

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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

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

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

Business Management, J. E. BRYANT & Co., 64 Bay Street.

TORONTO, AUGUST, 1888.

Original Communications.

REST IN NEURASTHENIA.

BY A. HOLFORD WALKER, M.D., HAMILTON.

(To have been read at Ontario Medical Association.)

By the term neurasthenia the public and medical profession alike designate a condition protean in its possible forms and manifesting itself, it may be, by disturbances in the functions of any, or even all, of the organs of the body. It is used to indicate certain states of the nervous system, of which the anatomical basis is unknown. In its widest sense the term is used as covering the groups of symptoms usually known by such names as nervous prostration, spinal irritation, neurotic diathesis. Neurasthenia and hysteria must not be confounded as synonymous terms. Hysterical persons invariably, or as a rule, are neurasthenic, but on the other hand, neurasthenic persons are not always hysterical.

The typical neurotic woman is very sensitive, jealous, managing, self-forgetful, wearing herself out for others. Whereas the typical hysteric, whether languid or impulsive, is purposeless, introspective and intensely selfish. In the one is the unwilling defect of endurance. But in the other, defect of the higher gifts, and dominion of mind. The fact, for fact it is, becomes more apparent from day to day, that neurasthenia, with its degenerative ally hysteria, if I may so term it, is alarmingly on the increase, and it behoves us, as the earthly guardians of our fellow-

man, and instruments appointed to look after their bodily welfare, to be earnest in our endeavor to seek the cause, and having discovered it, instruct those in our various localities, how to save the rising generation from a disease that, above all others, brings more continued misery and heartache into any unfortunate family where the viper neurasthenia or the double headed viper neurasthenia with hysteria enters, than any other disease of the present day, with the exception, perhaps, of the life-long drunkard or the insane.

Who among us cannot recall to mind the vivid picture, too often presented to our view, and taxing to the utmost our endeavor to obliterate the dark spot on the canvas, "so to speak," and paint in a new figure to harmonize the whole again.

The anxious father worn down with care and empty purse, from yours and yours, and my long bill. The mother, how shall I describe her sad face—it is too familiar to need description—as also the other figures in the group, save one, the centre figure around which hover the worst traits in our mortal nature, with such an endless variety of symptoms that no two are alike, as Wendell Holmes has truly said, "Is like a vampire sucking slowly the blood of every healthy, helpful creature within reach of her demands." And by the world at large, each member of the group is condemned, on the one hand, the parents and sisters for being too kind and indulgent, and the other, the expression, serve her right, she is only an hysterical, self-

willed thing. But, as Dr. Weir Mitchell truly says, the largest knowledge finds the largest excuses; and, therefore, no group of men, so truly interprets, comprehends and sympathizes with women as do physicians, who know how near to disorder, and how close to misfortune she is brought by the very peculiarities of her nature, and we truly pity the parents and sisters, knowing the trying ordeal through which they are passing. What is the cause of this widespread and increasing malady? and how stay its onward march? Undoubtedly, in many instances, it is inherited from the parents, when slight exciting cause is sufficient to produce it.

Another cause that tends to develop and maintain the neurasthenic tendency is an irregular, unhealthy and overstimulating life, especially at the times of childhood and puberty, and more especially in cases of childhood, where illness has been followed by tedious convalescence—the over-indulgent and tender-hearted mother yields to every whim, no sacrifice of herself or others is too great to grant or demand. Again, the school system of the present day, in a very great measure adds to the evil; I allude more particularly to its effects on young girls between the ages of 14 to 17 or 18, at a time when their physical nature ought to be developed to its fullest extent. What do we find? Long hours in school, and long hours out of school necessarily devoted to study for the morrow's lessons, leaving but little, if any, time for the more necessary out-door amusements and exercises, so essential to the future woman, for the momentous responsibility, "that at that age they fail to realize," of being the coming mothers of the generation yet unborn.

A young lady, at present under my care, gives a synopsis of her school-days, for two years, between her 15th and 17th year. At school from 9 to 12 and from 2 to 4, after 4 music lessons, then to study for the morrow until tea, afterwards her studies were resumed, until 1 or 2 o'clock every night. She tells me she was never able to retire before that hour, in order to thoroughly learn the various studies. "This was at St. Thomas, Ontario," and this patient intellectually is far above the average. She was studying for certificates with the result of utter collapse, and the neurotic girl became hysterical

in its worst degree; and her tender spine underwent no end of blistering, and ultimately cauterly applications, all without avail to the hysterical spine. And from inquiry, I find this is an example of the ordinary routine girls of the present day undergo. What a tremendous tax on any one anxious to keep pace with the daily studies. I could dilate, did time permit, on this question and its many evils effecting both sexes, but I merely desire to call our attention to the matter, in the hope, that, from the study of cause and effect we, "whose duty it is," may be led to advise those in authority in the matter, to adopt a course of instruction more suited to the wants and requirements of the rising generation.

Another cause of the evil is found in the business man of the present day, with his long and late hours of work, irregular meals, bolted in what is termed American fashion, but in my experience the Canadian is not one whit behind his cousin in that respect; "nor in any other," perhaps, you will add; but the chief defect in a business man, as a rule, is the want of holidays and recreation. Day after day, and year after year, business cares and successes and excitement follow each other in daily rotation. Every man ought to have some pursuit apart from his business, to produce a healthy reaction of body and mind. And if of sporting proclivities, spend three weeks every year under canvas, in our Canadian backwoods, and return with the nervous and physical equilibrium restored; for the man of the present is morally responsible for the man of the future.

What is the natural sequence if both parents, or even either one, is sickly and weak? Does not the sad inheritance fall upon their offspring? And knowing this fact, I may ask, what percentage of the young girls of the cities and towns, of the present day, are fit to be healthy wives and mothers? Let each one make the calculation from those of his own immediate knowledge and acquaintance. And the answer, I fear, will be more appalling than would at first sight appear. Do we not find an increasing army of women who are unable to nurse their offspring; is it necessary to ask the cause, or what will be the result, on the next two or three generations? The practitioner in those future

ages will have neurasthenia and hysteria to contend against, in all their glory, a hundred-fold more cunning in deception, if possible; so much so, that I fancy it will deceive all but those who have grown gray in the profession, as they alone will have had the experience of watching its deceptions and trickery from their earlier days.

There is no one of the present day, or even of the past, that this unfortunate class of cases owe so much, as they do to Dr. S. Weir Mitchell, of Philadelphia; and we, as a profession, cannot accord him too much praise for the noble work he has achieved, in finding a remedy for the overtaxed multitudes suffering from neurasthenia and hysteria in their various degrees. He is a true type of the pen-and-ink sketch he gives of the requirements of the practitioner who would undertake to successfully treat this unfortunate class. It demands, he says, the kindest charity. It exacts the most temperate judgment. It requires active, good temper. Patience, firmness, and discretion are among its necessities. Above all, the man who is to deal with such cases must carry with him that earnestness which wins confidence. None other can learn all that should be learned by a physician, of the lives, habits and symptoms of the different people whose cases he has to treat. What a true likeness of the man himself. What brilliants will shine in his immortal crown, if he receives one for each unfortunate that he has been instrumental in restoring to health and home.

As regards the treatment for the milder forms of neurasthenia, our first duty on observing its insidious approach in any of our patients is to direct an immediate cessation of whatever pursuit is causing the overstrain, and enjoin from twelve to fifteen hours' absolute rest out of the twenty-four, plenty of nourishing and easily assimilated food, out-door recreations, not to the extent of producing weariness, but more for the benefit of fresh air, and change of air and scene if possible; and if nauseous drugs are withheld, restoration to health will be both steady and rapid. When I say twelve to fifteen hours' absolute rest, I mean that the patient is not to be disturbed by any member of the household, or any one else, when seeking repose. If, on every little pretext, she is to be disturbed and questioned

about household affairs, or any other worry, the results will be disappointing; she must seek the seclusion which her cabin affords, and become for the time being entirely oblivious to her surroundings. For the more severe forms of pure neurasthenia uncomplicated with hysteria, order absolute rest in bed from six to ten weeks, according to the severity of the case, and secure a nurse capable of giving daily applications of massage—one of bright, cheerful and refined disposition. Keep all worries, letters and friends from the patient, feed her every two or three hours, solid food three or four times daily, with milk during the intervals; when sufficiently restored send her to the seaside for three or four weeks, if in the summer, or to some city for complete change, if during the winter, and your patient will for ever retain a grateful spot in her heart for the man who was instrumental in restoring her to health again.

When you have the complication of hysteria, the patient requires to be removed from all friends, relations, and home associations, and not permitted to hear from them for a varying period of six to ten weeks. These patients require special nurses who have been trained by experience with this class of cases, to successfully cope with the various deceptions of the hysterical girl. And the physician requires to exercise the greatest tact, and in fact to acquire what I can best describe as a mesmeric influence over each case, whereby the patient has that perfect and implicit faith in all statements and modes of treatment adopted, whereby she is, day by day, and step by step, unconsciously led to that stage of health where joyous hope takes the place of abject despair, and she begins to feel a reborn creature once more, and look forward with keen interest to return of health and usefulness; such a contrast to the unhappy past, it is like the banishment of the unclean or evil spirit of early times, and restoring the sunshine to the long dismal home. I have only been able to touch the salient points of a disease, that I find by experience becomes of greater interest the more one has an opportunity of studying it in its various forms. During the past year I have had some thirty-two cases under my care and observation, the majority of them having tried all other known means of

cure, came as a *dernier resort*, without much hope and very little faith. I will give an outline of two or three, as instances of what the treatment is capable of performing if faithfully carried out. Nettie H., aged 16, had mumps, followed by typhoid fever, in January, 1886. Convalescence was prolonged, with the result I described in the early part of this paper. Produced by the tender-hearted mother and too loving sisters, neurasthenia with hysteria were developed in their worst degrees, the acutely tender spine, intolerance of light, loss of voice, extreme emaciation, thighs tightly contracted on the abdomen and legs on thighs, knees almost touching the mouth; had been in this condition for one year. Was at the St. Catharines hospital for the eleven weeks previous to her coming under my care where she received applications of massage, but without improving her condition. I found her a most pitiable sight to behold—a wizened little skeleton, unlike a human being, and must acknowledge felt great hesitation in undertaking the case. For the first three weeks after admission she absolutely refused all nourishment, even water. I tried the administration by the bowel, but she would strain until it was all voided; I then then applied it by the nostril through a rubber tube, but she would retch until it all came up. And she became so exhausted from resisting, that I felt I was doing more harm than good; day and night she kept up a constant whine, except during snatches of sleep. At the end of two and a half weeks exhaustion became so marked, I ordered the nurse to rub in cod-liver oil three times daily, using the most stinking oil I could procure, with the result that on the third day she whispered to the nurse that she would take her milk if I would stop rubbing on that stinking stuff; from that day the victory was gained, and recovery gradual but steady. Two or three physicians who saw her at the time advised cutting the tendons, to straighten the legs, but the massage gradually did the work and developed the muscles at the same time, the voice returned, eyes became tolerant of light, appetite hearty, sleep sound, and perfect health was the reward for the unceasing care on the part of the nurses.

Another typical case was L. B., aged 19, had been confined to her bed for fifteen months for

supposed incurable disease of the spine, and her life despaired of by many physicians who saw her. It was her case I referred in the body of the paper, giving a synopsis of two years of her school-life, resulting in a complete break down, night after night her friends were called to say the long good-bye. And although sent to me on the advice of a physician who was called in consultation, the relations, as well as the patient, had little or no faith in the result, but in two weeks the masseuse could rub the spine as hard as she liked, and in six the patient was sitting up; and last week, being nine weeks after admission, she was out in the grounds walking about, and will shortly return to her home fully restored to health again. No medicines whatever are administered during the treatment; the bowels, which are invariable extremely constipated, become quite regular from the electricity and massage in about two weeks after admission. The above are extreme cases, but in pure neurasthenia the results are equally brilliant, and the treatment is of shorter duration.

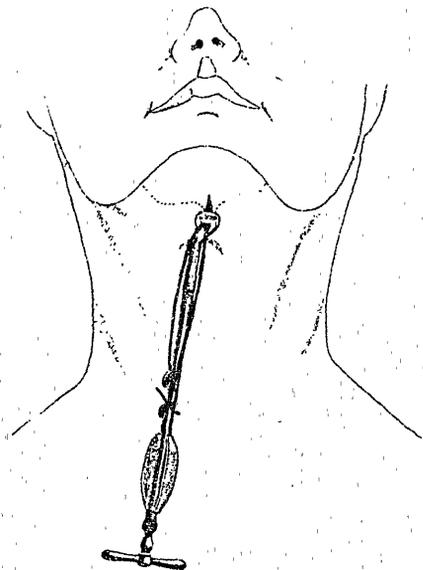
In cases of acute functional mania, I am strongly of the opinion that this treatment is more rational, and will produce better results than any other in vogue at the present time. I am only judging by the result in two cases I had under observation, but it was so marked and satisfactory that I would suggest a trial of it in one of our asylums. The services of a thoroughly efficient masseur must be obtained; one whose disposition has firmness, blended with kindness and tact to a superlative degree. I feel confident the results will be so marked, *if faithfully carried out*, that ultimately this mode of treatment will be adopted in every asylum in our country for the above special form of mania.

Multiple births seem to be the order of the day; but the wife of a workingman living at St. Julien de Varaville (Manche) probably beats the record with a delivery comprising four male and one female children. Three were born on the 4th and the two others twenty-four hours later. In four confinements this productive female has borne eleven children. A subscription is being set on foot for the unfortunate husband.—*Medical Press and Circular.*

THE CONTROL OF HEMORRHAGE IN AMPUTATION OF THE TONGUE.

BY PROF. JOHN A. WYETH, M.D., NEW YORK.

In common with all operators, I had met with considerable trouble from hemorrhage in extirpations of the tongue. In 1886 it occurred to me to constrict the vessels distributed to this organ and to the floor of the mouth in this way: When the patient was fully anæsthetized, an incision through the skin and down to the muscles about one inch long is made in the median line, beginning at the hyoid bone and extending upward toward the *symphysis menti*. A long Peaslee's needle, armed with strong silk,



is made to pass in at the centre of this incision, and is carried along the muscles toward the angle of the jaw entering the cavity of the mouth between the base of the tongue and the inferior maxilla. The jaws being widely separated with a gag, the needle is unthreaded in the buccal cavity and withdrawn, leaving the thread in position. The same needle is again threaded, this time with a finer silk, and carried through in like manner on the opposite side. When the point with the double thread accompanying it is seen to project into the mouth, with a tenaculum draw on the silk until it loops sufficiently to allow you to pass the end of the first silk cord between the shaft of the needle and the

loop. By withdrawing the needle the strong cord is brought out at the point of entrance, and thus surrounds the tongue and muscles of the floor of the mouth. A good sized twisted wire, about one-sixteenth of an inch in diameter, is now fastened to the thread and carried in its stead around the tongue. Adjusting this to an *ecraseur*, it can be made to constrict the vessels to any required degree. The operator can proceed with the extirpation of all suspicious tissues, and when through, by gradually easing up on the tourniquet, the bleeding points can be recognized and secured. I have operated by this method several times, and have found it very satisfactory. It is my practice to make a very wide and free removal well beyond the disease and into the healthy tissues; and if the epithelioma is of long standing (4 to 6 months) I dissect out the glands of the submaxillary and carotid triangles. In the mouth I use silk ligatures, as they are more readily tied, and hold better than cat-gut. I prefer Goudoullée's gag, and always in these cases of buccal surgery employ *rectal anæsthesia*. I have used this latter method about twenty times, and have never had an unfavorable symptom.

TYPHOID FEVER.

BY CHAS. SHEARD, M.D., M.R.C.S. ENG.,

Professor Trinity Medical College.

Abstract of paper read at the meeting of the Ontario Medical Association.

It is fair to assume when the President of this Association requested me to write a paper upon the "Ravages of Bacteria in Blood and Tissues," that he with characteristic liberality placed the whole field of medicine before me that I might select of what would, in my humble judgment, be most profitable for the Society's consideration. I hope none will be disappointed when they learn they are invited to a discussion upon so old a subject as Typhoid Fever. . . . I invite your attention to the subject of typhoid fever, confident that in it we have much to learn and much to unlearn. Let us stop to consider the conditions ordinarily implied in speaking of typhoid fever—these are, as

I understand them, (1) Ulceration or inflammation of Peyer's patches and solitary glands ; (2) Inflammation of the *mesenteric glands* ; (3) Softening, and often pulpy degeneration of the spleen ; and I state that, save in those cases where death occurs from the direct poisoning of the patient with the *matéries morbi* of typhoid during the first ten days, without the conditions marked, the case is not typhoid, and *I would further state that such abdominal lesions cannot exist without abdominal symptoms.*

It is my belief that many cases of septicæmia of various degrees of severity, and from various causes, are mistaken for typhoid, chiefly because we rely upon what is unscientifically called the "typhoid state." I would briefly refer to a case which I had under my care in the Toronto General Hospital, and where I made such a mistake. The patient, L. W., was under my care for the treatment of typhoid for seventeen days, during which she had marked typhoid symptoms—headache, furred and brown tongue, epistaxis, low delirium, and the condition ordinarily seen in typhoid. At the end of seventeen days her typhoid symptoms left her, and marked septicæmic manifestations replaced them, for a subsequent period of twenty-five days, when she died, and I made an autopsy on the case. Confident that I would find the characteristic typhoid lesions, and probably in them trace a cause for subsequent septic inoculations, I searched the abdomen carefully and was disappointed ; no lesions existed, no evidences of a healing or healed ulcer were to be found ; I searched the large bloodvessels and heart, for a cause of the later septic manifestations ; I searched the brain, hoping that some hidden cerebral abscess might explain away my puzzle, but all was in vain. I regarded the case with grave disappointment, and about to leave it, I caught sight of a slight fulness in the right ankle joint ; on opening this I found it filled with the products of a pus-forming inflammation, and on pushing my examination to other joints, I found the right hip and the opposite knee filled with sero-purulent matter, and the structures of the joint destroyed. I may say that during life there had been nothing complained of to call attention to the joints. I now present you the temperature chart, which I claim, during the first

seventeen days of her illness, looked much like what one would expect in a typhoid case ; here was evidently a septicæmia mistaken for typhoid, by relying on the so-called typhoid state and the temperature chart.

To go back to my original statement, that after the first week abdominal lesions and abdominal symptoms must exist to prove typhoid. In support of this I will refer to one of several cases I have observed.

This is the case of A. W., admitted as typhoid into the Toronto General Hospital. She had no marked *abdominal symptoms*, but other indications of typhoid, brown and coated tongue, headache and epistaxis, lumbar-pain, diarrhœa, and from the chart which I show you, you will see is closely similar to a typhoid chart. . . . I felt it would be typhoid ; but this patient, as you will see by her chart, again relapsed—many typhoids relapse—and suffered from recurring febrile attacks. Early in April she developed marked symptoms of tubercular disease of both lungs, and physical signs. In the middle of May last, one month after leaving the hospital, I again examined her chest to find the presence of cavities distinctly indicated, and my patient soon began to succumb to pulmonary disease. Here is a case where I have no doubt the onset of acute tuberculosis was mistaken for typhoid. . . .

I would lay stress upon the error made by so many in relying upon nocturnal exacerbation of temperature as an indication of typhoid. In talking over cases among ourselves, how we say, "I think the case is going to turn out typhoid, he had a rise of temperature last night, and his temperature is down this morning ;" or, as a physician once said to me over a case where I held the diagnosis of typhoid in dispute, "Well, the temperature chart shows typhoid." Let me assert that no temperature chart *can* show typhoid. Do not misunderstand me, gentlemen. I am not saying the clinical thermometer is useless in this disease. It can distinguish the difference between real and feigned disease ; it can show you the degree of acuteness of your case ; it can predict a hemorrhage as faithfully as the barometer can predict a storm, but it cannot write the diagnosis for you ; it cannot supply brains.

The most remarkable symptoms of typhoid fever are abdominal symptoms; they are tympanitis, pain in the right iliac fossa, gurgling, diarrhoea, sometimes a rash; and, at the risk of being considered very elementary, I will, with your permission, refer to some of these symptoms.

Tympanitis.—In this, I believe, we have the one symptom which is worthy the most special attention; it is not only of diagnostic value, but of the greatest value in prognosis. This tympanitis, in bad cases, comes on early in the attack, about the third or fourth day; the abdomen is then full, hard and tense, the recti muscles rigid, the percussion note drummy. Such cases run the worst course of any in typhoid; in these the prognosis is the gravest, and you can readily see the reason. . . . If you have the bowel distended with gas, *ad-maximum*, you have clearly the most favorable condition possible for both hemorrhage and perforation. The bowel can be paralyzed by distension, leaving its contents to irritate and aid the process of destructive inflammation. If the walls of the intestinal vessels have been weakened, they are more prone to rupture, because of the great distension of the bowel.

Regarding perforation, I believe the gas in the bowel is more often a cause than the process of ulceration. If you have seen many perforations from typhoid, you will remember the most of them were perforations like pricks with a pin, or a trifle larger; the solitary gland had ulcerated away; the muscle had been irritated by the contents of the bowel remaining in a fermenting state in contact with it; the secretions had been suppressed, because of the same distention, and the thinnest point in the bowel gives way under the pressure. . . . I am of the opinion that abdominal distension can cause death from mere pressure upon the sympathetic nervous system, reflexively slowing the heart's action.

Pain in the abdomen is pretty constant in typhoid, and its absence may be regarded as suspicious; the pain is often nearer the umbilicus than the right iliac fossa; but if we have much ulceration going on we can scarcely avoid having pain, especially if the ulcerative process reaches the serous coat of the bowel, which is

here the sensitive membrane, the same as the pleura is the sensitive membrane of the lung. But I can readily believe that in some cases, when the lesion is more of a general inflammation and superficial, more of an enteritis, pain may be absent.

As to the rash of typhoid, it is an unreliable symptom. . . . I think it may be stated generally that it is in the severer forms of typhoid that the rash is most typical, whilst in mild cases it is most frequently absent.

Another point worthy of attention, is whether or not the typhoid poison may not produce some other disease. In many cases where typhoid appears to be of a particularly severe type, the manifestations in the nervous system are also very severe, and perhaps the only marked indications of the disease. If we take those cases where, after the first day or two of illness, coma vigil, or acute delirium marks its advancement, we will find there is little tendency to severe abdominal lesion or symptom; although the patient may linger on for weeks, early death is the rule in these cases. Again, everyone must have noticed the special liability to severe pneumonic complications, where the type of the disease is severe; and this pneumonia also appears early, frequently terminating the case before the abdominal disease has progressed very far. Those cases where pneumonia comes on late—as a pure sequela—are, in my experience, rarely well marked cases of typhoid, and in many of them I think there is room for doubt as to the correctness of the diagnosis of typhoid. . . . I do not wish to state that pneumonia cannot be a sequela to typhoid, but that it is more frequently an early than a late complication. Again, I believe it is quite possible to have a septicæmia arise from typhoid. I mean a septicæmia similar in character to that due to direct pus infection, and am of the opinion that many lingering relapses in typhoid are from this cause. We know it is by no means rare to find a suppurating mesenteric gland near to a typhoid ulcer in the bowel, and there can be no reason why pus there should not enter the circulatory system. Again, where ulcerative endocarditis follows upon the disease there is generally evidence of irritating or septic material having entered the blood vascular system.

As to the lesion of softening and pulpy degeneration of the spleen, this is found in many other diseases besides typhoid, and in the latter is often absent; softening of the spleen is the result of high temperature, and should the temperature be low throughout, little change in the spleen need be looked for; it is one of the earliest of organs to undergo pyrexial softening, and I do not think it is more predisposed to such change in typhoid than in many other diseases characterized by continued elevation of temperature. It is claimed by some that such tissue change can be entirely prevented by the continued administration of antipyretics, but upon the subject of antipyretics light has yet to dawn; it is a simple matter to reduce the temperature in any disease, but quite another thing to know if such reduction is beneficial; those who, in the administration of antipyretics, have in mind the lowering of the temperature *only when its continued elevation threatens the integrity of tissue*, have grasped the great therapeutic principle underlying their employment, and I would question the soundness of that principle, commonly practised, which interprets the elevation of temperature as fever, and the lowering of temperature as its reduction. If disease of the zymotic type are changes involving the oxidation of morbid matter, I cannot but think that the lowering of temperature may lead to the storing up of that material, and in the end to a greater pyrexial increase.

To sum up, gentlemen, what I wish to state is briefly this:

1. That, save in those cases where death takes place from the action of the typhoid poison directly on the nervous system, there must be intestinal lesion to prove the existence of typhoid.

2. That with such intestinal lesion we will have distinct abdominal symptoms.

3. That acute tuberculosis and septicæmic states are often mistaken for ordinary typhoid.

4. That evening rise and morning fall of temperature, as a proof of the existence of typhoid, is deceiving.

In conclusion, let me express the hope that none will think too severely of me for not more closely following my instructions from the President of this Association to discuss "The Rav-

ages of Bacteria in Blood and Tissues." We now trace almost every pyrexial state to its own peculiar germ, and I am convinced that a paper from me, dealing only with the habits, customs and reproductive methods of all of these various bacteria would, whilst, perhaps, interesting to a section of this meeting, not attain to any particular aim. On this account I have claimed the privilege of drawing your attention to a special disease which has been proved beyond question to be of bacterial origin.

Selections.

BAMBERGER ON OERTEL'S METHOD.

The first number of the *Wiener klin. Wochenschrift* contains an article by Prof. Bamberger on the applicability of Oertel's method to cases of cardiac valvular disease. Oertel's treatment rests mainly on these two principles: 1. A reduction of the fluids consumed, with a concomitant increase of cutaneous transpirations. 2. Increased muscular activity—viz., walks, lasting several hours, especially mountain rambles, beginning, of course, gradually. Let us closely examine the influence of each of these factors in valvular failure.

1. *The water reduction.*—Oertel assumes, as regards most chronic circulatory disorders, that the chief element in the case is an absolute increase of the quantity of blood, its water being increased and its solids diminished—i.e., that serous or hydræmic plethora exists. "It is true that this condition arises both with and without circulatory disorder, but I cannot agree that in the latter case it is a constant or almost constant factor. Is it the case in valvular failure? Valvular diseases cause an abnormal distribution of blood without necessarily influencing its quantity or quality, though such influence may easily happen through backward action on the blood-forming, secretory, and regulatory organs. But we do not know much about these processes, and the influence of backward action (stasis) is *a priori* still less understood.

Oertel's theory of a serous plethora cannot be upheld; the venous stasis alone is sufficient to account for the symptoms, and no author on the

subject has found it necessary to go further. Removal of water from the system is only justified where there has been an habitual abuse of liquids; in all other cases the organism may be trusted to regulate its water-balance.

2. *The cardiac gymnastic.*—This, the *punctum crucis* of Oertel's method aims at the strengthening of the heart-muscle by powerful contractions, with a rise of blood-pressure throughout the arterial and diminished stasis in the venous system. Hill-climbing is found to be the most effective means. "It may be granted that no better method can be adopted in simple cardiac debility, in fatty deposition, even in commencing fatty degeneration, in passive dilatation from over-feeding and want of exercise, and in convalescence from acute diseases. Oertel was the first to use the method when grave conditions were present, e.g., dropsy, albuminuria, and severe dyspnoea, when rest would have been strictly enjoined by most medical men, and his chief case shows what striking success may attend its use." But the case is different with a diseased organ. It is a law, as old as medicine itself, that such an organ should have no extra work beyond its vital functions, and surely a heart with defective valves is a diseased organ. There is, moreover, a great disposition to inflammatory processes in all three cardiac layers in valvular diseases. Oertel would limit his method to cases of commencing failure of compensation; but even in these there are often present conditions which render cardiac hypertrophy impossible. In the more advanced cases the increased work thrown on the heart is supposed to cause degeneration. "This may be true in a certain number of cases, but not in the majority, at least not exclusively. The changes observed macroscopically and microscopically are often too insignificant to account for death, and we must regard as one of the chief causes of this result the final exhaustion of the central nervous apparatus of the heart. A wide gap exists here between Oertel's theory and his practice, for severe cases are not subjected to hard work, but to mere gentle promenades. This cannot be called a cardiac gymnastic; neither, though such gentle exercise may be productive of the greatest benefit, can it be called new. I myself have not only allowed

but advised gentle exercise in the open air in cases with slight disturbances of compensation.

. . . But over-exertion cannot be too earnestly deprecated, and Oertel himself allowed this, for the advantages to be obtained are quite disproportionate to the dangers incurred." Thus ends Bamberger, and it may be said that on the whole his remarks tend to the support of Oertel's method; for all the cases in which the former deprecates the use of this method are cases in which Oertel himself would deprecate it. Certainly the removal of water from the system is not indicated in thin anæmic subjects, even when œdemata arise. And as certainly does Oertel deprecate severe exertion in dangerous cardiac lesions.—*London Medical Recorder.*

SILICO-FLUORIDE OF SODIUM AS AN ANTISEPTIC.

Robson, in the *British Medical Journal*, reports that the following are the conclusions to which he has come, after an extensive and varied trial of the fluosilicate.

1. That "salufer" (silico-fluoride of sodium) is an efficient antiseptic.
2. That the powder is a strong irritant, even acting as a caustic if dusted on a raw surface, and is, therefore, in that form, unavailable for surgical purposes.
3. That a solution of one grain to an ounce of water is quite strong enough for ordinary purposes, in that strength being apparently un-irritating.
4. That a solution of ten to twenty grains to a pint may be safely used to syringe out closed cavities, even where one cannot be certain of all the fluid returning.
5. That the solution is un-irritating to the hands, which is no small advantage to those operators whose fingers are easily irritated by the ordinary antiseptic solutions.
6. That the solution acts on the glaze of porcelain after long use, and corrodes steel instruments, but that sponges are unaffected by it. Mr. Thompson kindly suggested to him the addition of bicarbonate of soda to the solution of "salufer" to prevent it corroding steel instruments; this certainly diminishes its action on steel.

7. That a very convenient and comfortable antiseptic poultice may be made by soaking Gamgee tissue or absorbent wool in a hot solution (ten grains to the pint), wringing it free from excessive moisture, applying it to a wound, and covering with gutta-percha tissue.

8. That although for ordinary surgical work he may still employ perchloride of mercury, in all cases where there is danger of absorption, as in syringing out cavities, he will employ "salufer."

9. That he believes "salufer will prove to be of great use to obstetricians, it being both safe and efficient.

10. That it acts very efficiently as a deodorizer to the hands. After examining carcinoma of the uterus or rectum, by washing and steeping the hands in a saturated solution, the odor was removed more efficiently than by any solution with which he is acquainted. Messrs. Reynolds & Branson have made some compressed tabloids, each containing forty grains—that is, sufficient to make a quart solution. They have also been good enough to carry out his wishes in making a dressing of "salufer" wool.

In all the cases related this "salufer" wool has been the dressing employed, a layer of gauze wet with the "salufer" lotion covering the wound, and intervening between it and the wool.—*Med. News.*

CASCARA SAGRADA IN RHEUMATISM

Its effect on rheumatism I discovered by accident. About three months ago I was attacked with severe rheumatic pains in my shoulder, the slightest motion causing intense pain. The third day of the attack I commenced taking as a laxative ten drops of the cascara t. i. d. The first morning after taking it the pains were so much less severe that I could move my arm freely. The day following I was entirely free of all discomfort.

Although, as I have intimated, I had not taken the cascara with any idea of relieving the rheumatism, it occurred to me a few days later that possibly the sudden subsidence of pain might have been due to the drug. There being a few cases of rheumatism in the wards, I determined to try to verify my suspicions. Dis-

continuing the salicylates, iodides, etc., which these patients were taking, I substituted ext. cascarae sagradae fl., 1 c. c., t. i. d. The result astonished me. Within twenty-four hours there was marked improvement in every case. One case especially is worthy of notice. The patient was a Swedish sailor who had been admitted three months previously. He suffered intensely, and, although almost everything had been given from which relief might be expected, his suffering was not allayed. For a day or two after admission he improved on large doses of salicylate of sodium, but subsequently the pains returned as badly as ever, and the salicylate had no further beneficial effect. Iodide of potassium was given several different times, but, owing to an idiosyncrasy, could be continued only two days at a time, a profuse rash making its appearance over the patient's entire body, the pains remaining as acute as ever. They were not confined to any two or three joints, but felt in all, being more severe, however, in the wrists, finger joints, and ankles, all of which sometimes became oedematous. On the evening of February 5th I commenced the exhibition of fifteen-drop doses of *Cascara sagrada* three times daily. The following morning he was about the same; the second day he was much better; on the seventh day he was so far recovered that he asked and obtained permission to walk out. From this on he continued to improve steadily, and on the 17th of February was discharged recovered.

I have since used the cascara in fully thirty cases, some ten of which were in out-patients, and, with the exception of three or four in which there was a syphilitic taint, I have obtained the most satisfactory results. I commenced with 1 c. c., t. i. d., and have so far never had to increase it beyond 15 c. c., and even to this extent in but two cases. I have seldom had to wait beyond twenty-four hours for beneficial effects. In two cases I had to stop it temporarily owing to its opening the bowels too freely. In such cases I would suggest that one of the preparations of iron be given (separately) at the same time. I usually combine it with syrup or glycerine in equal parts, and instruct the patient to take from thirty to forty drops in water. In one case, in which neither it nor the salicylate of

sodium appeared to give much benefit, I combined the two with good effect. It is but seldom the bowels are opened too freely by it, the cases above referred to being the only ones I have so far observed.—*Dr. H. T. Goodwin, in New York Medical Journal.*

PERNICIOUS ECLAMPSIA.

At a recent meeting of the Imperial Royal Medical Society of Vienna, Professor Gustavus Braun reported a remarkable case which he had the opportunity of observing at his clinic, during the month of March of the current year. A woman, twenty-eight years old, who had already been confined twice, and frequently suffered from peculiar spasmodic attacks, was, on March 17, admitted into his clinic in an unconscious condition. She was then in the seventh month of pregnancy, and suffered with typical eclamptic attacks. The patient was exceedingly pale, with slow respiration; pulse, 68; she foamed at the mouth, and had bitten her nether lip. There was much albumin in the urine, and a few casts. As labor had already begun, and the cardiac sounds of the child could not be heard any longer, rapid delivery of the woman by operation was determined upon. The child was extracted, the placenta artificially displaced, and artificial respiration practiced upon the patient. Death, nevertheless, occurred, owing to pulmonary œdema. Dr. Paltauf reported on the results of the *post-mortem* of this interesting case. A great quantity of liquid blood was found in the abdominal cavity; the hepatic capsule was detached by a layer of blood. The liver was enlarged throughout; the hepatic tissue was yellow, and pervaded by small blood extravasations. Interstitial nephritis, cerebral œdema, and general anæmia were, moreover, present. The blood was unusually liquid. Dr. Paltauf mentioned some similar recent observations, and quoted the publications of Virchow, of the years 1881 and 1882, on cases of poisoning with sea-mussels, in which similar changes of the liver as in the case above mentioned were found to be present. Dr. Braun excluded poisoning with phosphorus and the presence of pathogenic bacteria, and arrived at the conclusion that they had to deal with a peculiar case

of pernicious eclampsia, which was probably due to poisoning. In such cases the chemical poison entered the intestine and the liver; it afterward gave origin to a capillary phlebitis, stasis, blood extravasations, and even to partial necrosis of the tissue. As nephritis was present in all these cases, an elimination of the poison could not take place, and rapid death, for this reason, invariably occurred. The detachment of the hepatic capsule and the hemorrhage into the abdominal cavity were to be explained by the changes of the liver and the results of the artificial respiration.—*Medical Press and Circular.*

THE USE OF ANTIPYRINE DURING LABOR.

Although it is written, "In sorrow thou shalt bring forth children," it is the laudable aim of the obstetrician of to-day to mitigate, in so far as he is able, the pangs of childbirth. The means to this end to which we may resort without damage to either the mother or the child are few in number, and the most valuable of all justly finds its chief rank after the completion of the first stage of labor. . . . The excellent results yielded me by antipyrine in dysmenorrhœa and other affections where it is a question of nerve pain, have led me during the past year to test it during the first stage of labor, and my results have been sufficiently gratifying to justify me in asking other obstetricians to try the drug. Possibly it has been similarly used by others, but if such be the case I have seen no record of their experience. My habit in regard to the administration of the drug is to give fifteen grains well diluted, and preferably with some stimulant, such as the aromatic spirits of ammonia, and to repeat the dose in one hour thereafter. In two hours after the second dose the patient receives ten grains, and so on every two hours if needed. The chloral mixture I administer, as has always been my custom, in fifteen-grain doses every three-quarters of an hour till three to four doses have been received. The result of this combination has been to nullify the pains so much as to be in two instances scarcely perceptible, and in others simply uncomfortable. The progress of labor has not been at all interfered with, and neither the

mother nor the child have presented evidence of injury from the administration of the antipyrine.

I report this experience thus briefly in order that other observers may test the validity of my results. Should there be concurrence of opinion, the first stage of labor will be rendered practically painless by antipyrine, even as the second and the third may at any time be made through resort to chloroform.—*Dr. Egbert H. Grandin, in New York Medical Journal.*

SALINE PURGATIVES IN THE TREATMENT OF TYPHLITIS AND PERITONITIS.

At a recent meeting of the Midland Medical Society I showed a patient who had recovered from an undoubted attack of acute peritonitis, secondary to typhlitis. In this case opium and belladonna failed to give relief, while the administration of sulphate of magnesium and sulphate of sodium in half-drachm doses with ten minims of tincture of belladonna every four hours was quickly followed by improvement, the motions, at first liquid, becoming more and more solid till normal stools were passed. Two or three slight relapses in this case were at once checked by the mixture, and the man rapidly recovered, there remaining a small induration in the right iliac fossa.

Since the above case was recorded, I have had under my care at the Workhouse Infirmary a severe case of typhlitis. I gave the same mixture as in the first case, with great relief; in fact, enemata of soap and water and of glycerine failed to evacuate. After continuing the medicine for a week the bowels failed to act, and in a few days the abdomen was distended, there being dulness in each flank, with a distinct thrill on percussion, all the signs, in fact, of fluid in the peritoneal cavity being present. The patient was very prostrate, having been allowed only a pint of peptonised milk and a pint of beef-tea a day. I gave him three ounces of whisky, and the next morning he passed an enormous liquid motion containing scybala. I continued the stimulant and allowed him another pint of milk. He continued to pass large motions with scybala, the enlargement

of the abdomen and other signs of fluid in the peritoneal cavity completely disappearing. Evidently the saline aperient had caused a large flow of fluid into the intestine, but the bowel was not sufficiently powerful to evacuate it; restoration of tone by stimulants at once enabled the bowel to empty itself. At this time another complication appeared in the form of a painful swelling of the left parotid gland, which, however, subsided without supuration. Finally, the patient completely recovered, and was discharged six weeks from the time of his admission.

It seems to me that in typhlitis due to fecal retention, and in peritonitis from the same cause, saline purgatives are of great value, especially if enemata fail to act. In moderate doses they do not cause peristalsis, their action is quite painless, and they are exceedingly useful in washing away hardened scybala. During their administration the abdomen should be frequently examined, and any accumulation of fluid in the intestines treated by stimulants.—*C. W. Suckling, M.D., M.R.C.P., in Brit. Med. Journal.*

INCISED WOUND OF THE HEART.

In the *Centralblatt für Chirurgie* a notice is given of the following case of incised wound of the left ventricle of the heart, where healing had taken place, reported by A. P. Kiawkoff in the *Russkaja Medicina*.

In a quarrel one Cossack stabbed another in the left side. When the surgeon arrived, the patient was found lying insensible and breathing stertorously. On inspection, a wound was found one and a half inches in length, in the fourth intercostal space, in the mammillary line, and running parallel with the borders of the ribs. The wound was washed off, a bandage applied, and restoratives given, on which the patient recovered consciousness. Next day the general condition was good. Pulse ninety and small, temperature 100° F. On percussion the upper border of the dulness was found in the fourth intercostal space; no apex beat could be made out; lower border of dulness at the upper border of the seventh rib; the right border lay to the right of the right parasternal line; the left

border about one inch to the left of the left mammary line.

The day following the patient was taken to the hospital; after four weeks' sojourn there, left apparently well. Five days after leaving the hospital he fell dead while in the act of lifting a heavy weight.

The autopsy showed the wound in the skin perfectly healed. The wound in the parietal layer of the pericardium was also found healed, with adhesions to the walls of the thorax. The pericardial cavity was filled with dark blood. A gaping wound half an inch in length was found leading into the left ventricle. The edges of the wound were thickened, and the outer layers of the surrounding muscular tissue were softened, slight fatty degeneration having taken place. There was subacute endocarditis.

We have here a case of healed wound of the left ventricle of the heart, from which, however, the patient died because of overtaking the heart at too early a period. The cicatrix was too recent and tender, and the endocarditis had not yet passed off, and because of this the effort of raising a heavy weight raised the blood pressure in the ventricle too high, and as a consequence the cicatrix gave way.

Up to the present time seven per cent. of wounds of the heart have healed. —*Dr. D. W. Montgomery, in Pacific Medical Journal.*

RECTAL INSUFFLATION OF HYDROGEN GAS IN THE DIAGNOSIS OF INTESTINAL WOUNDS.

Dr. N. Senn, in his remarkable paper on the above subject (*The Medical News*, May), comes to the following conclusions:

1. The entire alimentary canal is permeable to rectal insufflation of air or gas.

2. Inflation of the entire alimentary canal, from above downward, through a stomach tube rarely succeeds, and should, therefore, be resorted to only in demonstrating the presence of a perforation or wound of the stomach, and for locating other lesions in the organ or its immediate vicinity.

3. The ileo-cæcal valve is rendered incompetent and permeable by rectal insufflation of

air or gas, under a pressure varying from one-fourth of a pound to two pounds.

4. Air or gas can be forced through the whole alimentary canal, from anus to mouth, under a pressure varying from one third of a pound to two and a half pounds.

5. Rectal insufflation of air or gas, to be both safe and effective, must be done very slowly and continuously.

6. The safest and most effective rectal insufflator is a rubber balloon, large enough to hold four gallons of air or gas.

7. Hydrogen gas should be preferred to atmospheric air or other gas, for purposes of inflation in all cases where the procedure is indicated.

8. The resisting power of the intestinal wall is nearly the same throughout the entire length of the canal, and, in a normal condition, yields to a diastolic force of from eight to twelve pounds. When rupture takes place, it either occurs as a longitudinal laceration of the peritoneum on the visceral surface of the bowel, or as multiple ruptures from within outward at the mesenteric attachment.

9. Hydrogen gas is devoid of toxic properties, non-irritating when brought in contact with living tissues, and is rapidly absorbed from the connective tissue spaces, and all of the large serous cavities.

10. The escape of air or gas through the ileo-cæcal valve, from below upward, is always attended by a blowing or gurgling sound, heard most distinctly over the ileo-cæcal region, and by a sudden diminution of pressure.

BRADYCARDIA.

Dr. F. Grob, in *Deutsches Archiv f. klin. Med.*—The term bradycardia is here used by Grob to distinguish a series of phenomena associated with a slow pulse, bradycardia having been proposed by Eichhorst as a suitable term in contradistinction to tachycardia, where we have a very rapid pulse.

Grob considers cases to come within the scope of the term bradycardia, in which, during observations extending over a series of days, the pulse did not reach, on more than one occasion, the rate of sixty beats per minute. Employing

the term in this sense, he has observed 100 cases of bradycardia, and he classifies them under three headings:—

1. Physiological bradycardia.
2. Idiopathic bradycardia.
3. Symptomatic bradycardia.

By physiological bradycardia he understands cases observed in healthy persons, or where the complaint for which the person was under treatment had no connexion with the slow pulse, and the affection was not associated with any symptoms which could be attributed to it. Idiopathic bradycardia is seen where the circulatory apparatus is healthy, and the other organs are not the seat of any disease, but where a slow pulse and troubles dependent thereon are seen as an independent affection. Cases grouped under the term symptomatic bradycardia are those where a slow pulse is observed as a transitory phenomenon in the course of some disease, and such slowness of pulse is only to be regarded as a casual connexion. This group comprises by far the greatest number of the cases observed, 93 per cent. of all cases of bradycardia coming under it.

Grob draws the following conclusions from his own observations on 100 cases, and from a consideration of 40 other cases recorded by various observers:—

1. It is in the highest degree probable that bradycardia or slowness of the pulse may be found as an independent neurosis.
2. The slowness of the pulse is frequently associated with symptoms; the most common ones being attacks of fainting, feeling of oppression in the cardiac region, epileptiform and apoplectiform attacks, seizures of dizziness and feelings of weakness.
3. Bradycardia is not uncommonly associated with rheumatism.
4. Males are very much more frequently the subjects of bradycardia than females.—*Medical Chronicle.*

A POINT IN DIAGNOSIS—APPLICABLE ONLY TO BABIES.—Do you wish to ascertain the health of a baby, feel the condition of its buttocks. If these are firm and elastic, the baby is strong and well; if they are soft, as if they were boiled turnips in a bladder, the child is out of sorts.—*Texas Med. Jour.*

EFFECTS OF ACUTE AND CHRONIC COCAINE POISONING.—Dr. V. Zanchevski, of St. Petersburg, has published some observations on the pathological changes found in the bodies of animals poisoned by cocaine. The experiments were made in two series. In the first series the animals (dogs) were given hypodermically a single lethal dose of cocaine—viz., three centigrammes per kilogramme of the weight. In the second series of dogs chronic poisoning was induced by the subcutaneous injection of a much smaller quantity—about a fifth part of the lethal dose was given every day for six days. At the beginning the immediate effect of the cocaine was seen in increased frequency of the cardiac beats and of the respiration, which, however, did not last more than a quarter of an hour. Afterwards great weakness of the legs came on, the animal remaining in a sitting posture and swaying its head to and fro. The pupils were dilated and sensation intact. In three hours the normal condition returned. When larger doses were given the disturbance was greater, the animal commencing to try to run about, and the subsequent weakness lasting for a longer period. The general results obtained by observation of the animals during life and by *post-mortem* examination of the bodies, showed that in acute poisoning the mode of death was asphyxia. In chronic cases without asphyxia there was a marked hyperæmic condition of the central nervous system, which presented a contrast to the state of the rest of the organs, which were anæmic. Albuminoid degeneration was especially marked in the ganglionic cells of the spinal cord and the nerve cells of the heart ganglia; it was present also, but in a less marked degree, in the muscular fibres of the heart, in the ganglionic cells of the medulla oblongata, and in the hepatic cells. In these last there was found an accumulation of glycogen. In chronic poisoning the degenerative processes were found to have advanced further in the cells of the spinal cord and medulla, minute cavities, atrophy, and hyaline degeneration being noted. In the heart there was fatty degeneration of the muscular tissue; in its nerve ganglia there were fatty degeneration, minute cavities, and simple atrophy; and in the liver atrophy of the hepatic cells was present. The vascular system was most

affected in the spinal cord, there being cellular proliferation and hyaline degeneration of the coats. In the heart and liver an atrophic condition of the tissues was found, also a swelling of the endothelium of the capillaries of the cardiac ganglia.—*Lancet*.

NUTRITIVE VALUE OF WINE IN DISEASE.—Prof. Binz, of Bonn, in a recent number of the *Medical Press and Circular*. A matter of great importance is the decision as to the nutritive value of spirits of wine in disease. We can by this naturally only mean the respiratory value, not its value as a builder up of tissue. With the view that alcohol passes out of the body *en totalité et en nature* there could not, of course, be any talk as to its nourishing power. This view had become so firmly grounded that earlier German labors with an opposite result, a later English refutation, and fresh researches of my own pupils are not able to make headway against it. A thorough investigation in my laboratory had given the result, that with moderate doses of alcohol, most passed out through the kidneys and lungs, a much smaller quantity through the skin, and not any through the intestines. Altogether about 3 per cent. thus passed out. Heubner, in conjunction with the author, had before ascertained that in pyrexial diseases the excretion of undecomposed alcohol through the kidneys was within the above-named low figures, and often nothing at all. Alcohol can only be burnt off in the system into carbonic acid and water. Where it is burnt, however, it produces warmth, and this can be made use of as a vital power for keeping up movements, without the continuance of which we could not exist. The simple arithmetical use of calometrical works shows that a litre of medium Rhine wine is equal in nutritive value to five or six meat spoonfuls of easily digestible oil, over which it has the great advantage of immediately and directly raising the functional activity of organs, and of passing without difficulty into the lymph and blood channels. Above all, however, albumen is spared. The physiology of nutrition teaches us that the decomposition of albumen is slight, so long as there is a supply of hydrocarbons, or other combustible substances present.

In agreement with this, we see in the urine the products of the decomposition of albumen diminish when moderate quantities of alcohol are taken. That is a fact, concerning which all investigators have been agreed, the only one in the whole pharmacological question of alcohol in which no marked contradiction has cropped up. So far as theoretical investigation has anything to say, I hold the question: Is alcohol a food? to be settled in the affirmative.

INVESTIGATIONS ON THE MEANS OF DIFFUSION OF THE TUBERCLE BACILLUS.—Cornet (*Münchener medicinische Wochenschrift*, 308) has experimented with the dust obtained from the walls and floors of various dwellings in which tuberculous patients had been; inoculating guinea-pigs with it, and carefully excluding all possibility of infection from outside sources. In this way twenty-one rooms of seven Berlin hospitals were examined, and bacilli found to have been present in the dust from most of them. Positive results were also obtained with the dust from insane asylums and penitentiaries. The dwellings of fifty-three tubercular patients were investigated in the same way, and the dust in the neighborhood of twenty patients found to be virulent. It was the case with absolute regularity that the dust was always virulent when the patient had been in the habit of spitting on the floor or in a handkerchief; while it was never so when a spit-cup had been employed.

The author further found that smearing of tubercular material over quite small wounds was sufficient to produce the disease. He tried the effect, too, of the different medicines recommended for the treatment of tuberculosis, but was unable to check or prevent the disease in the guinea-pigs which had been inoculated; even the sending a half dozen of them to Davos was without effect.—*Am. Jour. Med. Science*.

EUTHANASIA.—In a work entitled "Euthanasia," Dr. William Munk, of London, discusses an important but much neglected branch of therapeutics, the rendering of aid and comfort to the dying. There are few positions more trying to the physician than to stand at the bedside of the dying and endeavor to mitigate the pangs of the death which cannot be averted. The

physician then finds all his resources taxed to the utmost, and will be glad of the suggestions contained in Dr. Munk's book. Opium is the main-stay for relieving the last hours of the sufferer, its value depending quite as much on the relief of mental as of bodily pain. It should be given in liquid form to insure absorption. Where there is difficulty in breathing nothing affords so much relief as ether, preferably in the form of the compound spirit. For stimulation, champagne will be found most serviceable, because it is most easily taken. Dr. Munk protests against excluding the light from the dying chamber, and condemns the practice of talking in whispers about the death-bed. It should not be forgotten that the sense of hearing may outlast all power of voluntary motion.—*North-Western Lancet.*

TREATMENT OF CHANCROID.—The most satisfactory treatment for chancroid which I have employed is thorough cauterization with pure nitric acid and the subsequent application of salicylic acid powder—the object being, first to convert the infected ulcer into a healthy one, and then to prevent reinfection of the wound. While this method succeeds admirably among the better class of patients, it often fails completely in hospital practice from a failure to carry out the after treatment. I have frequently seen reinfection take place in ulcers that have been perfectly healthy for several days, by simple contact with clothing upon which the dried secretions from the original sore had been allowed to remain.

A method, which in my hands has proved valuable in this class of cases, but which, as will be seen, is applicable only to chancroids occurring behind the corona glandis, is the following:

The organ is cleansed with a strong solution of bichloride,—all ulcerated points thoroughly destroyed with nitric acid. Salicylic acid powder is then heaped upon the wound and covered by a strip of thin rubber protective which completely encircles the penis. This should be snugly applied and held in place by a few layers of absorbent gauze and a small bandage. The heat and moisture of the body soon cause the thin rubber tissue to adhere closely to the skin, completely sealing the wound; its elasticity,

also, allows of considerable change in the size of the penis without disturbance. This dressing should be left in place for from three to six days, and completely protects against reinfection. If properly applied the resulting ulcer is always healthy, and closes rapidly. I have applied this method in ten cases, with most satisfactory results, in several of which very extensive ulceration was present.—*Dr. Brewer, in Journal of Cutaneous and Genito-Urinary Diseases.*

LEUCOCYTES AND MICROBES.—Some interesting observations have recently been made on the attitude of the corpuscles contained in the lymph of frogs, towards microbes, and towards the *bacillus subtilis* in particular. A regular fight takes place between the leucocytes and the bacilli. When they come into proximity, the white corpuscle extends itself, and grasps one end of the bacillus, to which it imparts a lateral movement. Gradually it elongates itself, and envelops the bacillus in a tube of protoplasm, other leucocytes come to the help of the first, and the bacillus is absorbed and destroyed. The number of bacilli which a single leucocyte can ingest does not seem to be limited. Its voracity has no bounds. Some have been seen to devour from forty to sixty bacilli, and have been so stuffed with them that the homogeneity of the protoplasm was interfered with. As a rule, however, after consuming some five or six of the invaders, the leucocytes take a period of repose, followed by a renewal of activity. The observations by M. Gallemaerts on the *bacillus subtilis* coincide with those of M. Metschnikoff on the *bacillus anthracis*.—*Medical Press and Circular.*

NEW STAIN FOR TUBERCLE BACILLI.—The London *Lancet* gives Prof. Lubimoff the credit of introducing a new stain, Borofuchsin, for distinguishing the *B. tuberculosis* from all other bacilli in sputum or tissue, which by this method remain colorless:

R. Fuchsin	8 grains.
Boric acid	8 "
Alcohol, absolute	3¼ drachms.
Distilled water	5 "

Spread the sputum on the cover-glass and heat in contact with the borofuchsin for one or

two minutes. Wash in alcohol, and immerse in a saturated alcoholic solution of methylene blue for half a minute. Wash again in distilled water, dry, and examine in cedar oil or Canada balsam.
—*Microscope.*

THE INFLUENCE OF ETHERIZATION ON THE BODY TEMPERATURE.—Dr. Jas. Stewart, in *Montreal Medical Journal*, says: Dr. H. A. Hare, of Philadelphia, in the May number of the *Therapeutic Gazette*, gives an account of some very interesting and important effects of ether on the temperature of the body. In a series of twenty-six operations he found an average fall of temperature of about $2\frac{1}{2}^{\circ}\text{F}$., the greatest fall being 4.4°F . and the least $.8^{\circ}\text{F}$. He concludes that the greatest factor in the causation of this very considerable reduction is the ether, and not the shock attending the operation.

The lesson to be taken from Dr. Hare's observations is that means should be taken during the performance of operations to keep up the body heat. To leave the treatment of this state until the operation is over is, as Dr. Hare says, tantamount to "locking the door after the horse is stolen."

The importance of the application of external heat in preventing a fatal fall of temperature is well exemplified in experiments on rabbits with chloral hydrate. An ordinarily fatal dose given to a rabbit whose external temperature is maintained by artificial means has little effect when compared with the same dose given without the employment of external warmth.

ON THE TREATMENT OF SEBACEOUS TUMORS.—Many people, the subjects of congenital sebaceous tumors and "wens," object to having them removed, on the score that the remedy is worse than the disease, and the after-consequences may be serious. The following is the method I have adopted in such cases, and with marked success. With a cataract knife (Graefe's) puncture the cyst, and gently squeeze out the contents; then introduce a very small piece of nitrate of silver. On the following day, by means of a pair of forceps, the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there ever been any return of the

growth, or any ill effects. The method, if tried, will be found to have many advantages apart from its simplicity and thoroughness.—*British Medical Journal.*

NUTRIENT ENEMATA.—Dr. Ewald, of Berlin, has just made known his usual method of preparing nutrient enemata. He says that in hospital practice an enema may be made most simply by beating up three or five eggs with four or five ounces of a fifteen or twenty per cent solution of grape sugar, and this mixture may be carefully injected as most convenient. If needed, starch solution or mucilage water may be added; or, if there exists irritation, a few drops of tincture of opium. An injection of about eight ounces of tepid water should precede the nutrient enema, and the latter should not be given until the bowel is thoroughly emptied. Enemata should not be larger than eight ounces, and this quantity is best given in two or three doses during the day.—*American Practitioner and News.*

THE MICROBE OF TETANUS.—The bacillary origin of tetanus is rapidly being placed on a sound basis. In some recent experiments with a certain bacillus which is credited with this pathogenic power, forty-five guinea-pigs, seventeen rabbits, two lambs, and one sheep, were inoculated with a cultivation, with the result that twenty-seven of the animals died of well-marked tetanus, twelve suffered from tetanic symptoms, from which they recovered, and ten died from acute systemic infection without tetanic manifestations. Although the investigation bore on the pathology of idiopathic tetanus, it is highly probable that traumatic tetanus is due to the same cause.—*Med. Press and Circ.*

OPTIC ATROPHY IN TABES DORSALIS.—M. Galezowski has collated 1029 cases of atrophy of the optic nerve, of which 870 occurred in males and 159 in females. Of this number 77 were cases of locomotor ataxy, in which a syphilitic antecedent was noted 496 times. It is concluded that cases of tabetic optic atrophy comprise about two-thirds of all cases of optic nerve atrophy; that two-thirds of the cases of tabetic atrophy of the nerve are remotely related

to syphilis; and finally, that, though generally incurable, optic nerve atrophy in tabes dorsalis may be arrested when it is accompanied by certain peculiar vascular alterations.—*Lancet*.

Therapeutical Notes.

FOR NASAL CATARRH.—

R Chloral. hydrat gr. x.
 Acid. boric ʒij.
 Glycerini,
 Aquæ laur. ceras āā ʒj.
 Aquæ ʒvj.—M.
 Sig.—Apply locally.

MENTHOL PLASTER.—

Lead plaster 75 parts.
 Yellow wax 10 parts.
 Resin 5 parts.

Melt the resin, and thoroughly incorporate with it—Menthol, 10 parts.—*Am. Jour. Med. Science*.

SALICYLIC ACID AS A DIURETIC.—Huber regards salicylic acid as one of our promptest and most important diuretics. This conclusion, at which he arrived through a series of clinical trials, has also been confirmed by the experimental researches of Larggaard. The diuretic virtues of the drug are most pronounced in rheumatic polyarthritis and nervous pleuritis, while in typhoid fever and pulmonary tuberculosis the drug is less active.—*Memorabilien, Medical Review*.

TO REMOVE FRECKLES.—

R. Hydr. præcip. albi 5 parts.
 Bismuthi subnitrici 5 parts.
 Ungt. glycerini 20 parts.
 M. Apply to freckles every second or third day, but not more frequently.—*Memorabilien, Medical Review*.

"MAGIC CREAM" (LOWNDES).—

R Hydrarg. ammoniat 1 part.
 Zinci oxidi 3 parts.
 Must be thoroughly incorporated in powder,

sufficient glycerine and lard then added to make a stiff cream. For application to venereal ulcers.

The same can be extemporaneously prepared by mixing one part of the ammoniated mercury ointment with three parts of zinc ointment, and a little glycerine added.

GLYCERINE AS A LAXATIVE.—Novatny is quoted by the *Centralblatt für die gesammte Therapie* for May, 1888, in his report of two hundred cases in which he used glycerine, per rectum, as a laxative. The dose was from thirty to forty-five minims; the effect was generally produced in from one to two minutes; in a few cases two or three hours elapsed before defecation ensued. Novatny considers the effect produced to be due to the increased peristalsis, extending to the small intestine, producing increasing secretion and fluid stools.—*Medical News*.

THE TREATMENT OF WHOOPING-COUGH.—Dr. R. S. Thomson lately read a paper before the Medico-chirurgical Society of Glasgow on the use of nitric acid, ergot, and chloral in the treatment of whooping-cough. According to an extract published in the *Glasgow Medical Journal*, he has observed benefit only from chloral, and that not in reducing the number of the paroxysms, but in mitigating their severity. In the discussion, many remedies are spoken of, and belladonna seems to have acted more favorably than any of the others alluded to, although it is worthy of remark that one of the speakers reported that, while in one epidemic every patient had recovered rapidly under its use, in another it had appeared to be of no benefit at all—wherefore he had come to the conclusion that there was no specific for whooping-cough, an opinion that seems to have been shared by most of the speakers. Some of them even thought that the disease had to run its course, like an essential fever.—*New York Medical Journal*.

One of the best anagrams ever made was that on the name of the celebrated crusty physician, John Abernethy—Johnny the Bear.—*Ex*.

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

Where a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.

TORONTO, AUGUST, 1888.

ANTISEPTIC MIDWIFERY.

In no branch of our profession have antiseptic methods been of greater benefit than in the practice of midwifery. All will concede the necessity for a rigid adherence to the rules which conduce to strict surgical cleanliness during the conduct of labors; but it is likely there will always be some differences of opinion about details.

At a discussion which recently took place at a meeting of the Obstetrical Society of London, the subject of vaginal injections assumed considerable prominence. The majority of those present appear to have expressed their views in favor of systematic vaginal injections of corrosive sublimate solution, continued as a matter of routine for several days after labor. A small minority objected to the indiscriminate use of such injections, either in lying-in-hospitals or in private practice.

After a very careful consideration of this subject for years, some obstetricians, both in the old world and the new, are firmly impressed with the idea that the minority in this case are right, and are consequently decidedly opposed to such routine treatment. Some say, What is the use of objecting? These vaginal injections can't do any harm in any case, and certainly in some cases must do good. The reply given is that such injections frequently do harm—and much injury may be accomplished in various ways—chiefly, however, by the introduction of noxious matter within the genital canal on instruments

employed, or by the weakening effect which in some patients is well marked, or by the nervous or emotional effect, which is occasionally rather serious in some women, who decidedly object to such injections as being disagreeable or nasty.

We believe, notwithstanding the opinions of the majority of the excellent society referred to, that such interference with the "delicious" rest which women so much enjoy after labor—and to which they are well entitled—can fairly be characterized as meddling, vexatious, and frequently injurious. Otherwise we are thoroughly in accord with the modern idea respecting antiseptic midwifery in all particulars. Our chief aim should be to adopt every possible precaution to prevent the entrance of septic matters into the system of our patients at a period when, for various reasons, they are so peculiarly susceptible to the evil influences of such poisons. Let all the surroundings be kept scrupulously clean. In order to secure such cleanliness, it is well to wash everything with a solution of the bichloride of mercury. Let the hands of the accoucheur and nurse be made perfectly clean with soap, nail-brush, water, and finally be dipped in antiseptic solution. Let them be cleansed in this solution before every examination, and, at the same time, let the examinations be made as seldom as possible. With our present methods of abdominal palpation as a means of diagnosis, and expression of the placenta, frequent vaginal examinations are quite unnecessary.

Under ordinary circumstances the vagina is perfectly closed, which only dilates sufficiently to allow the exit of fluids from within. The wounds of the uterus, especially the cervix and vagina, heal best when left alone, that is, when the parts have the most perfect possible surgical rest.

The Criminal Court in a town in France recently fined an alienist one hundred dollars, and also compelled him to pay the family four hundred dollars, for publishing in a medical journal "An Observation on Rational Lunacy," in so open a manner that the identity of the patient was apparent.

EXAMINERS FOR THE ONTARIO MEDICAL COUNCIL.

We publish in this issue a letter from Dr. Cranstone, with reference to the choice recently made of an Examiner in Physiology for the Council. We sincerely trust that neither the writer nor any other physician will think we have any idea of making a personal attack on Dr. Grant. Last year we adopted a similar course in referring to the proposed appointment of Dr. Reeve or Dr. Graham to the position of Examiner in Chemistry. As these gentlemen were warm friends and stockholders in the PRACTITIONER, we could have no personal motives in referring to their fitness for the position. While fully appreciating their respective positions as an oculist and physician, each of the highest rank, we failed to see why their distinguished reputations in their specialties made them eminently fit to become Examiners in Chemistry. They were both wise enough to appreciate the condition of matters, and, as a consequence, positively refused to accept the appointment.

Leaving personal considerations out of the question altogether, we fail to see why a rising young man, a graduate in Arts and Medicine and an L.R.C.P. of London, is on this account specially qualified to examine in Physiology. Probably the greatest trouble in connection with these appointments arises from the absurd rule adopted by the Council, that no teacher of any subject in any of our medical colleges shall be allowed to examine in such subject. Such a regulation passeth all comprehension of ordinary mortals.

Imagine the surprise of the profession in Great Britain if a law were enacted whereby surgeons would be compelled to examine in Medicine, physicians in Surgery, and general practitioners in subjects of the Science Course. We see no reason why, in this young and vigorous country, of which we are somewhat proud, the same rules of ordinary common sense which prevail in the Mother Country should not be observed by us.

ANTIPYRIN.—We would be pleased to have for publication the experiences of our readers with antipyrin. Contributions will be cordially welcomed.

GOATS' MILK AS A SUBSTITUTE FOR COWS' MILK IN FEEDING INFANTS.

It is unfortunate that artificial feeding of infants is more generally necessary at the present time than it ever has been in the past. Accepting this fact, without discussing the reasons for it, the most judicious choice of infants' food becomes a very important matter. Cows' milk is now, as it probably always has been, the most common substitute for breast milk. The vast numbers of various artificial foods appear to increase from year to year, but nothing absolutely satisfactory in all cases has yet been produced. In justice, however, to those who have taken so much trouble to prepare such foods, we must say, that some of them are very efficacious if administered with care and good judgment.

We will probably always depend on the milk of some animal as the most suitable food, when the supply of breast milk is insufficient. Cows' milk in this country is almost universally used, but it has serious drawbacks. The chief of these is the fact that it is not nearly so digestible as human milk, chiefly because the quantity of casein is in excess, and the quality such as to produce a very tough curd. By the use of barley water and other diluents, with the addition of sugar, it may be improved; but the process of dilution should not be carried too far, as, we fear, it frequently is.

The *British Medical Journal*, in discussing this subject, states that the cow is remarkably prone to tuberculosis, much more so than is generally supposed. It quotes Dr. Ritchie as saying that in some localities fifty per cent. of the cattle die of this disease, and that the animals may show no distinctive signs during life, thus making an accurate diagnosis, with our present knowledge, impossible. This is, of course, an extreme view, but the dangers from such a possible source should always be borne in mind. Even when the cows are healthy the milk may be diluted, adulterated or contaminated in its carriage.

As a substitute for the cow the goat is recommended because its milk is more easily digested by infants than that of the cow. An

objection has been raised against goats' milk that it frequently has an unpleasant odor from the presence of hircic acid, but Parmentier says such odor is only observed in the milk of goats that have horns. The goat is generally healthy, easily kept, and so cheap that the poor as well as the rich may purchase and keep one at a small outlay. We believe that these facts are not sufficiently known or appreciated in this country. It is satisfactory to know that the safer goats have the better milk, *i. e.*, the ones without horns.

CARBOLIC ACID IN THE TREATMENT OF TYPHOID FEVER.

Among the many communications on this subject to the medical press by writers who are responsive to scientific promptings, we note a paper by Dr. Gramshaw, in the *Lancet*, which advocates the use of carbolic acid in the treatment of typhoid, a method not entirely novel, yet one which merits close attention. Any new experiences offered in connection with the treatment of enteric fever are always acceptable, and, if further satisfactory evidence is adduced, the practice here suggested may have a hearty adoption. One hundred and sixteen cases have been under this treatment. The writer considers he has sufficient data to speak with some authority.

His plan is as follows:—

"The patient is, of course, confined to bed, in a well-ventilated room if possible, and every effort is made to ensure that no particle of solid food of any kind is administered by over-anxious relatives. The diet is restricted to milk, toast and water, barley water, and calf's foot jelly; new milk is always insisted upon as the main support, from a quart to three pints being given to an adult in the twenty-four hours. The carbolic acid is ordered in a mixture, of which this is the prescription: Take of carbolic acid (Calvert's extra pure for internal administration), twelve minims; tincture of iodine (B.P.), sixteen minims; tincture of orange-peel, one drachm and a half; simple syrup, three drachms; water to eight ounces; the dose to be an ounce every four hours for the first fortnight, or until the urgent symptoms yield, when the same dose is administered three times a day. The good

effect is manifested almost immediately. In two days the pulse slows and gains in strength, the temperature falls, the tongue becomes moist, all diarrhoea ceases, and the general condition of the patient is so much improved that, as a rule, in a week all anxiety is at an end, and the case progresses quietly towards recovery. It sometimes happens that a case is cut short by this treatment as suddenly as is a case of acute rheumatism by the exhibition of salicylate of soda; but more generally the fever runs its course of thirty days before all danger of relapse is past, and I have found it better to continue the medicine until the thermometer shows no rise of temperature for three or four clear days. If the pulse at any time rises above 120, the temperature 105°, or if sordes form on the lips or teeth, either champagne or brandy, and sometimes both, are given every two hours. This, however, is rarely necessary. Complete abstinence from any kind of solid food until all traces of fever have disappeared is insisted upon, and when the patient does return to his ordinary diet, the resumption of solids is a gradual progress from soup to boiled sole, chicken, mutton, and soft vegetables."

ELECTROLYSIS IN THE TREATMENT OF THE DISEASES OF WOMEN.

A very important discussion on the subject of Electrolysis in the Treatment of Diseases of Women took place recently at a meeting of the Obstetrical Society of Great Britain. A great difference of opinion was manifested, and the tone was rather bitter at times. Dr. Playfair spoke strongly in favor of the method, while Dr. Bantock was opposed to it. It seems strange that, after so much earnest work by very able men in various parts of the world, no very definite conclusions, which are generally accepted, have yet been reached.

We have watched carefully the reports and discussions on the subject, and must conclude that the subject is still *sub judice*. The adherents of the method have scarcely as yet made out a case; but, at the same time, we think they should not be subjected to harsh and unjust criticisms. Let them by all means be encouraged to go on with their work, and if they

are able to show definitely that electrolysis is beneficial, the profession should be in a position to endorse it heartily.

There is no doubt that the methods proposed and adopted by many are not devoid of danger. Novices should, therefore, be very careful in using it. We know the grave dangers connected with such kinds of treatment in the past, and we sympathize with those who are laboring so faithfully to overcome these dangers and place the use of electrolysis on an exact and scientific basis.

CANADIAN MEDICAL ASSOCIATION.

The following papers have been promised for the meeting of the Canadian Medical Association, which will be held in Ottawa, on the 12th, 13th and 14th of September:

1. Face Presentations—Dr. W. M. Mackay, Woodstock
2. The Mortality of Pneumonia—Dr. Wm. Osler, Philadelphia.
3. The Duty of the Medical Profession under the Public Health Act of Ontario—Dr. Wm. Canniff, Toronto.
4. On some Minute but Important Details in the Management of the Continuous Current in the Treatment of Fibroid and other Diseases of the Uterus—Dr. A. L. Smith, Montreal.
5. A Case of Resilient Stricture of the Urethra Cured by Electricity—Dr. A. L. Smith, Montreal.
6. On the Treatment of Varicocele and Orchitis by the Electrical Current—Dr. A. L. Smith, Montreal.

Papers have also been promised by Drs. Fenwick, Shepherd, Alloway, Blackader, and Bell of Montreal.

HOSPITALS IN GREAT BRITAIN.

A variety of circumstances have combined to affect very materially the hospitals of Great Britain. From a letter which appeared in the London *Times*, written by Mr. Loch, we learn that the deficiencies in the London hospitals last year amounted to half a million dollars, and two thousand beds were unoccupied through want of means. The number of patients for a

year treated in London was about a million, and it appears that what we may call the hospital population is increasing from year to year.

It has thus happened that, during the depression in financial circles lately, the incomes of all the London hospitals have decreased, while the demands of an increasing number of patients have largely increased. We have a good example of the serious condition of things in St. Thomas's Hospital, where the exigencies of circumstances have compelled the trustees to keep a large number of empty beds.

What should be done as a remedy for this unfortunate state of affairs? Mr. Loch, in the letter referred to, suggests that an investigation of the whole subject by a Royal Commission is absolutely necessary. If such a Commission were appointed, what would it do? In England no satisfactory answer to this important question has yet been given. It is scarcely likely that we in Canada can solve the difficult problem. If, however, we were allowed to make a suggestion, we would recommend the public of the Mother Country to raise more money, and the authorities of the hospitals to exercise greater economy.

INTRA-UTERINE INFECTION.

Prof. Bollinger has communicated an important paper on the more recent observations of intra-uterine infection to the *Münchener Medical Woch*, from which we give a brief summary:—

Anthrax.—It has been the experience of clinicians that the bacilli of anthrax rarely pass to the placenta, but a case occurred in Marburg, which furnished positive evidence of infection. *Charbon symptomatique*.—Alving, Cornevin, and Thomas have proved experimentally the presence of the bacilli in the foetal blood. *Glanders*.—Both clinically and by experiment, it has been demonstrated that an animal suffering from glanders may bring into the world offspring both sick and sound; the same may be said of *hydrophobia* and *variola*. *Typhoid*.—It is certain that 63% of those ill of typhoid when in the pregnant condition abort, Neuhaus has in one case observed the infection of the foetus. *Recurrent fever*.—Spitz and Albrecht have detected the spirillum of Obermeier in the foetus. *Cholera*.—Positive evidence has been presented by Tizzoni and

Cantani that the comma bacillus is frequently to be found in the blood, and in a single case in the cerebro-spinal fluid. *Pyæmia*.—The streptococcus of pyæmia in rabbits passed to the foetus (Simone). *Tuberculosis*.—Negative evidence has furnished by Koch, Weigert and Jani, while, on the other hand, positive evidence is advanced by Charrière and John. *Scarlet fever*.—Leale has twice in this disease been given positive assurance. Lebedeff is convinced of occasional infection in *erysipelas*.

WEIL'S DISEASE.

In 1886 Weil described a disorder the main symptoms of which are those of acute fever of short duration, accompanied by jaundice, swelling of the liver and spleen, nephritis often occurs, and there may be also severe nervous disturbance. The affliction, so far as observed, is most frequent during warm weather, and among males. Fiedler is of the opinion that it is a specific infective disease. Wagner would classify it as a *bilious typhoid*, though it is unassociated with typhoid lesions in the intestines, nor have the bacilli of Eberth (typhoid) been detected in any of the organs.

NOTES.

A monument to Cohnheim has been erected in Leipsic.

A Hindoo lady is now studying medicine at Edinburgh.

In France antipyrin has had its name changed to analgesine.

A new poison bottle, shaped like a coffin, is the latest invention.

Prof. Virchow has been decorated with the red eagle of the second class.

A hospital for the treatment of the throat and lungs is to be built in Brooklyn.

An International Congress of Dermatology will be held in Paris in August, 1889.

It is advisable in all cases where the kidneys are diseased to avoid the use of antipyrin.

The French-speaking people of New York are to have a hospital for their exclusive use.

The Omaha Clinic is the name of a new medical journal, ably edited by Dr. J. C. Denise.

The Italian Parliament almost unanimously passed a resolution adverse to capital punishment.

The Dutch Government have resolved upon establishing a bacteriological laboratory at Batavia.

Will the member of the Ontario Medical Council who handed one of the editors \$6, last June, kindly send his name and address to the publishers.

Dr. Davis, of Whitwell's private asylum, reports the case of a woman sane only during pregnancy.

A training school for male nurses has been erected on the grounds of Bellevue Hospital, New York.

The operation of ovariectomy has been successfully performed on a woman eighty-two years of age.

Sulphonal is the latest sleep-producer recommended by Prof. Kast, of Freiburg. Dose, 15 to 30 grains.

Russia has granted permission to women to devote themselves to the drug business and become pharmacists.

The College of Physicians and Surgeons, of New York City, have made a three year's course of study obligatory.

Dr. Ludwig Knorr, now of antipyrin fame, has been appointed extraordinary Professor of Chemistry at Würzburg.

The Faculty of the New York Polyclinic have decided to increase the clinical facilities of that institution by the establishment of an hospital.

Prof. Hyrtl has endowed six scholarships, in connection with the Vienna Medical School, for worthy students, irrespective of creed or nationality.

The University of Bologna, on the occasion of the eight hundredth anniversary, conferred an honorary degree upon Dr. S. Weir Mitchell, of Philadelphia.

The commemorative medals of the Ninth International Medical Congress, subscribed for by foreign members, will be forwarded to them through the State Department, on application to Dr. J. M. Toner, Washington, D.C.

A Sanitary Convention and Meeting of the Executive Association of Health Officers will be held by invitation of the Mayor and Council at Lindsay, on Tuesday, Wednesday and Thursday, the 14th, 15th and 16th of August. Those wishing a pleasant outing should visit Lindsay during the Convention. P. Palmer Burrows, M.D., is the President Executive Association of Health Officers.

We have received, through the kindness of Dr. W. Lehmann, formerly of Mitchell, Ont., now in Germany, the report of "The disease of Emperor Friedrich the Third," issued under command, by Prof. Bardeleben, Prof. Bergmann, Dr. Bramann; Prof. Gerhardt, Prof. Kussmaul, Dr. Landgraf, Dr. Schmidt, Prof. Schrötter, Prof. Tobald, and Prof. Waldeher. It arrived, however, too late to furnish any abstracts for this issue of the PRACTITIONER.

Prof. Th. Billroth publishes in the *Wiener-klinische Wochenschrift*, a paper entitled "On the Ligature of the Thyroid Arteries with the view of producing Atrophy in Bronchocele," in which he critically examines the feasibility and advantages of this operation, and illustrates it by his own cases. Prof. Billroth assigns the merit of having resuscitated from oblivion and having successfully revived this operation to Dr.

A. Wüller, late assistant surgeon at his clinic. A good abstract of the paper appears in the *London Medical Recorder*.

A medico-chirurgical association has been formed for the Province of Manitoba. The executive is to consist of a president, vice-president and secretary-treasurer, all to be chosen from resident medical practitioners in Winnipeg, with four vice-presidents, one from each of the four electoral divisions of the Province. Dr. O'Donnell was elected President; Dr. Orton, 1st Vice-President; Drs. Macklin, Steep, Carscaden and McDonald, for the four electoral divisions of Marquette, Lisgar, Provencher and Selkirk. Dr. Grain was elected Secretary-Treasurer.

We are informed that the Weir Mitchell Sanatorium in Hamilton, conducted by Dr. Holford Walker, has proved so successful during the past year that the doctor finds it necessary to still further enlarge, and with that object in view he has decided to remove it to Toronto. Before doing so he purposes spending a few months abroad, to see the work of the leading gynecologists, more especially that of Mr. Lawson Tait, and on returning to Toronto will confine himself solely to that branch of the profession, in conjunction with the cases requiring the rest treatment.

The nervous derangements of Pellagra was the title of a paper read by Dr. Franz Tuzek at the Sixtieth Congress of German Physicians, and published in the *London Medical Recorder*. By the kindness of Italian colleagues the author made four *post-mortem* examinations himself, and was present at four others. In all eight the spinal cord was affected, in two only the posterior columns, in six the posterior and posterior-lateral columns were diseased. The degeneration of the posterior columns affected the median portions and spared the entry of the nerve-roots; of the other cases the pyramidal lateral columns were chiefly affected. There was a normal amount of fibres in Clarke's columns. The ganglion cells of the anterior horns showed increased pigment as a rule, but in one case there was pigment-atrophy.

The editor of the *Alienist and Neurologist* gives some practical home advice: "Take care of your loved ones at home, brother doctor, and as you love them, so will you feel your duty fairly to the world without. But you cannot give the outside world all and give your family a part; and if you give it all, the world's charity will not recompense your sacrifice by any exuberant providence for your uncared-for loved ones. This does not apply if you are an inveterate bachelor, a eunuch or a monk; but it does apply with more force than our feeble words have expressed it to many a faithful doctor whom we know, and to many more whom we knew in our youth, but who have long since gone to the reward of the faithful to duty, in Heaven, who might have stayed longer on the earth to brighten it, had they been just a little more selfish for themselves and their own, and a little less completely self-sacrificing to all the world but self and home."

PROGRAMME OF THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

TO BE HELD IN WASHINGTON, D.C., SEPTEMBER 18, 19 AND 20, 1888.

The President's annual address, William H. Taylor, Cincinnati. Discussion—Extrauterine Pregnancy.—1. Pathology. 2. Diagnosis. 3. Treatment. (a) Medical. (b) Electrolytic. (c) Surgical. The relations of the Abdominal Surgeon to the Obstetrician and Gynecologist, Albert Vander Veer, Albany. Operation for an unusual case of subserous uterine fibroid, Hampton Eugene Hill, Saco, Me. Drainage in abdominal and pelvic surgery, Joseph Price, Philadelphia. Double ovariectomy during pregnancy; a successful case going on to full term, William Warren Potter, Buffalo. The indications for artificial aid in labor, Thomas Opie, Baltimore. The technique of Vaginal Hysterectomy, James H. Etheridge, Chicago. The Surgical treatment of the perineum, William H. Wathem, Louisville. Laparotomy in peritonitis, E. E. Montgomery, Philadelphia. Tumors of the abdominal wall, Charles A. L. Reed, Cin-

cinnati. Uterine fibroids; their diagnosis and treatment, Thomas J. Maxwell, Keokuk. Desmoid (fibroid) tumors of the abdominal wall, Edward J. Ill, Newark. Ruptured perineum, J. Henry Carstens, Detroit. A contribution to the study of pelvic abscess, Clinton Cushing, San Francisco. The female perineum; its anatomy, physiological function, and methods of restoration after injury. This paper will be illustrated with lime-light and screen, Henry O. Marcy, Boston. Heart failure in the puerperium, Thomas Lothrop, Buffalo. Treatment of suppurative peritonitis, William H. Myers, Fort Wayne. Operative treatment in uterine carcinoma, George R. Shepard, Hartford. The reflexes reflected; or some things that retard progress in gynecic surgery, Joseph Eastman, Indianapolis. Some points in relation to the diagnosis of pregnancy in the early months, James P. Boyd, Albany. Vaginal tamponement in the treatment of prolapsed ovaries, W. P. Manton, Detroit. Mr. Lawson Tait, F.R.C.S.E., Birmingham, England, will also present a paper on "The methods of success in abdominal surgery."

Note.—Mr. Lawson Tait, Dr. Franklin Townsend, Dr. E. E. Montgomery, Dr. Charles A. L. Reed, Dr. A. Vander Veer and others will participate in the discussion on Extrauterine Pregnancy. The full announcement of the topics that each referee will speak to will be made in the final programme to be issued in August. William H. Taylor, M.D., President; William W. Potter, M.D., Secretary.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, May 31st.

Dr. Machell in the chair.

Dr. Carveth presented for diagnosis a case of

ULCERATION OF THE NOSE,

of 18 months' duration, both *alæ* being involved. The disease was invading the one cheek. The skin and not the cartilage seemed chiefly affected. There was also ulceration of the soft palate. No specific history could be elicited.

Drs. Graham, McPhedran, and Oldright,

believed the lesion specific on account of the perforating palatal ulcer and the comparative slowness of the growth.

Dr. Sheard favored the view that this was an example of rodent ulcer.

Dr. Carveth presented also a child 10 years old, with a progressive bowing inwards of the little fingers.

Dr. Ferguson believed the lesion was due to contraction of the third palmer interosseus and fourth lumbrical muscles. Tenotomy was the only method of treatment likely to prove of use.

Dr. Greig presented for inspection the head of a tapeworm.

Dr. Oldwright presented a case of somewhat obscure cardiac affection. The case was examined by the members, and the opinion expressed that there was probable kidney derangement, giving rise to the cardiac symptoms. No analysis of the urine had been reported.

Dr. Graham reported a case of

DERMATITIS HERPETIFORMIS.

The bullæ were large, becoming rapidly pustular, tense and very painful. As soon as rupture took place the pain ceased. The eruptions spread in rings, forming large patches, which coalesced and left raw bleeding surfaces.

When first seen the neck and back were raw, pulse, 120; temperature, 102. Ten days later the face became involved, and the temperature rose to 103½. There were no rigors. The woman was confined nine months ago, but the disease began a short while previous. The cases reported by Hebra were all in pregnant women. The case was exceedingly typical, and the prognosis of the worst.

Dr. Sheard followed with a paper upon the

DIAGNOSIS OF OBSCURE RENAL DISEASE,

in which he drew attention, chiefly, to the acute nephritis of children, and the chronic granular form. He held that convulsions in children resulted, as a rule, either from meningitis, or from uræmia due to acute inflammatory action in the kidneys.

Chronic disease was, generally, very difficult of diagnosis. The urine presents little change, except, perhaps, a few fatty casts, which were important. The finding of albumen is not a reliable sign. Attacks of vertigo are frequently

among the first symptoms noticed. Slight convulsive seizures are generally present. Too much dependence is put upon alcohol as a cause. Persons affected, as a rule die of some inter-current disease.

Dr. Ferguson stated that the granular form was almost confined to men. The trouble was primarily urethral, the bladder, ureters, and kidneys being affected in turn.

Dr. Machell differed as to the cause of convulsions in the children. In nine out of ten cases the irritation was intestinal.

Dr. Graham agreed with this, but believed sufficient care was not taken in examination. Over-worry, sleeplessness, gout etc., were often the cause of the chronic form.

Dr. McPhedran believed the majority of convulsive seizures to be constitutional or of intestinal origin.

Convulsions often ushered in febrile states, but the albumen did not appear till later on. The convulsion takes the place of the rigor in adults. Authors are at variance as regards the exact pathological changes, in the chronic form, but he could not accept the gonorrhœal theory as advanced by Dr. Ferguson.

Drs. Miller and Powell followed, and Dr. Sheard replied briefly.

Dr. Atherton reported a case of probable

GASTRIC PERFORATION

followed by recovery. See PRACTITIONER for June).

STATED MEETING, June 7th.

Dr. Graham reported a case in practice, as follows:—

A young man, who had suffered from brain symptoms and diphtheria in childhood, and been very athletic as a man, became affected with drowsiness, and was dismissed from a bank, on account of the mistakes he was making in his figures.

On examination, both temperature and optic discs were normal. Quinine was ordered, and the lad fell asleep in the store. The drowsiness increased, and soon after he was reported as being delirious on being wakened. He took nourishment readily and answered questions, but his look was imbecile, and he tore his sheets, and bit his ring, behaving childishly.

A week ago the pulse quickened suddenly to 100 and rose steadily. The temperature was 99°. He became sleepless. On the second day there were two attacks of rigidity of the arms and legs and a heavy perspiration. At 2 p.m. the pulse was 120, temperature 94½°. He answered questions ¾ of an hour after they were asked. Next day the mouth and tongue were drawn to one side, and for two hours he lost control of his bowels and bladder. Two days after this the abdomen became retracted, the pulse beat 160, temperature 103°. Coma ensued, and death occurred.

Post-mortem.—The brain was soft, effusions present in pia mater and in ventricles, and the velum and choroid plexus intensely reddened.

In intestines there was commencing disease of Peyer's patches, and the solitary glands, as in first week of typhoid.

In the opinion of Dr. Graham, this was a case of typhoid where the poison attacked other places than the bowels.

Dr. Ferguson had met with a somewhat similar case.

Dr. McPhedran confirmed the conclusions of Dr. Graham. Many authorities were of the opinion that typhoid might attack other parts than the bowels. As for example, the lungs, causing pneumonia.

Dr. Sheard believed the intestines must be involved, if death was not very rapid.

Dr. McPhedran reported an

ABSCESS OF THE THYMUS GLAND,

in a boy 8 years old, who had received a fall on April 13th. There was a lump in the episternal notch, painless, and elastic, temperature normal.

May 22nd. Swelling larger, tense, elastic, non-pulsating, and slightly reddened. The veins in the neighborhood enlarged. A distinct systolic murmur was heard over the carotids, especially the right, and there was a marked thrill at the end of the right clavicle. The pulse tracings of both radials were alike.

May 30th. The murmur no longer heard over carotids, but still present over sternum. Passed in a needle, and evacuated 3ij of pus. The abscess walls were thick. The remains of the tumor are still thick and large, the contraction has been slight.

The bruit was probably caused by the pressure of the tumor upon the innominate artery; later on the tumor rose and thus the pressure was relieved, and the bruit partially disappeared. This form of abscess is a rare one.

PATHOLOGICAL SPECIMENS.

Dr. Sheard presented lungs and bladder from a case of supposed acute miliary tuberculosis.

The left lung exhibited miliary tubercles, commencing cavities, and distinct evidence of recent pneumonia, the right lung being perfectly healthy.

The bladder was greatly hypertrophied, the only cause known being a severe phimosis.

Dr. Graham did not agree with the diagnosis. The tuberculosis was not miliary, while the bladder and kidney trouble, together with the pneumonia, was the cause of death.

Dr. Cameron, agreed with Dr. Graham. The bladder trouble might be tubercular, and the lung affection be secondary.

Dr. McPhedran did not believe that simple phimosis would give rise to such general and intense hypertrophy. The tuberculosis was probably primary in the bladder.

Dr. Ferguson exhibited a clot, 2 feet in length, from the right subclavian, in a case dying from chronic nephritis. The pericardium was adherent, and there was calcareous deposit on the dura mater.

Dr. Caven showed a portion of intestine with traces of peritonitis. A small amount of seropurulent fluid was present when the sac was opened. No lesion was present to account for this, but the traces of an ulcer near the ileocolic valve which had perforated and healed. A small abscess was found in the left supra-renal capsule.

Dr. Caven exhibited also a specimen, where a thrombus found in the left ventricle had, when pierced, yielded pus, the result of the breaking down of a polypoid growth.

STATED MEETING, June 21, 1888.

Dr. James F. W. Ross read an exhaustive paper upon

DISEASES OF THE FEMALE URETHRA.

After showing, from a description of its anatomical and histological structure, that it was as liable to disease as any other part of the body, the reader of the paper pointed out that it might be examined in any, or all of five ways, viz., by (1) sounds, (2) digital dilatation, (3) instrumental dilatation, (4) speculum, (5) opening into it. Emmet's button-hole operation was described in detail. Injury to the passage may occur from laceration during confinement, or from the presence of foreign bodies. Dr. Ross then described atresia, urethrocele, prolapse of the mucous membrane, laceration of the membrane, and hyperæsthesia, with the causes and treatment of each. Of the foreign growths, polypi are the most important, being found from a pea to a hazelnut in size, and from pale cherry to bright red in color, producing such symptoms as burning, dysuria, vaginismus, pruritus, convulsions, etc.

Dr. Sweetnam, in discussing the paper, insisted upon examination of the urethra in all cases of irregular and painful micturition. The canal was curved, not straight, and this was often forgotten. In cases of injury or operations there would be no incontinence so long as the roof or superior wall was not injured, as the ganglion regulating the desire for micturition lay along that wall. Emmet claims that all caruncles follow injury to the mucous membrane received during labor. Another lesion sometimes found was shortening of the canal from the application of caustics.

Dr. Machell drew attention to the fact that the meatus sometimes appeared greatly inflamed, and yet gave no symptoms.

Dr. Nevitt related two cases of urethral prolapse relieved by abscision and caustics.

Drs. Grasett and Atherton also discussed the paper.

In referring to some cases mentioned, where difficulty had been experienced in finding the meatus, Dr. Ross said that it was sometimes just within the hymen, owing to imperfect formation. He considered the use of caustics in the urethra reprehensible. In many cases when young women micturated at night, if examination were made, the urethra would be found inflamed.

STATED MEETING, June 28th.

PATHOLOGICAL SPECIMENS.

Dr. Oldright presented two large gall stones, removed from a patient sixty-three years of age, who had been under observation twenty-one years. At one time was subject to severe bronchial attacks, and the heart was dilated. During the past year has had several attacks of peritonitis, accompanied lately by pain in the upper part of the abdomen, vomiting and purging. A week since the attack was accompanied by diarrhoea and great pain. Gall stones were looked for in the excretions, but none found. Death occurred to-day. *Post-mortem*.—The intestines were dilated and injected; the liver was covered with lymph; in the gall bladder the stones were found faceted at either extremity, and the bladder was adherent to the intestines. The patient had an umbilical hernia.

Dr. Oldright also showed the sac of a mammary tumor. The patient, aged sixty-seven, consulted him a year ago about a tumor in the left breast. He advised its removal, thinking it to be soft cancer. One month ago he was called in, and found her bleeding profusely from a point near the nipple. There was a slough present at this spot. This he cut into, and turned out half a pint of clot and serum. The next day he removed the tumor. To account for the hemorrhage, there was a slight depression on the inner surface, granular looking, and encircled by induration.

Dr. Cameron asked that the character of the lining membrane of sac be examined.

Dr. Graham wished to know if any villi had been seen. Over-distension of the cyst might have caused the slough. He had seen a similar case of cystic adenoma, when the hemorrhage was due to papillaform growths.

Dr. Oldright said the depression above-mentioned was papillaform. The tumor had been observed four years ago. There might have been fluctuation when he saw it first, but he was not certain. The blood clot did not appear old.

Dr. Ferguson thought that hemorrhage did not, as a rule, occur till rupture of the tumor,

and consequent removal of the pressure from the blood-vessels in the sac wall.

Dr. Cameron wished for the distinction between a pure cyst and a cystic adenoma. Is the cyst a new formation or merely due to retention? According to present pathological views, there was only one form of neoplastic cyst, viz., the hydatid cyst. Possibly there was also the hemorrhagic. All others are simply retention cysts, due to dilatation of pre-existing ducts or channels, and obstruction. The term adenoid is a mistaken one to apply, because it confounds natural gland tissue with pathological tissue. If the cyst be lined with epithelium it is probably a dilatation of a connective tissue space.

Dr. Atherton presented a specimen of

CANCER OF THE RECTUM.

There had been rectal trouble for six years, commencing with dysentery. The patient had been eighteen months under observation, and was forty-two years old. When first seen, a stricture was discovered two inches above the sphincter, and also a large tumor in the right hypochondrium. There was also great pain in the act of defecation, which would occupy sometimes two hours. The operation of inguinal colotomy was performed in March last, with good results. Death was preceded by a slight coma for several hours. *Post-mortem*.—Several abscesses and fistula were found around the anus. The rectal wall was involved for four inches, chiefly on the posterior surface, the vagina not being attacked. One lobe of the liver was filled with cancer tubercles, and extended to one and a-half inches below the umbilicus. The lungs, kidneys and heart were healthy. The brain was not examined.

Dr. Cameron inquired as to the advantages of the inguinal over the lumbar operation, and also as to Dr. Atherton's views upon the French operation of cutting down upon the coccyx, and splitting the stricture posteriorly.

Dr. Graham had seen one case in which the brain became affected secondarily to the rectum.

Dr. Cameron thought the presence of disease in the liver would account for the brain symptoms, as certain alkaloids were formed there, and not excreted properly.

Dr. Ferguson believed that narcosis frequently arose from the failure of the liver to break up these alkaloids, one of which seemed identical with curare.

Dr. Atherton had seen but little of the French operation referred to, but would think great hemorrhage would be apt to occur, and the opening would readily close. In regard to the choice of position of colotomy he had performed the inguinal six times, and believed it would be the favorite of the future. The path was a plain one, and a second row of stitches could be used.

Dr. Machell presented an anencephalous fœtus.

CASES IN PRACTICE.

Dr. Graham reported a case of ascites from *hepatic cirrhosis*. On tapping the fluid drawn off was of a bright, bloody color, apparently half blood and half serum. After drawing off half a pail, the operation was stopped. The patient lived for about two weeks. There was no emaciation or cancerous appearance.

Dr. Cameron said that cases of hemorrhagic pleurisy were generally cancerous. The more recent treatment would be to open the cavity and wash it out with hot water.

Dr. Oldright related a case of strangulated hernia in a child of seven months old, where the symptoms were obscure.

Dr. McPhedran reported several cases of what he believed was contagious pneumonia.

Drs. Peters, Graham and Cameron mentioned similar cases.

The Society adjourned till the last Thursday in September.

D. J. G. W.

TYPHOID FEVER AND PREGNANCY.—1. Typhoid fever is rare in pregnant women. 2. It determines abortion in about one-half of the cases; the more surely, the less advanced is the pregnancy. 3. The lightest forms may produce abortion. 4. This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it causes no recrudescence nor return of fever. 5. Puerperal accidents are the exception.—*Medical Review*.

Correspondence.

To the Editors of THE CANADIAN PRACTITIONER.

DEAR SIRs,—In reply to your remarks *re* the Examining Board of the Medical Council, I have to state that I supported the appointment of Dr. J. A. Grant, Jr., of Ottawa, as Examiner in the subjects of Histology and Physiology solely on the ground of his fitness to fill the position. For the same reason, and none other, so far as I know, his nomination was seconded and warmly supported by Dr. Bergin, and carried by a large majority of the Council, so that in this case at least, your statement that "the doctors of this Province are heartily tired of seeing such important positions filled through purely personal or local considerations," does not apply. And here let me say, I cannot but regard this statement as unjust to the Council. During the eight years I have been a member of that body I am satisfied that not a single position has been filled through any considerations other than those of personal fitness. In this respect I was not aware the doctors of this Province had any cause of complaint. Dr. Grant, to whose appointment you object, I think, without just reason, is a graduate of Queen's in Arts, of McGill in Medicine, and an L.R.C.P. of London. During the five years he has been in practice he has prepared and read before the Ottawa Medical Society and the Rideau and Bathurst Medical Association several papers of very high merit, and through these societies his histological work has become well known to the profession in Eastern Ontario. Dr. Grant is an ardent worker, and justly regarded as one of the rising men in our profession, and I feel confident will give every satisfaction as examiner in the branches assigned to his charge.

Yours very truly,

JOSEPH CRANSTONE.

ARNPRIOR, 16th July, 1888.

Uncle Esek says: "Vanity is a disease, and there is no cure for it this side of the grave; and even there it will often break out anew on the tombstone."—*Ex.*

Book Notices.

Conservatism in Gynecology. By A. R. JACKSON, A.M., M.D. (Reprint.)

Cocaine Dosage and Cocaine Addiction. By J. MATTISON, M.D., Brooklyn, N.Y.

Sixth Annual Announcement of the Woman's Medical College, Toronto. 1888-9.

Catalogue of Albany Medical College, Medical Department of Union University, 37th Session. 1888-9.

Modern Methods of Antiseptic Wound Treatment. Published by Johnson & Johnson, New York.

Proceedings and Addresses at a Sanitary Convention, held at Owosso, Mich., Nov. 22 and 23, 1887. Lansing, Mich., 1888.

The Thirteenth Annual Announcement of Meharry Medical Department, Central Tennessee College, Nashville, Tenn. 1888.

The Applied Anatomy of the Nervous System. By AMBROSE L. RANNEY, A.M., M.D. Second edition. 8vo, 791 pages. D. Appleton & Co., New York. 1888.

The Relation of Alimentation and Disease. By J. H. SALISBURY, A.M., M.D., LL.D. New York: J. H. Vail & Co. 1888.

This is an elaborate work, but one which will be little sought after by the leaders in the profession. In it are many errors. The pathology is faulty, for example, when speaking of diabetes the author says: "In this disease the lobes of the liver—or that portion of the gland which is connected directly with the blood vessels, and which organizes animal sugar—is the part directly involved." But the amusing section is where he speaks of pregnancy. "If women would live healthfully, that is, upon such foods as they can well digest, the system would be free from aches, the pains of childbirth would be few and easily borne, and the labor short, lasting only from a few minutes to two hours." The good Book speaketh otherwise on the subject of labor.

Intubation of the Larynx. By F. E. WAXHAM, M.D. Chicago: Charles Truax. 1888.

This a new book on a new subject. The operation of intubation of the larynx is one which, except in a few cases in the large cities, has not yet been generally introduced in Canada. This work tells, in brief and concise form, all that is necessary for practical purposes to know regarding the operation. The description of the most improved instruments required, and the minute directions for the performance of the operation, will be most instructive to those physicians who have not yet tried the operation. A careful record of 150 cases, in the author's own practice, shows the results of the operation, which indicate an average percentage of recoveries of 27.20 per cent. The book includes forty-five illustrations, is well printed on good paper, and is written by one than whom there can be no better authority.

Annual of the Universal Medical Sciences. A yearly report of the progress of the general sanitary sciences throughout the world. Edited by CHAS. E. SAJOUS, M.D., Lecturer on Laryngology and Rhinology in Jefferson Medical College, Philadelphia, etc., and seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with chromolithographs, engravings and maps. Volumes I, II, III, IV, and V. 1888. Philadelphia and London: F. A. Davis, Publisher.

"The object of the *Annual of the Universal Medical Sciences* is to collate the progressive features of medical literature at large, and clinical data from countries in which no literature exists, and to present the whole once a year in a continued form, prepared by writers of known ability. As such it is expected to become a helpmate to the practitioner, in his efforts to relieve suffering and to assist the investigator by correlating facts, thus enabling him to better compare." We have had much pleasure in perusing some volumes of this very excellent work, and we assure the profession that the objects of the work have been carefully kept in view, and, we may add, successfully carried out. We note that, though the older countries have contributed a great mass of important medical and surgical data, Canada has also assisted in advancing the medical literature of the past year. The five volumes

are worthy the erudite editor and his honored associates, who are to be complimented upon the satisfactory completion of their arduous undertaking in so brilliant a manner. We cordially recommend this work to our readers, and trust that the publisher, Mr. F. Davis, of Philadelphia, may have a hearty financial support. *Decies repetita placebit.*

A System of Obstetrics by American Authors.

Edited by BARTON COOKE HIRST, M.D., Associate Professor of Obstetrics in the University of Pennsylvania, etc. Volume I., illustrated, with a colored plate and three hundred and nine engravings on wood. Philadelphia: Lea Brothers & Co. Toronto: J. E. Bryant & Co.

The subject of obstetrics is rich in literature at the present time, and the question is likely to arise, Is there any room for such a work as this? After looking through this volume we have no hesitation in saying there is. The contributors are Dr. Busey, of Washington; Dr. Englemann, of St. Louis; Drs. Hirst, Parvin and Penrose, of Philadelphia; Dr. Jaggard, of Chicago; Dr. Martin, of Baltimore; and Dr. Reeve, of Dayton. The first chapter contains an exceedingly interesting history of obstetrics, which includes a valuable description of antiseptic methods.

The second chapter contains a discussion on the Physiology and Histology of *Menstruation and Ovulation*, with a description of the development of the embryo, by Dr. Martin. Among the other subjects treated are Anomalies and Diseases of the Fœtus; Physiology, Pathology and Diagnosis of Pregnancy; Conduct, Mechanism and Uses of Anæsthetics in Labor.

These subjects are treated in an admirable manner, as might be expected when we consider the reputation of the various distinguished authors. Judging from the contents of this volume, we have nothing but the highest praise for the work, and we believe that every physician in general practice, who ought to have something more comprehensive than our ordinary textbooks, excellent though they are, would do well to procure it.

A baby weighing fifteen pounds and fifteen ounces at birth was recently delivered at Richmond, Va.

Personal.

Dr. Eadie Stevenson has removed from Victoria, B.C., to Vancouver.

Dr. John Ferguson will shortly move from Spadina Avenue to College Street.

Dr. Brett, of Banff, and Dr. Wilson, of Edmonton, have been elected to the North-West Council.

Dr. Mark S. Wade, of Clinton, B.C., has been elected a Fellow of the Chemical Society of London.

Dr. Acheson has located on Avenue Road, Dr. Clouse on College Street, and Dr. Shannon on McCaul Street, in this city.

Dr. Valade, of Ottawa, Government analyst, for failing to report a case of diphtheria to the Board of Health, was fined \$50 and costs.

At the commencement exercises of Union College, June, 1888, the honorary degree of LL.D., was conferred upon Mr. Lawson Tait.

Dr. Dickson has removed from Embro to Ingersoll; Dr. Hodge, from Mitchell to London; Dr. Grange from Petrolia to Napanee; Dr. Merrison to Sarnia, and Dr. Foxton from Ingersoll to Toronto.

Dr. George Johnson has retired from the Professorship of Clinical Medicine in King's College and King's College Hospital, after a faithful service of forty-five years.

Dr. G. Sterling Ryerson is expected to return to Toronto early this month, after an enjoyable and profitable trip to Germany. He had the pleasure of attending the Donders Jubilee in Utrecht.

Dr. John Milner Fothergill, a practitioner of London, and one of the best known of English medical authors, died June 18th, at the age of 48 years. He had been suffering from diabetes for years. The symptoms recently became seriously aggravated, and gangrene of the foot occurred, followed by coma and death.

Miscellaneous.

STUDY OF OBJECTS.—Examination—Professor: "How many legs have insects?"

Candidate: "65 per cent of insects have no legs at all, 11 per cent. have one, 14 per cent. two or three, 10 per cent. four or five, but none six."

Professor: "How in the world did you get this answer?"

Candidate: "By carefully examining the collection belonging to the University."—*Fliegende Blätter*.—*Ex.*

The attention of the Medical Faculty is specially directed to an advertisement of "Little's Soluble Phenyle," which appears on page 21 of this journal. Too much cannot be said as to its merited virtues, as a first-class disinfectant and antiseptic, so vividly shown from the many medical and other testimonies received in its favor. This article has been before the public many years, and used in the different forms as prescribed in the circular, with the most satisfactory results, being as claimed for it, superior to carbolic acid, having all the good qualities, but being non-poisonous and non-corrosive, and leaves a pleasant and refreshing odor after use. Phenyle is so cheap as to render its use acceptable generally in the mansion, college, hospital, etc., for all purposes where an Antiseptic, Deodoriser, and Disinfectant agent may be required.

Births, Marriages, and Deaths.

BIRTHS.

GREER.—On Thursday, June 21st, at Cold Springs, Ont., the wife of T. N. Greer, M.D., of a son.

JOHNSON.—On July 5, at 52 Bloor Street West, the wife of Dr. Arthur Jukes Johnson, of a son.

ROBINSON.—On the 25th ult., at Arthur, Ont., the wife of Dr. W. J. Robinson, of a daughter.