Vice-Presidents, Drs. Nevitt and Machell; Recording Secretary, Dr. Peters; Corresponding Secresary, Dr. Cochrane; Treasurer, Dr. Spencer; Council, Drs. Atherton, Graham, and Reeve.

CANADIAN MEDICAL ASSOCIATION.—The meeting of the Canadian Medical Association will be held this year in Quebec, on the 18th and 19th of August. Arrangements will be made with the steamboat and railway companies for reduced rates. Owing to the absence of Dr. Stewart in Germany, Dr. J. Bell is acting Secretary, and he will be pleased to hear from medical gentlemen who intend to read papers at the meeting, as early as possible, and also give any other information desired.

ARTIFICIAL COCAINE.—M. Merck, of Darmstadt, has succeeded in making an artificial cocaine, which is said to possess all the properties of the natural alkaloid. The price of this valuable drug having greatly decreased, it will no doubt soon be found in more general use.

ICE IN DYSPNŒA.—In a letter to the *Lancet*, Dr. Dawson says he has had excellent results from the application of ice to the temples and wrists in cases of acute attacks of dyspnœa in advanced phthisis. He thinks that the lowered temperature checks tissue change, with a corresponding relief to the defective lungs.

TOOTH-ACHE.—It is said that a solution of pilocarpine, two grains to the ounce of water, injected into the temporal region, will cure neuralgia caused by bad teeth. From an eighth to a quarter of a grain seems sufficient to check the pain in the course of an hour.

ROSE COLD.—It is said that a few drops of a 4 % solution of cocaine will give relief in rose cold, by its astringent action upon the vessels, as well as by producing insensibility.

M. GINJEOT states that of all measures applied locally to boils the best results are obtained from tincture iodine. He paints the boil with a thick coating, and sometimes a single application is sufficient to cause the inflammation to subside; it is better, however, to make the application several times a day for several days. He does not recommend the early opening of boils, but if evacuation of pus be necessary antiseptics should be used.

EDUCATORS will be interested in the auouncement that D. C. Heath & Co. have in preparation a series of Monographs on Education. Number one of these series will be a *Bibliography of Pedagogical Literature*, carefully selected and annotated by Dr. G. Stanley Hall, Professor of Psychology and Pedagogics, Johns Hopkins University.

The following have been recommended in Angina Pectoris:

℞ Amyli Nitritis . . ℥ xx
Spt. rect. . . . . Fl. ʒj. M.

S. Three to five drops on sugar, every four hours.

Also

℞ Nitro-glycerin . . . ℥j.
Spt. vin. rect. . . . ℥c. M.

S. One drop on sugar, every four hours.

A death certificate returned to the proper authorities by a Cincinnati physician gives the cause of death as follows: "She dide with Liver deaze and New Monei."

PROF. VIRCHOW has recently completed his 30th year as teacher of pathology in Berlin. He has been in active practice since 1844.

A MURAL monument is to be erected to Dr. Austin Flint, in Bellevue Hospital.

Books and Pamphlets.

A TEXT-BOOK OF PHARMACOLOGY, THERAPEUTICS AND MATERIA MEDICA. By T. Lauder Brunton, M.D., F.R.S., Lecturer on Materia Medica, St. Bartholomew's Hospital, London. Philadelphia: Lea Bros. & Co.

This work has been in preparation for a number of years, and was advertised from time to time as being in press, but it was purposely delayed by the author in order to enable him to experiment on certain doubtful points regarding the mode of action of drugs, and to give the results of his investigations. The work is well and carefully written, and coming from so eminent an authority, will be fully appreciated by the profession. The physiological and therapeutical action of various drugs on the animal economy have been thoroughly tested by the author, and the results are embodied in the work. Physiological and pathological questions are discussed more fully than is customary in ordinary text books. In the second part of the work on general pharmacy the author has classed together the various pharmaceutical preparations and given lists of them for reference. We commend the work to the special attention of our readers.

A SYSTEM OF PRACTICAL MEDICINE, by American Authors. Edited by Wm. Pepper, M.D., LL.D. Prof. of Medicine, University of Pennsylvania. Vols. III and IV. Philadelphia: Lea Bros. & Co.

The two volumes of this excellent work just published are quite equal to the standard of the two preceding ones and will be heartily welcomed by the profession. The work so far has met with a very hearty reception and is creditable alike to the authors and to American medicine. We regret that we have not sufficient space at our disposal to give it the notice that its merits demand. We can only say that those who subscribe for the work

will not be disappointed. It will not fail to meet their most sanguine anticipations.

THE PRINCIPLES AND PRACTICE OF SURGERY. By Frank H. Hamilton, A.M., M.D, LL.D., late Prof. of Surgery, Bellevue Medical College; Consulting Surgeon Bellevue Hospital, etc. Third Edition. New York: Wm. Wood & Co.

The original intention of the author has been strictly adhered to in the preparation of the work, viz: To supply within the compass of a single volume that kind of instruction most required in this department by students of medicine, and also to serve as a direct and complete guide to the surgeon. How faithfully and completely this has been carried out may readily be seen by a reference to the work. Each department has been treated as concisely as the circumstances would warrant; much of the literature of surgery has been omitted, and only such information supplied as a long experience in teaching and in the practice of surgery have suggested as most needed by students and practitioners. The excellent nomenclature of diseases proposed by the Royal College of Physicians of London, has been adopted by the author, the terms chosen being indicated by the letters R.C. The work is worthy of the reputation of its distinguished author, and the new edition will be heartily welcomed by the profession.

A MANUAL OF HUMAN PHYSIOLOGY; INCLUDING HISTOLOGY AND MICROSCOPICAL ANATOMY. By Dr. L. Landois, Professor of Physiology, University of Griefswold Translated from the fourth German edition by William Stirling, M.D., Professor of Physiology, University of Aberdeen. Vols. I. and II: Philadelphia, P. Blakiston, Son & Co.

This work has been well received in Germany, having passed through four editions since its first appearance in 1880. It is of a most practical character, and more than any other work of the kind bridges over completely the science of Physiology and the Practice of Medicine. After a full description of the normal processes a short *résumé* of the pathological variations is given in the closing part of each section. This is a most interesting feature of the work, and one which cannot be too highly commended. The translation has been performed in a highly creditable manner by the distinguished Aberdeen professor.

PUERPERAL CONVALESCENCE AND DISEASES OF THE PUERPERAL PERIOD. By Joseph Kucher, M.D., formerly of Vienna Lying-in-Hospital. New York: J. H. Vail & Co.

The author has, in a moderate compass, given the views on the management of childbed, and upon the origin and treatment of puerperal diseases as accepted and practiced at the Vienna Lying-in-Hospital. The work is intended for practitioners, and consequently many points are omitted which are of no practical use, and in some cases only the leading principles of treatment are given. The chapter on puerperal fever is full of thought and will be read with much interest and profit by all engaged in midwifery practice. The author holds the view that puerperal fever is nothing else than *septic* poisoning, and has certainly made a strong case. We heartily commend the work to the profession.

HOW WE TREAT WOUNDS TO-DAY, OR ANTISEPTIC SURGERY, FOR BEGINNERS. By R.T. Morris, M. D., Late House Surgeon, Bellevue Hospital. New York: G. P. Putnam's Sons.

The subject matter of this work is given in a most concrete form, but is none the less attractive. It contains a very complete digest of the modern methods of treating wounds antiseptically and is worthy of careful and attentive perusal by every surgeon, whether an advocate of antiseptic surgery or not. There is much to commend in the work, and very little to which exception may be taken.

THE SUPRA-PUBIC OR HIGH OPERATION FOR STONE OF THE BLADDER AND TUMORS. By Sir Henry Thompson. London: J. & A. Churchill.

The modification in this operation by Prof. Peterson, of Kiel, have called attention anew to its advantages. The value of rectal distension first used by Peterson is very great, and has rendered this operation tolerably safe as regards wounding the peritoneum. Sir Henry has performed this operation eight times, six for stone and twice for tumor, and gives the results in this work for the consideration of the profession.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR. By Oren D. Pomeroy, M.D., Surgeon to the Manhattan Eye and Ear Hospital, Second Edition. New York: D. Appleton & Co.

This work will be found very convenient as a work of reference on the diseases of the ear. The

present edition has been carefully revised and about thirty pages of new matter added, but no change has been made in the general scope of the work The author has reason to feel encouraged by the treatment both the present and former editions of his work have received from the press and the profession.

EASY LESSONS IN SANITARY SCIENCE. By J. Wilson, M. D., U. S. Navy. Philadelphia: P. Blakiston, Son & Co.

This work is simple in style and language; brief but correct, as far as it goes, and well adapted for popular reading It deals with land drainage, house drainage, drainage of cities, plumbing, health boards, etc. It will also be found useful to physicians, sanitary engineers and others.

A COMPEND OF THE PRACTICE OF MEDICINE. By D. E. Hughes, M.D., Demonstrator of Clin. Medicine, Jefferson Medical College. Philadelphia: P. Blakiston, Son & Co.

This "Physician's Edition" is based on the revision of the Quiz-Compend Edition, and also includes a very complete section on skin disease. It is merely a compend, as its title indicates, but it is very full and complete. It is well printed, handsomely bound in Morocco, with gilt edges, and will be found exceedingly convenient for ready reference.

VENEREAL DISEASES. By Berkeley Hill, M.D., Prof. of Surgery in Univ. Coll. London, etc. and Arthur Cooper, M.D., Surgeon to Westminister General Dispensary, etc.; Fourth Edition, revised. Philadelphia: P. Blakiston, Son & Co. Toronto, Williamson & Co.

The revised edition of this well-known work will be greeted with pleasure by its numerous friends. The size of the work has been kept down, though new matter appears in almost every chapter. The list of formulæ has been somewhat enlarged. The book will be of great value to the student, comprising, as it does, the main elementary facts relating to venereal diseases.

QUIZ-COMPEND. OF PHARMACY, by F. E. Stewart, M.D., Ph.G., Quiz-Master in Pharmacy, Phila. Coll. of Pharmacy, etc. Philadelphia: Blakiston, Son & Co. Toronto: Williamson & Co.

This little work is very timely. Now that the various examining bodies require a knowledge of pharmacy, the want is felt of a small but comprehensive treatise on this important subject. The present work appears to fill the vacancy admirably. It contains a large amount of information in a comparatively small compass, and will, we are sure, be duly appreciated by students preparing for the pharmacy examination, as well as medical students.

DISORDERS OF MENSTRUATION, by John N. Upshur, M.D., Prof. of Materia Medica and Therapeutics in Medical College of Virginia. New York and London: G. P. Putnam's Sons. Toronto: Williamson & Co. Price $1.25.

This is a very readable book. The author supposes an acquaintance with the anatomy of the parts, as he simply mentions their names with a running commentary on their functions. The author seems inclined to "gush" at times, which detracts from the value of the work. The printing is good, but the orthography is abominable, and sometimes the syntax, or rather the want of it, serves to obscure the sense of the passage. It will be a useful book to practitioners.

ELECTRICITY IN MEDICINE. By Ambrose L. Ranney, M.D., Professor of Anatomy and Physiology, New York, Post-Graduate Medical School and Hospital, etc., etc.: p.p. 147. Illustrated. New York: D. Appleton & Co. Toronto: Williamson & Co.

CHEMICAL ARITHMETIC, by J. Milnor Coit, Ph.D., Master in St. Paul's School, Concord, N. H. Boston: D. C. Heath & Co. Toronto: Williamson & Co.

DISEASES OF THE KIDNEY. By Henry Norris M.A., M.B., F.R.C.S., Surgeon to and Lecturer on Surgery at Middlesex Hospital, etc.; pp. 548, 40 engravings and 6 chromo-lithographs. Philadelphia: Lea Brothers & Co. Toronto: Hart & Co.

MANUAL OF HYGIENE FOR SCHOOLS AND COLLEGES. Prepared by the Provincial Board of Health. $1.00. Toronto: William Briggs.

Births, Marriages and Deaths.

On the 2nd inst., at Parkhill, Ont., Ida E., eldest daughter of James Taylor, Esq., Lisbon, Dakota, to Fred. H. S. Ames, M.D., Brigdon, Ont.

On the 7th inst., Edward M. Higgins, M.D., to Agnes, daughter of the late Charles Crookall, of Berlin.