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THE CANADA LANCET.

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CRITICISM AND NEWS.

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Original Communications.

ANGEL-WING DEFORMITY.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

This is a peculiar affection which, on account of its rarity, is more of a curiosity than otherwise. In the course of twenty-five years' practice I have met with three cases of it, and all of these have occurred within the last seven years. I also heard of another case from the first patient I saw with it. He stated to me that an acquaintance of his was similarly affected and that he obtained relief by wearing a strap around his shoulders in such a manner as to keep a pad firmly pressed against the posterior surface of the shoulder-blade. The deformity is easily recognized, once its prominent features are known; but since so few authors have noticed it in their writings, a patient afflicted with it might easily pass under review without its being detected—the pain and weakness of the shoulder being referred to a sprain or bruise or to a rheumatic affection. To give such a short account of it as may refresh the minds of some of the readers of your widely circulated journal, is my object in detailing the following particulars.

The disease usually commences by pains in the shoulder and upper part of the arm, at the root of the neck, above the scapula or immediately beneath it; the pains may be of an intense darting neuralgic character, or dull and aching so as to produce a tired sensation rather than acute pain. Neuralgic pain may co-exist in other parts of the body. Loss of power in the parts and inability to sustain prolonged exertion with the arm and shoulder, gradually make their appearance. When the patient's arms are held loosely by his or her side, very little deviation from the normal can be seen. By close inspection, however, the inferior angle of

the scapula on the affected side may be found somewhat nearer to the mesial line than the other one, the vertebral border traced from below upwards thus assuming a direction more outwards than natural, and the lower angle of the scapula may also be a little too far from the chest-wall. When the patient attempts to raise the arm, all these deviations are exaggerated and can be readily and distinctly seen. The arm can be raised voluntarily only to the horizontal position, and while this is being done the vertebral border of the scapula rotates outwards in such a manner that the anterior surface of the bone forms nearly a right angle with the wall of the chest. This leaves a very large and deep hollow between the thorax and the scapula, and thus exhibits that peculiar outstanding condition of its posterior border which has given this deformity the distinctive name of "angel-wing." Faradic reaction is lost and galvanic excitability greatly diminished in the paralyzed muscles. In long standing cases, atrophy of the muscles supervenes. This disease may be from two weeks to two months from the beginning of the pains till loss of power in the parts and the full characteristic symptoms manifest themselves, and it has an indefinite duration.

This disease usually occurs in weakly young persons, and may result from injury or overwork (and hence is more common in males and on the right side of the body), from direct injuries to the nerves, from falls, blows, wounds, carrying heavy weights upon the shoulder, from rheumatic influences contracted by sitting in draughts, or exposure to wet; and even the syphilitic poison has been suspected as a cause. In my first case, the patient was a loosely made, rapidly growing farmer's son, about 18 years of age, in whom the disease was directly traceable to hoeing, having been a long time engaged in hoeing potatoes and corn. In my last, the subject was a delicately formed young lady, of nervous and excitable temperament, who had overdone herself by long hours and intense application at some fancy needlework which she was anxious to have completed within a given time.

Putzel says, "quite an extensive journal literature has been published on the subject, but as the paralysis which produces the affection is of comparatively rare occurrence, its real cause remains undecided." He further remarks that it is usually unilateral, and that the large majority of cases have

been observed upon the right side. In the three cases which I have seen, the first was upon the right side, and the last on the left side; but I cannot now remember on which side the second was. The same author gives this disease the pathological name of Paralysis of the Serratus Magnus; but I refrain for the present from giving it other than the synonym heading this article, as its real pathology does not seem to be entirely agreed upon.

By consulting authors, I have found several notices of this affection, the descriptions of it varying somewhat in each; and by two, at least, the disease formerly supposed to be "dislocation of the lower angle of the scapula over the latissimus dorsi muscle," is considered as a part of this affection.

In the "System of Surgery," edited by T. Holmes, second edition, vol. ii, p. 757, the following occurs in a note following sprain about the shoulder: "In connection with this subject a curious injury may be mentioned, which has been described as displacement of the inferior angle of the scapula over the edge of the latissimus dorsi muscle. . . . Then follows the report of three cases, being all that the writer had been able to coll of *anything analogous to this*, and none of these, he says, did "exactly correspond with the description given by Liston; for although the posterior border and inferior angle of the scapula projected very markedly, there was no distinct account of any injury, and the affection seemed rather to be *paralysis of the muscles* attached to this part of the bone, especially the serratus magnus." "In the last mentioned case," he continues, "the subject was a delicate looking girl of fourteen; the whole of the posterior border of the right scapula was very prominent, and seemed to meet the skin covering it almost at a right angle. The inferior angle projected only a little more than the rest of the border, but the fingers could be passed fairly beneath it. The scapula could easily be pressed into the proper position, but it immediately started back again when left to itself. The motion of the arm was weakened and impaired." The writer further on states as follows: "I have seen a few similar cases. In all, the projection of the lower angle of the scapula was apparently due to atony of the muscles attached to the vertebral border of the bone, and in no instance was there a history of any antecedent injury."

Professor Gross describes a mal-position of the scapula, which he thinks arises from paralysis of the rhomboid muscles, and which, in its semeiology, evidently agrees with the disease under consideration; he holds also that that condition termed dislocation of the scapula, in which the inferior angle is supposed to lie upon, instead of beneath the latissimus dorsi, is frequently of a similar nature and depends upon relaxation of the muscles. Excepting that form of dislocation which depends upon direct injury, the fact seems to be that the "dislocation of the scapula" of the older authors, the affection referred by Gross to paralysis of the rhomboid muscles, and the "angel-wing deformity," supposed by Putzel to depend upon paralysis of the serratus magnus, are varying phases of the same disease.

What then is the true pathology of these abnormal conditions of the scapula? Gross inclines to the view that the chief trouble is paralysis of the rhomboid muscles, the writer in "Holmes' System" that the serratus magnus is implicated as well; and a late case exhibited before the clinical section of the Birmingham and Midland Counties Pathological Society, Nov. 30th, 1883, elicited the following opinions: "Mr. W. F. Haslam showed a patient with an affection of the scapular muscles, which allowed the right scapula to project from the thoracic wall when the shoulders were thrown back. The right acromion was depressed, and the arm could not be raised much above the shoulder. He thought the condition due to paralysis of the trapezius. Mr. Jordan Lloyd believed the rhomboidei were the muscles most in fault. Mr. Bennett May thought the serratus magnus was the muscle paralyzed, and that the lower end of the scapula had slipped from under the latissimus dorsi."—*Brit. Med. Jour.*, Dec. 8, '83.

I have inserted this case here to illustrate the obscurity in which the true pathology of this affection is shrouded. My own opinion is, that the serratus magnus and the rhomboidei muscles must all be more or less paralyzed, to produce the affection in its fully developed state. Paralysis of the serratus magnus alone, while it would permit the vertebral border of the scapula to recede from the thoracic wall, could not produce that outstanding condition of this border of the scapula so characteristic of this affection, because the rhomboideus major and minor would resist it; and not only

would they resist it, but from their obliquely downward and outward course they would pull the lower angle of the scapula upwards and inwards, and cause the vertebral border to assume a direction very obliquely upwards and outwards from the mesial line of the back. This direction of the vertebral border is not decidedly marked; hence it follows that the rhomboidei must also have lost their contractile power. Now paralysis of the serratus and rhomboids together would produce the condition of parts we are considering, while the trapezius and levator anguli scapulæ still retained their power; the first of these holding the scapula in place laterally and preventing rotation downwards and forwards; the latter holding the scapula up and preventing it from sinking down perpendicularly along the side. If we examine the origin of the nerves supplying these muscles attached to the scapula, we may arrive at a better understanding of the lesions that are present. The trapezius is supplied chiefly by the spinal accessory, but receives communications from the cervical plexus; this therefore may be laid aside for present purposes. The levator anguli scapulæ is supplied chiefly by branches from the cervical plexus; but the cervical plexus is formed by the anterior branches of the four upper cervical nerves, and is therefore above the source of nerve-supply for the serratus magnus and rhomboidei. The rhomboid muscles and serratus magnus are supplied by branches from the 5th and 6th cervical, the rhomboid branches being from the 5th alone, and that to the serratus—the posterior thoracic—from both the 5th and 6th. It is quite reasonable to suppose that if the cause of paralysis existed at the roots of the nerve to the serratus magnus, the nerves to the rhomboidei also, which arise with one of the roots of the foregoing, would suffer, and we ought to have paralysis of the rhomboidei co-existing with paralysis of the serratus magnus. Putzel, although he refers it to paralysis of this last muscle alone, very judiciously adds, "The other muscles of the scapula and shoulder should also be carefully examined, as we not infrequently find that the same cause which has produced the affection under consideration, has also given rise to paralysis of some of the other adjacent muscles." We are therefore forced to the conclusion that "angel-wing deformity" is due to paralysis, more or less complete, of the serratus magnus and the two rhomboids, and that the projection of the

lower angle of the scapula heretofore described as "dislocation over the latissimus dorsi," is due to the relaxed condition of the muscles that hold the scapula in place, and is not an independent affection. Of course the paralysis may not stop here, but other muscles of the shoulder may become implicated, according to the gravity of the cause producing the injury to the nerves; but for the production of the affection under consideration paralysis of the three muscles stated is sufficient, and all of these, I hold, must be involved to produce a typical case.

A few words with respect to the treatment of this disease may not be out of place. As the subjects of it are generally weakly and ill-nourished of over-worked young persons, the first great object is to improve the general condition of the patient. Fresh air, gentle exercise, good diet, with the use of the shower bath or salt-water bathing, friction over the body, chalybeate tonics, nux-vomica, and such other remedies as adapt themselves to the circumstances of the patient. Putzel, from whose work I have already quoted, recommends electricity as the great means of cure. One electrode should be placed over the roots of the affected nerves (on the neck, above the clavicle) and the other over their distribution, as in the axilla, along the origins of the serratus magnus, or behind the chest, between it and the outstanding scapula. Counter-irritation, if there is pain, and the use of morphia when urgently demanded. Many other means will readily suggest themselves to the attendant physician, once he is fully satisfied as to the pathology and etiology of the disease.

DANGER OF THE PARASITIC THEORIES.

BY JOSEPH WORKMAN, M.D., TORONTO.

Audi alterum partem.

The September number of the *Gazeta Medica da Bahia*, contains an article by Dr. Jousset de Belesme, on the subject of the "Danger of the Parasitic Theories," which may not perhaps, at the present time, when there seems to be so strong a tendency in the medical world to rush into premature etiological conclusions, be altogether unprofitable, for, whether the parasitic theory of infectious diseases ultimately proves to be correct, or the contrary, a free exposition, alike of its

merits and its defects, will be the best means of settling the question. We therefore present the following translation from the Portuguese, of the article alluded to :

"We have not been the last to speak against the application of the theory of the microbes in medicine, and to ascribe to it those great inconveniences which the acceptance of these doctrines may introduce into pathology. When we wrote that these theories, almost totally hypothetical, were leading medicine into a bad path, in attributing to morbid phenomenon a simplicity which it is far from possessing, and conducting to irrational means of treatment, which were dangerous to patients, we were accused of exaggeration and prejudice, whilst we were but echoing the convictions of a great number of clinicians, and it was the fact that a manifest reaction has arisen against these tendencies, among French pathologists. Those physicians who employ remedies impartially, or, so to say, in an experimental way, have evidently accepted the theories of Pasteur, under the hope of obtaining advantages from them in their treatment of diseases ; in no other way can we explain the progress of the parasitic doctrine and the rather premature haste with which it has been accepted, chiefly by the younger members of the profession. So very important is it to vanquish a disease, or to discover its cause, and so positive has Pasteur been, that a good many physicians have judged, that if it is the fact that infectious diseases are caused by microbes, to kill these parasites is to cure the patient.

All practitioners who reason thus, forget just one thing, as does Pasteur, which however should be taken into consideration ; and this is, *the patient*. Yes, there is, unfortunately, a patient in the question of the microbes, as regards pathology. The matter is not so simple as it is in the laboratory, in which if a microbe is put into a bottle to multiply, and to exhaust the strength of a quantity of chicken broth, no more is then required than to add some powerful poison, the most energetic of the antiseptics, and everything disappears, everything, if we believe Pasteur, except the germs of these singular vegetables. But when we have in hands a patient however filled, he may be supposed to be with microbes, we cannot treat him as we do the chicken broth, with strong antiseptics. Some physicians have done this, and Mons. Jaccoud,

whose great ability no person contests, has shown us in his recently published lectures on the treatment of typhoid fever, the result of these bold attempts. In the statistics of mortality of typhoid fever, the employment of antiseptics, in large doses, has introduced an element which previously figured very exceptionally—*sudden death*.

It is beyond doubt that setting out from the preconceived idea that typhoid fever results from the development of microbes in the economy, physicians have been forcibly led to employ antiseptics. Recourse is had to those which are most tolerable to the organism, as salicylic acid, sulphate of quinine, carbolic acid. As the administration of these medicines in small doses produces no result, logic demands that the doses shall be increased until the troublesome microbe is annihilated ; as has already been said, the patient is forgotten, but he, in his turn, when the dose is sufficient, does not forget to die suddenly. Sudden death is, I know, one of the results which may be introduced into the art of curing by the discoveries of Pasteur. When we reflect on these facts we must regard it as extraordinary, that doctrines leading to such results have been able to gain the vogue in medical practice, in which the practitioner has certainly no interest in losing his clients.

But granting that the theories of Pasteur are correct, and that typhoid fever is in reality the product of an invasion of microbes, evidently no result profitable to therapeutics can be derived from the knowledge of this fact, for the simple reason, that the organism does not tolerate doses of antiseptics sufficient to kill, in the blood, or in the middle of our tissues, inferior parasitic organisms, whose resistance to these agents is greater than that of the cells of our economy, which are differentiated in a far higher degree. To believe that we can find an antiseptic capable of destroying bacteria, and leaving uninjured the histological elements of man, is but to seek to be deluded, and to ignore the laws of general physiology. The more differentiated an organism is, the less resistance does it oppose to the external agents capable of injuring it ; consequently it may be affirmed, that of all the organic cells, the bacteria are perhaps the most resistant of the action of toxic and antiseptic substances. Be this as it may, it is beyond doubt that typhoid patients, to whom anti-

septics are administered in high doses, die suddenly, and even the sulphate of quinine is not an exception to this rule.

For this reason Mons. Jaccoud has risen with vehemence, in his lectures, against these therapeutic temerities. "I regard it, writes this eminent Professor," as a duty to be fulfilled; and to condemn these with all my strength I must point out to you the therapeutic excesses which for many years have been committed in the treatment of typhoid fever. In the commencement, the excess set out with the false idea that the fever is the unique element of the disease. The evil was aggravated when they desired, without any solid reason, to apply to typhoid fever the bacterian theories, and this anti-parasitic phase was the signal for a true therapeutic unchaining; they were not content with raising beyond the usual limits the doses of the antiseptics, which are at the same time parasiticides, but they also accumulated them all in potent association; if they would, with more certainty, reach the supreme end, they must first of all kill the microbio.

Well then, gentlemen, suppose that you have in hand a disease which *per se*, directly threatens the heart, the brain, and the kidneys, would you add to these dangers those of an association of quinine salicylic acid and carbolic acid, in which each of these agents figures in high doses? Those vagaries which are the fruit of the spirit of system, are no novelty. What have we seen in our own era, in the time of Rasori? They then sought to liberate the diathesis from stimulus, and they killed the pneumonics; in the time of Broussais they abstracted the irritation, and along with it the patient.

The cry of alarm is neither excessive nor premature, for so far as we can see, in every part of Europe patients attacked with typhoid fever have suffered from theory one or other of the medicinal aggressions which I have mentioned. I entreat you to abstain from similar audacities, and to leave every question on its true basis; repel all premature applications which are the offspring of pathology (?) or of animal experimentation; whatever may be the role the future may assign to the microbio, never, in the diseases of man, lose sight of your *patient*, who is its carrier; do not forget that you cannot reach this enemy unless through the intervention of the patient, and the tolerance of

the latter is the unique and true measure for therapeutic interference. But granting, for the moment, the reality of the hypothesis, that the cure of typhoid fever depends on the death of the microbioes, does the treatment required for their destruction exceed the resistance of the patient? See here, gentlemen, the principles you should ever keep clearly in view; they will be your safe guide in your practice; with them you will be able profitably to resist the exclusive tendencies, exaggeration and danger I have pointed out."

URÆMIC POISONING FOLLOWING SUPPRESSION OF URINE IN A FEMALE AFTER LABOR.

BY R. M'CREA, M. D., LAKEVILLE, N. B.

I send you the following notes of a case in the hope that some of your numerous readers will give a diagnosis with the causation of disease.

On the evening of the 17th of October, I was called to attend Mrs. T. in her third confinement. I had attended her in the two previous confinements, the first being a living child, the second still-born at the eighth month. The following are the bedside notes of the case. The present confinement also occurred at the eighth month; foetus still-born; placenta and foetus slightly decomposed; after delivery she complained of pain in the lumbar region, for which I ordered a Dover's powder and left.

18th.—Called again; the patient was still suffering marked sharp and constant pain in the lumbar region. Pulse natural; temp. 99°. Ordered half a drachm of tr. opium in starch enema. In about half an hour the pain ceased. She has not passed any urine since confinement. Ordered tincture of digitalis and spts. eth. nit. every two hours.

19th.—Has not passed any urine; pain has not returned; vomiting; passed catheter, no urine in bladder; pulse 86; temp. 100. Ordered thirty grains of compound jalap powder.

20th.—Patient restless; pupils contracted; no pain. Gave alkalis, diuretics and diaphoretics.

21st.—Patient same in all respects; temp. 101; pulse 120; resp. normal; met another practitioner in consultation. He recommended a discontinuance of the alkalis, and suggested tr. ferri mur.

22nd.—Pulse 101; temp. 102; slight clonic

spasms; headache; slight perspiration; complains of soreness in the bowels and tenesmus of the bladder. There were also passive delirium; vomiting, hiccough and contracted pupils.

23rd.—Pulse 92; temp. 99; vomiting; hiccough; tenesmus of the bladder; bowels acted loosely without control; pupils still contracted; patient evidently sinking; passed catheter, no urine.

24th.—Pulse 120; temp. 103; vomiting; no hiccough; sinking; appears to be somnolent and listless; unchanged in other respects.

25th.—Pulse 118; temp. 101; resp. 12; breath foetid and ammoniacal; somnolent; clonic spasms; perspired freely from diaphoretic.

26th.—Restless; delirious; lies with mouth open; answers questions with hesitation; passed catheter, no urine; condition in other respects much the same.

27th.—Pulse 116; temp. 101; resp. 8; lies in a comatose condition; took no nourishment; condition in other respects unchanged. She died at 12 o'clock at night.

The points of interest to me in this case are the following:—

1st. The sudden suppression of urine without any previous history of kidney trouble.

2nd. The length of time that the system withstood the suppression, viz., eleven days.

3rd. As to the cause, which was in all probability due to the absorption of decomposing matter in connection with the dead foetus in the womb, producing blood-poisoning. Of this, I think there can be very little doubt, as the symptoms point strongly to such a condition.

[Apropos of the above case, Dr. McLaren, of Delaware, Ont., sends us brief notes of a case recently, where a woman, æt. 51, lived for 17½ days, without passing urine, and died from uræmic poisoning. Just before this condition set in she had, for about thirty hours, suffered from an attack of hæmaturia. That ceasing, no further urine was secreted—entire suppression. The patient had been an invalid for seven years. The Dr. has promised us full notes of the case later on].—ED. LANCET.

Correspondence.

EXTRAORDINARY TESTIMONY.

To the Editor of the CANADA LANCET.

SIR,—Would you be kind enough to give your

readers a definition of what is really comprehended in a medical visit? In a recent case in the county court in this Province, one witness gave extraordinary testimony, which was published in the *Examiner* newspaper, as follows:—"I define it to be what you do after you get there; it may be to draw a tooth—it may be a case of midwifery; I would include six hours in a visit; twenty minutes or half an hour is long enough for a consultation; when one doctor sends for another, he does it to learn something or share responsibility, and has no right to be paid; but the one sent for should be paid; a doctor has no right to receive so much for removing a placenta as a case of midwifery, for removing a placenta is a minor part of it; I never charge more than a dollar for it; administering an enema is one of those things that old women do; the services performed at the house is the main consideration for making a charge." As the privileges of medical men in the courts here depend very much on the medical testimony available at the court, and finding medical jurisprudence not generally viewed by witnesses from the same standpoint, would you be kind enough to give us your experience of the practice and custom of the profession in Ontario, as well as the treatment medical men receive in the courts? I thought a medical visit included nothing more than going to the patient, making a diagnosis, and prescribing. What is your custom and practice? Does a visit include or comprehend any operation? Do your courts of justice require medical men to analyze their prescriptions item by item in proving the value of the medicines furnished, by reading each item to the judge, or would it be sufficient to call testimony, and submit the prescription, and ask the witness to prove its value? Have you a scale of fees for medical men in the Province of Ontario, and what weight does such scale of fees carry in your courts? What would you consider a reasonable fee for administering an enema? Is it customary to charge for detention, and how much per hour? Would five dollars be a reasonable fee for removing an adherent placenta in a case of abortion or premature birth?

I always thought, when a doctor took charge of a case that he could visit the patient as often as he thought proper without having fresh authority each time he visited; and that the medical man having charge of the case was allowed discretionary powers,

as his visits could not be pre-determined. The medical man is the only proper judge of the necessities of the patient, and I should think he could exercise his discretion accordingly and be entitled to his ordinary and customary fees for each visit. I have been taught that consultations were for the benefit of the patient, and consequently the patient should pay the consultant. I also thought that charges upon a physician's bill for "visits and medicines" were sufficiently specific, although the *quality* and *quantity* of the medicines be not designated.

Yours truly,

A PRACTITIONER.

P. E. Island, 27th Dec., 1883.

[An ordinary visit does not include any operative procedure except of the most trivial character. Some of our judges require medical men who supply their own medicine and thereby act as druggists, to detail every item in the bill; others do not. There is no schedule of fees for this Province, but in most of the city and district societies a regular tariff is established, and this is recognised in the courts. The usual charge for detention after the first hour, and in confinements after six hours, is from \$1 to \$4 per hour. Five dollars would be a reasonable charge for removing an adherent placenta. It is generally conceded that the attending physician is the best judge as to the number and frequency of his visits. Consultations are for the benefit of the patient, or to satisfy the whims of friends or relatives, and are always paid by the patient or his friends—never by the attending physician.]—ED. LANCET.

QUADRUPLETS.

To the Editor of the CANADA LANCET.

SIR,—I send you a few notes of a somewhat rare case of midwifery, which recently occurred in this vicinity, thinking they might be of interest to your readers.

On Dec. 17th, 1883, I saw Mrs. H. Multipara, who on Dec. 12th was delivered of four (4) living male children, one of which only lived two (2) hours. She was attended by a midwife, and I was informed that the labor was short and easy. The presentations were all "breech", and each child had a distinct and separate placenta. There was no hæmorrhage, and convalescence has been nor-

mal, with the exception of a bad back-ache, relieved by a belladonna plaster. From the appearance of the children, as well as from the mother's calculation, I judged labor had taken place at about the middle of the (8th) eighth month of gestation. The boys were small, averaging perhaps 2½ lbs., but were perfectly formed, and performed all their functions in a normal manner. On Dec. 30th, I was called to see them, and found they had taken cold, and were suffering from what was apparently bronchitis, from which they all died in less than 48 hours.

Yours truly,

G. H. COBURN.

Fredericton, N.B., Jan. 11, '83.

Reports of Societies.

ST. JOHN, N.B., MEDICAL SOCIETY.

Jan. 3rd, 1883.

Dr Hetherington reported a case of poisoning by Barbados tar. The patient, a young man of 30 years, was troubled with hemorrhoids, and on the strength of a friend's advice he purchased 4 ozs. of Barbados tar, taking a tablespoonful as a first dose; in two hours he was in the most excruciating pain from the hypogastric region down through the bowels, and continued through the thighs and legs. He described the pains as "cutting cramps"; he also vomited considerably. I watched him a very few minutes and saw that he was rapidly growing worse. I gave him ½ grain of morphia hypodermically, and in a short time he was free from pain. The next day he felt very sore and weak, but made a rapid recovery.

Dr. T. Walker reported a case of extraordinary high temperature, nine days after parturition, treated with 5 gr. doses of quinine, every 3 hours, with very satisfactory results. Dr. Musgrove thought these were not cases of puerperal fever. Dr. J. Christie treated such cases with opiates.

Dr. Musgrove showed 4 ozs. of fluid taken from a knee joint with an aspirator, at two operations, with an interval of 13 days, after which it did not return, but resulted in recovery. He approved of early removal of fluid.

Dr. Coleman showed a patient, æt 21, from whose left eye he had extracted a cataract and enucleated the stump of the right. The right eye

had been lost for 14 years. The sight of the left began to fail ten years ago, and was soon lost, probably from sympathetic iritis. In July last a downward iridectomy was done at the Massachusetts Eye Infirmary, but no improvement. As a last resort Dr. Coleman extracted the lens by the lower section. This enabled the patient to find his way indoors and about the city. About a month afterwards iridotomy was performed on the left eye with DeWecker's scissors and the right enucleated. Vision in the left eye was the same as before the iridotomy.

Dr. Coleman also showed a patient from whose left eye he had scooped out the whole contents of the sclera. It was a case of total staphyloma of the cornea from an injury. The operation consisted of abscision of the cornea by two curved incisions, which extended $\frac{1}{4}$ inch on each side into the sclera. The whole contents of the sclera were removed by lid elevator and forceps, and the aperture closed with one suture. The advantages of scooping out the sclera over enucleation, seem to be, a larger and more movable stump, less falling in of the lids, less danger of meningitis as the optic nerve is not injured, or the subvaginal space of the optic sheath opened. The operation he had not at the time seen advised, but since noticed that Dr. Williams, of Boston, recommends it in ophthalmitis.

MICHIGAN, STATE BOARD OF HEALTH.

(Reported for the Canada Lancet.)

The regular quarterly meeting of the Michigan State Board of Health was held in Lansing, Jan. 8th, 1884.

The secretary read a resumé of the work of this Board during the last quarter, which showed that successful sanitary conventions had been held at Ionia and Detroit (American Public Health Association); that a leaflet on contagious diseases had been translated into French, Danish, Norwegian and Swedish, for distribution among those who speak those languages; that a very general distribution of blanks and circulars on communicable diseases had been made to the health officers and clerks of cities, villages and townships in Michigan; that notice had been sent to health authorities in several parts of the State, warning of the shipment of diseased cattle into such localities; that the regular distribution of weekly bulletins of

sickness and of meteorology, the yearly distribution of material for meteorological reports, and the quarterly distribution of blanks to observers of diseases, had been made.

Dr. Hazlewood attended the Sanitary Convention at London, Ontario, and gave a report of the water supply of that city (London), and the Secretary, who also attended the convention, described a visit to the Asylum for the Insane near London, Ontario.

Committees were appointed to examine and report on the sanitary condition of the jails, asylums, schools, and the capital buildings in Michigan.

Dr. Kellogg presented and read portions of a very interesting report on the present knowledge respecting diphtheria, which will be published in the next annual report.

Considerable discussion occurred over the examination of text books on physiology and hygiene, with reference to alcohol and other narcotics. Only four books had been presented for examination. The committee reported relative to these books; it was directed to confer with a similar committee from the State Board of Education, and to report again at the next regular meeting. It is hoped that publishers of school books will give early attention to this subject, and that more than one book can be approved at that time.

Selected Articles.

SPINAL CURVATURE.

CLINIC BY GEO. HALLEY M.D. KANSAS CITY MEDICAL COLLEGE.

Gentlemen: Spinal curvature—I use that term in preference to spondylitis—may be divided into two great classes,—

1st. That due to organic disease, inflammatory softening of the intervertebral substances, and vertebræ.

2nd. Weakening, or paralysis of one of the lateral sets of muscles of the back.

In the first variety you will find the curvature lateral, angular, or a combination of both lateral and angular, with more or less actual shortening and ankylosis. There is a great deal of pain, and at times, particularly in the later stages of the disease, a great deal of pain from pressure, either on the intercostal nerves or on the spinal cord itself,

manifesting itself in the track of distribution of the filaments pressed on, or in the whole of the cord below the point of pressure. This softening of the intervertebral substances, or bodies of the vertebræ, is always the result of an inflammatory process of a low type, and is manifested generally by a more or less well marked rise of temperature and general subacute inflammatory symptoms.

The patient before you gives us no such history. Has had no pain in intercostal spaces nor in lower limbs. The curvature, as you see, is purely lateral. When I put my hands under the axillæ and lift up with some force, the curvature almost entirely disappears. This patient gives us no history of inflammatory softening; and there being no ankylosis and no angular curvature, we may eliminate organic changes, and, therefore, disease due to the first causes. But the patient does give us a history of chronic hydrocephalus. The head is still enormously enlarged, wearing as he does a seven-and-one-eighth hat. For a time the patient was partially paralyzed, and even now has not the same use of his left hand that he has of his right.

The patient also states that at seven years of age his head was just as large as at present. On closely examining the back I find the maximum of the curve in the dorsal region, opposite the eighth dorsal vertebra, while the compensatory curve is opposite the first lumbar. I also find by examination that the muscles of the left side, attaching the arm to the spinous processes of the vertebræ, are atrophied. He also gives us a history of partial paralysis of this left side, and states that even now there is marked inability to move the limbs on that side with the same degree of celerity that he can those on the right.

Hence, from the lack of organic diseased changes in the bones of the vertebræ or intervertebral substances, with the presence of atrophied muscles on the left side, we conclude that this is a case due to paralysis of the muscles, resulting in deformity from lack of tone on the left side. Now I do not say that weakened or paralyzed muscles may not at times—may perhaps very often—be a most important factor in the production of spinal curvature, in which the bodies of the vertebræ and intervertebral substances undergo organic change. But in this case, and perhaps in a considerable proportion of the slighter varieties of this deformity, we find the muscles, the principal, if not the sole agents in producing and keeping up this deformity, and no organic change, in the way of absorption, and perhaps ankylosis, result.

A few days ago I was consulted in regard to a case where there was very decided lateral curvature, that had existed from childhood, and was evidently the result of an infantile paralysis, with which she was afflicted when quite a child. It was apparently getting worse since she had been confined to a school-room, and taxed with severe studies; hence

the consultation, Now what will you do in such cases? What are the indications? If you follow the routine practice, you will proceed to adjust the regulation Plaster-of-Paris jacket. Now why will you *not* put it on in some others? for it is, without doubt, a most excellent method of treating a certain class of these affections. If you will for a few moments look at the etiology of this case, you will have no difficulty in answering the question intelligently. This case has no diseased bone to repair, no absorbed intervertebral substance to be restored, no inflammatory process to arrest by stopping the irritating cause. In another class of cases this practice would be highly proper, but what would we get here? Only pressure on the already paralyzed or greatly weakened muscles; whereas, what they do require is rest and restoration, by friction, *massage*, and well regulated exercise. I know of no exercise so good in this deformity as that on the horizontal turning-bar. Not for too long a time at first, not to the extent of tiring—wearing out what little strength your patient has; but enough to fully empty the vessels of the blood that is sluggishly circulating in them, as well as the lymph channels. Then let them rest in the recumbent position. Shampooing the muscles with a warm dry flannel cloth will also promote the circulation, and at the same time give tone to the muscular system.

Now if we had put on a plaster-of-Paris jacket, what would we have done? How much good would we have accomplished? We would have straightened the spinal curvature without a doubt, and kept it straight, too, while our dressing was on. But is that all we wish to accomplish in these cases? If the human body was a piece of mechanism which could be propped up at one side or pulled over on the other as occasion required, the plaster jacket would have been just the thing. But it is something more. It is a piece of organism, intended to get along without props or stays; and if you properly follow nature's methods in dealing with this frame, you will find she will generally lead you right. Your jacket, while it held the skeleton in its proper place, would not only have done nothing towards restoring the muscular disorder, but would really have made it worse, by depriving the muscles of their exercise, and impairing their nutrition by pressure, while they were really the parts that required treatment, nourishing and resting.

Now in this case we shall order more outdoor exercise, plenty of good, rich food, and last, but not least, *rest* on a good hair mattress; with *massage* of those muscles that are paralyzed or partially so. I don't pretend to know why cod liver oil does so much good in this class of cases; but I know it does. You will frequently be told, on making such a suggestion, that it is impossible for them to take it; that it always disorders their

stomach; that they can't bear the taste of that "horrid stuff." I tell you, gentlemen, after a good many years of experience, that cod-liver oil can *always* be tolerated, provided you do your whole duty as a physician. First then, see that you have a good, pure, and sweet oil, and that it *is* cod-liver oil; for it is not always cod-liver oil that is sold as such. Nor is all that *is* cod-liver oil fit to put in your patient's stomach. Now if your patient can take it straight, with a table-spoonful of whiskey after it—all right. If the stomach revolts at it or rejects it, you may have to make an emulsion of it with Pancreatin, or a pancreatic emulsion, reducing it with the oil till it is of sufficient consistence, and then add some syrup—syrup of hypophosphites if you prefer—and you have a mixture that almost any stomach will tolerate. If you feel fearful that you may make your patient a drunkard by administering liquor in this way, let me assure you that in all my experience I have never known of such a case. I do not know why, but I suppose the oil prevents the deleterious action of the alcohol on the tissues.

Did this case present evidence of organic changes going on in the spinal column, I should at once proceed to adjust some suitable external means of support—the plaster jacket, the felt jacket, or some other means of allowing the bones and cartilages to resume their normal condition, if that were still possible; and if they had undergone such structural change as to preclude the hope of restoration, to at least secure ankylosis in the best possible position.—*Kas. City Med. Record.*

THE TREATMENT OF GUNSHOT WOUNDS.

We give herewith the following extract from a lecture delivered in Bellevue Hospital by Sir William MacCormack, of St. Thomas's Hospital, London. Speaking of the Franco-German war—he said, we had certainly a large number of operations to perform immediately, in the line of amputations and dressing fractures and wounds of all kinds, but we left all resections until a later date. Such a vast and varied experience is rarely given to any one in so brief a time, and, of course, we availed ourselves of the opportunity as well as we could. We, however, had numerous difficulties to contend with, for we were treating French soldiers who were demoralized by defeat, and, on account of the vast number of patients, they suffered for a time from inadequate nourishment and from an insufficient supply of appliances necessary for all. It was only for a short time, however, that we were thus embarrassed, for soon large extra supplies were forwarded to us. Yet at that time we did not have the advantages of the antiseptic methods of treatment which have since effected such favorable

results, and it was quite distressing to see, in spite of all our care, our patients, with wounds and compound fractures, die of blood-poisoning or erysipelas, which spread from one to another.

I said that we left our resections for a later day. I agree with Von Langenbeck that we should be very careful how we perform resections as primary operations under such circumstances. Primary resections are not satisfactory, or favorable to life, and I think they are infinitely risky. These late resections then performed were many of them on soldiers who were soon after sent away, and they could not be all followed up, but very satisfactory results were sometimes obtained. There are many reasons why such operations as resections should be performed late, after the primary inflammation has subsided, for, after that time, those cases in which amputation should be performed have been selected out, and, besides, the numerous small pieces of bone which are always found in comminuted fractures about the joints have become separated and have disappeared in the discharges, so that the amount of bone that can be saved may then be determined more accurately. A fracture made by a gunshot wound is almost always a comminuted fracture, and later on you can always ascertain the limitations of the diseased process more accurately than at first. We can however, here perform partial operations immediately, and I think that recent experience has clearly shown that these partial operations are not only less dangerous than primary resections, but that they are often followed by more satisfactory final results. Later on, the periosteum about the fractured bones becomes thickened and tough, and rapidly produces new bony tissue, while in the early period the periosteum over a newly fractured adult bone is especially thin and easily torn, besides which it possesses very little osteogenetic power. For these reasons I think that resections are more wisely performed at a late period. * *

I think, then, that I have shown you, in the first place, that operations of this kind—namely, resections—had better be performed in the secondary period, that they had better be partial if possible, and that certain joints, viz., wrist, ankle, elbow and shoulder joint, are more fitted for operations of this character than others.

Now, another thing which I think I have learned, and desire to teach you, is to avoid probing gunshot wounds altogether, or as far as possible. I have seen great harm come from this practice, and the fact cannot be too strongly impressed upon you that the bullet itself is of very little importance in these cases. I know that nearly always the first thing that a patient who has been wounded will ask the surgeon is, "Where is the bullet lodged?" and then he will expect to be relieved by its removal. I think that under these circumstances the surgeon is too often apt to be so inconsiderate as to try to

please the patient and accede to his wish. Any one who has had much experience with gunshot wounds knows how easy it is to fail in finding the ball, and how difficult it often is to distinguish by the probe between a piece of lead and an exposed surface of bone, or a piece of fascia or a tendon; and in such cases, if he does not succeed in finding the bullet with the probe, he is very apt to search for it with his finger; then he tries with one forceps and then another to extract it, and in this way septic matter is almost necessarily introduced, so that a wound of a joint which might otherwise have healed perfectly without a particle of suppuration is doomed to suppurate, and possibly the whole limb will in consequence be lost. Besides, experience shows constantly how frequently bullets become lodged in muscles, bones, or some of the viscera, and there become encapsulated and never cause further trouble. The point I wish to insist upon is, that there is infinitely more danger created by the surgeon who attempts to search for and extract a bullet than would result from leaving half-a-dozen bullets to take care of themselves. In all the pathological museums throughout the world may be seen specimens of bullets lodged in lungs, liver, brain, and bones, where they had remained imbedded for years without impairing the functions of these organs. At the museum in Washington I recently saw a specimen from a man who had received a gunshot which had fractured the upper part of the tibia, and the bullet appeared to have lodged just below the cartilaginous surface of the lower end of the femur. The surgeon who had attended him at the time of the injury had thought that there was not a wound of the joint, and so had not operated, but had left it alone. The man lived for years afterward, and after his death this specimen of the bones was brought to the museum at Washington; it was found then that the bullet had caused no injury to the joint at all, and it had not troubled the man for years. I wish by this recital to impress upon you the point that bullets left to themselves are not such dangerous things as they are generally supposed to be. In the recent Turkish and Russian war there was also a strong practical illustration of the value of this let-alone policy. A very distinguished surgeon and a noted professor, both in Berlin and in St. Petersburg, introduced into the hospital the plan of treating all wounds antiseptically, and he had to deal with a great many penetrating wounds of the knee. These he treated by not searching in the tract of the wound with instruments, but he immediately put them up in antiseptic dressings and kept the limb immovable. I quote from memory when I say that nineteen out of twenty-one recovered, not with stiff joints at all, but with movable joints. If you can trust to the evidence of such a series of cases as that, coupled with what I have heard Von Langenbeck say—that he did not believe that a single case of a wound of

the knee joint in the whole Franco-German war recovered—you can see clearly what striking advances have been made recently in the treatment of gunshot wounds. Another thing told me by a surgeon of distinction who has had much experience in several wars in the past few years, was that he never interfered with or probed a gunshot wound of the knee, and his published reports show that the results of these fractures in his hands have been infinitely better than those of any other surgeon. This is another illustration of the importance of avoiding all interference with gunshot wounds. Professor Esmarch, of Kiel, whose reputation you all know, preaches from the text, "don't injure" or "don't do damage," and refers to the interference with gunshot wounds; and I think that I have now said something to show you the importance of such a maxim.—*Gaillard's Journal.*

REMARKABLE CASE IN OBSTETRICS.

The following remarkable case of obstetrics is reported by T. A. Rodger, in the November issue of the *Canada Medical Record*.—

The patient, aged 32 years, was pregnant for the fourth time. I was present at the birth of all the former children, and found nothing unusual. The history of the case, which is brief, is as follows:—On the morning of the 10th of October I was requested to visit a Mrs. L., whom it was said had been ill all night with great difficulty of breathing. I found the patient in bed, half sitting, half reclining on her side, and propped up with pillows. Her countenance was somewhat anxious, face slightly livid, eyes staring, breathing very hurried and short, and complaining of great tightness about the chest and abdomen, with a sense of suffocation. This being my first visit to this patient at this time, and not thinking that she was pregnant, I at once examined her chest; found heart and lungs normal, but was struck with the size of the abdomen. Her feet and legs were somewhat œdematous, but no great amount of swelling at the vulva. There had been slight pains at long intervals all night, but the patient said "not like labor pains," though she thought that she ought to have been confined some time during the month of September, having, as far as she could recollect, menstruated for the last time about the beginning of the year.

The size of the abdomen being so much out of proportion to anything I had ever witnessed before, I began questioning as to her condition for some time back. She told me that nothing out of the way was noticeable in the size of her abdomen until between the sixth and seventh month; that never at any time could she say that she felt any distinct movement of the child, such as experienced with her other children; that she had suffered considerably at different times from irri-

tability of the stomach, in fact, had often great difficulty in retaining food. A vaginal examination revealed the os to be high up, dilated about an inch, edges tense but thin, membranes entire, but no presentation could now be felt. Examination of the abdomen gave dulness on percussion throughout; no movement or outline of the foetus could be made out, and by auscultation could not get either heart sounds or placental bruit. Through the assistance of the friends present I changed the position of the patient to one which I thought more favorable, or which might assist me in detecting a presentation, but all without any effect whatever.

The distress of the patient being so great I felt that some measures would require to be adopted at once for relief, so I gently dilated the os until I succeeded in passing the greater portion of my four fingers within the uterus, taking care at this point not to tear the membranes, still no foetus could be felt. Satisfying myself as to the tough-



ness of the membrane, I passed my whole hand between the latter and the walls of the uterus and endeavored to rupture the membranes with my fingers, but failed. Without withdrawing my hand, I passed, with the left, a knitting-needle, when the rush of water was tremendous.

Continuing my search for the child, my arm acting as a plug in the vagina, I could find nothing in the uterus proper, having passed my hand all around the walls; but, at the fundus, I felt a circular opening about the size of a silver dollar, edges somewhat thick, and unyielding to ordinary force by the fingers. Passed my forefinger through the new opening, touched the mouth, nose and eyes of the child; then gradually succeeded in getting in a second finger when no forehead could be felt, in fact, no head.

With the gradual escape of some portion of the

amniotic fluid, I found that I could use more force with my fingers in dilating, due to this second uterus, if I may so call it, being brought near to my hand. Owing to the alarming condition of the patient at this point, and fearing delay might not serve any good purpose, especially if the escape of the amniotic fluid was permitted, there being a possibility of collapse, I determined at once upon version and set to work to force my hand into the interior. After considerable resistance had been overcome, both feet of the foetus were grasped, completing the delivery of a still-born acephalic male child, weighing about six pounds. Fluid extract was given to ensure uterine contraction, and after delay of a short time the placenta came away by gentle traction with the hand, followed by slight hæmorrhage. The woman was not in a condition to warrant further interference, otherwise I should have liked to have passed my hand and further investigated the interior of the uterus, but feared that possibly such procedure might be attended with bad results.

This is now the 16th day since the patient was confined, and I may state that she is doing well, no bad symptoms having appeared, so far, in the case.

HINTS TO MEDICAL EXAMINERS FOR LIFE ASSURANCE.

We have great pleasure in drawing attention to the following very useful suggestions for the guidance of medical examiners of lives for assurance societies. They seem to us to go straight to the root of the matter, and to enforce the consideration of points not usually engaging attention. They are hints thrown out by no less an authority than Mr. Smee, medical adviser and director of the Gresham Society:—

“A great deal of trouble and annoyance is caused by the sending up of proposal forms imperfectly filled. Sometimes they do not state clearly the occupation or the cause of death of near relatives. Now, it is impossible for the medical officers of a society to assess a life if they do not know the cause of relatives' death. With regard to the question of intemperance, too, the agents should see that the paper is strictly and clearly filled up; also in the agents' reports which are sent up, and which are confidential, they should state clearly the object of the assurer, and especially in the case of female lives. Persons who have suffered from epilepsy, paralysis, apoplexy, cancer, stricture, or stone, must not be medically examined without orders from the head office. No person who has had delirium tremens, who has been intemperate, nor even the reformed drunkard, would the Society accept on any terms. Proposals from persons who are ruptured, who have suffered from gout, rheu-

matic fever, bronchitis, slight asthma, pleurisy, congestion or inflammation of the lungs, varicose veins, eczema or other skin disease, or congenital defect or deformity, or from persons engaged in the occupation of licensed victuallers or in the wine and spirit trade, can only be accepted if strictly healthy, under an endowment assurance tariff, or with an extra rate of premium. To the clerk, master mariner, and the classes who depend upon their exertions for a livelihood, I know of no form of investment equal to an endowment policy; it provides in case of premature death a provision for the family. At the age of sixty a man gets enfeebled in health, and his power of earning is diminished, his premiums cease, and in lieu he receives a lump sum as the result of his savings. Proposals on the lives of persons whose parents have died under sixty years of age must be regarded, even if healthy, as lives not of the first-class; for example, there is one of our noble families in which during the present century no member has reached the age of sixty-five, which must be regarded therefore as what is technically termed the perishing point of that particular family."

No words of ours are needed to strengthen the force of these remarks and suggestions.—*Lancet*.

COMPOUND ARTICULAR FRACTURE.— STIMSON.

In a paper read before the New York Surgical Society, and reported in the *Annals of Anatomy and Surgery*, Nov. 1883, Dr. Lewis Stimson reported three cases of fracture, with the object of drawing attention not to those extensive injuries, in which the question lies between excision and amputation, but to those lesser ones, in which, the injury to the bone and soft parts being comparatively slight, the main feature is the implication of the joint, and the therapeutical problem is how best to avoid dangerous suppuration within it. The first case is one of simple dislocation backward at the right elbow of both bones of the forearm, in a man aged 28. The dislocation having been easily reduced after the administration of ether, a movable hard body, about half an inch in length, was found lying under the skin on the outer side of the joint between the head of the radius and the olecranon, which was judged to be the inner portion of the head of the radius broken off when the bone had been forced backward past the condyle. Believing that this fragment, if left in place, or even if it could be restored to its proper place, would interfere very seriously with the subsequent mobility of the joint, Dr. Stimson at once made an incision and removed it. The joint was washed out with a 1 to 40 solution of carbolic acid, a short drainage tube was inserted, and a gauze dressing applied. The patient did well until

the ninth day, when the temperature rose to 103°, and the joint became painful. Two days later, there was a discharge of pus from the wound. During the next four weeks, there was suppuration around the joint and burrowing of pus. The case ended satisfactorily. The joint remained very stiff for some time, but ultimately the man resumed work as a driver; and when he was seen again twelve months after the date of his accident, the arm was found to be strong and serviceable. Flexion and extension at the elbow were almost complete, but rotation of the arm was entirely lost. The subject of the second case, a man 22 years old, was treated for compound fracture of the left patella. The bone was broken transversely a little below its centre, without comminution, and the fracture communicated freely with a clean-cut transverse wound one inch and a quarter in length, lying directly over it. On the second day Dr. Stimson enlarged the wound, washed out the knee-joint with a 1 to 20 solution of carbolic acid, passed a drainage tube into the joint on each side through an opening made at about the centre of each lateral aspect, brought the fragments of bone together with a silver wire suture, the loop of which included all the soft parts except the skin in front, closed the wound with sutures, and applied a gauze dressing. Much suppuration followed in this case; and the fragments of the patella, it is stated, became united by a fibrous band about one-fourth of an inch long. The movements of the joint were much restricted, but at the time of his discharge, about nine weeks from the date of injury, the patient was able to walk without a crutch, and could flex the knee to an extent of ten degrees without feeling pain. In the third case the patient, a man 47 years old, came under the care of Dr. Stimson with a compound fracture of the left ankle. The left fibula was broken at a point about three inches above the top of its malleolus; the inner malleolus was broken off at its base, and this fracture communicated with a transverse wound of the skin directly over it, through which blood flowed freely. A small piece of bone which lay in the wound was removed. The surface of the limb at the seat of injury was washed with the carbolic acid solution, but the wound was not injected. Gauze dressings were applied with lateral splints. On the third day a plaster-of-Paris splint was applied. The patient, who presented at first some symptoms of alcoholism, ultimately did well; and after an interval of two months and a half, the joint was freely movable and painless.

In his comments on these cases Dr. Stimson concludes with the following statement. "Of these three cases, the one that did best was the one that was least interfered with (it was also that in which the injury was least, but the difference in this respect was not great enough, I think, to account for the difference in the results); and I find in this

fact, and in the fundamental success obtained in all, ground for the belief that confidence in modern methods of treating wounds should incline the surgeon rather towards absolute conservatism than towards operative interference; that in cleanliness, drainage and rest, we have agents efficient in themselves to avert inflammation of the joint, or, failing that, to keep the inflammation within such limits that the risks of an operation, if it should become necessary, are not materially increased; that the safeguards now possessed against the occurrence of formidable complications of wounds should give confidence to expect the comfortable healing of wounds accidentally inflicted, rather than stimulate to the voluntary creation of new ones; and that the broad rules of treatment such as those under consideration should be to avoid excision except when it is clearly indicated by the extent of the injury, the difficulty of establishing drainage, or by an economical reason arising from the function of the joint involved and the social condition of the patient that may make mobility, even if combined with some insecurity, preferable to ankylosis."—*Lon. Med. Record.*

TREATMENT OF EPILEPSY.—CLINIC BY PROF. PEPPER.

Gentlemen,—I shall to-day call your attention to two men, who are suffering from epilepsy.

This young man, a native of England, was healthy up to the age of four years, when he suddenly lost consciousness and fell over, while sitting at the table. One year afterward, the convulsion returned, and from this time he has been the prey of epileptic seizures, occurring at varying intervals. This is a bad case. It has been noted that he has had as many as one hundred and twenty convulsions in twenty-four hours. He states that when fourteen years old he fell into a trance, lasting for two or three days. After this he enjoyed freedom from the epileptic attacks for two or three years. About five years ago hemiplegia of the left side came on. This has gradually improved, but the arm and leg are still paralyzed to a certain extent. In walking, he drags his leg in a clumsy way, after the fashion of an old hemiplegic. The muscles of the shoulder and arm still retain some power, but the flexor and extensor muscles of the hand are almost completely paralyzed.

The attacks are somewhat controlled by bromide of potassium and hydrobromic acid. He thinks that he has been improved by treatment. His memory has become much weakened, and all his statements must be taken with a certain degree of allowance. There is no evidence of fracture of the skull and no history of his having received such an injury. The attacks are of the character of ordinary epileptic fits.

This second man is a machinist. He never had a fit until he was thirty-three years old. It came on suddenly, while he was at work. This man's memory appears to be good, so that we can depend on his statements. The attacks recurred at first at intervals of two or three weeks. Under treatment they became less frequent, but when treatment was stopped they increased in frequency. He has gone as long as four months without an attack, but they have never been entirely arrested. Immediately after the attack he passed into a state of mania, lasting from fifteen to thirty minutes.

Among the predisposing causes, inheritance is a powerful one. When a child comes of a family of strongly marked nervous temperament, if several members of the family have exhibited symptoms of nervous disturbance, and if the child began at an early age to show a tendency to irregular nervous manifestations, the probability is that there is such a profound morbid tendency of the nervous system, that no effort will control or eradicate it. Another predisposing cause is long continued exhausting illness. This may excite a tendency to convulsions at any age. A short time ago, a lady consulted me, and gave the following history: she had been perfectly well up to five years ago, when she had a very severe attack of typhoid fever. This was complicated with hemorrhages, phlegmasia alba dolens of both legs, and relapses of fever, keeping her in bed for four months. After this passed away, and after she began to go about, she had a convulsion following some unusual exertion. For three years convulsions of an epileptic character continued, recurring at varying intervals, sometimes as frequently as twice a week, and at times being so severe as to require the strength of two persons to restrain her. Gradually, as her health improved, the attacks became less severe and less frequent. For the last six or eight months she has had no general convulsion, but has had periods of momentary oblivion, attended with severe pain in the region of the heart. She is evidently outgrowing the convulsive tendency, which was called into activity by the violent attack of typhoid fever. Last week I saw in consultation a case of the same character; a case of typhoid fever with severe hemorrhages, leaving the patient in a state of the greatest debility. After the fever had subsided, the patient had a severe convulsive attack. Unless great care is taken I have no doubt the convulsive tendency will show itself in that patient just as it did in the woman to whom I have referred. Where there has been no inherited tendency, and where the child has not shown a disposition to convulsions, these attacks after protracted disease are not of so unfavourable omen, as where they come on in consequence of constitutional tendency.

I need not say to you that accidents in childhood often produce this tendency. It is exceedingly difficult to make the prognosis in such cases.

Children so frequently meet with accidents, that it is exceeding difficult to say whether the convulsions have resulted from a blow, or whether the child has an inherited tendency which is just showing itself. Still you will be pressed for an opinion by the parents. If there is any actual injury, such as a depressed fracture, or if the accident were followed by unconsciousness or paralysis, or mental affection, showing that the cortex of the brain had been involved, you will have no hesitation in expressing the opinion that some injury has been done, and according to the seriousness of the injury and its curable character, will be the prognosis. More frequently, however, you will be forced to conclude that the shock to the nervous system has excited the convulsions. If the injury has been slight, the prognosis is bad, but if the injury has been severe the prognosis is more favorable. If there is evidence of permanent injury to the brain, the prognosis is of course unfavorable. In the case of this boy, I cannot say whether or not he has had a hurt, but we have in the hemiplegia evidence of serious intra-cranial disease. There has been in all probability, a lesion either in the corpus striatum or in the cortical centres corresponding to the muscles of the left side, which has left behind it a loss of substance and a cicatricial condition of the brain itself which is incurable. I should, therefore, in this case, have no hope of eradicating the tendency to convulsions. It will be kept up perpetually by the organic lesion of the brain which exists.

A short time ago I showed the results of a post mortem in the case of a physician who many years ago was thrown from his buggy, his head striking against a tree, causing a depressed fracture of the internal table of the frontal bone over the right eye. He immediately had coma, which lasted two or three days. He recovered, and was apparently perfectly well from 1860, when the accident occurred, until 1881. He served in the army during 1881, and reached the rank of full surgeon. After leaving the army, he settled in a southern town, built up a good practice, and laid by some money. He then moved North, buying a good practice in one of the towns of Pennsylvania. In 1881 he began having convulsions of intense severity, recurring at long intervals. When the case came under my observation, some eighteen months ago, it gave rise to some embarrassing questions. Had there been an injury to the bone so long as twenty years previously, which had remained dormant, and was there now developing some slow lesion near the seat of injury, the result of this hurt; or had the shock to the nervous system, causing the coma and unconsciousness, left no serious lesion, but now, in consequence of overwork and depressing influences, had there been a revival of this tendency without actual disease, and should we trephine this man or not? For a time

we decided not to trephine, but the convulsions continuing, we did trephine, but it did no good; the convulsions continued, and the man died. The autopsy revealed an abscess in the anterior lobe of the right hemisphere, with a secondary abscess in the anterior lobe of the left side. There can be little doubt that a slow, irritative lesion had existed during all these years, and the brain had become habituated to its presence; and it was not until a large area of the brain became involved, that the system responded to its influence and convulsions made their appearance.

In children with convulsions, where there is a history of an injury with perhaps some lesion of the head, you will often find it difficult to decide whether or not any operative interference should be adopted. Usually you will find that you cannot decide upon having the head trephined. Yet I am satisfied that we ought to trephine the head for epilepsy more frequently than we do. Whether there is a lesion of the cranial walls, although there may be no depressed fracture, where there is possibly some lesion of the membranes, and where the convulsions cannot be controlled, my judgment would be strongly in favor of trephining. I have seen some most excellent results follow this treatment. The lives of these patients are so sad and so sadden the lives of those around them, that although we may to a certain extent control the attacks, yet this is not very satisfactory, and therefore the chance of obtaining a radical cure is worth a good deal of risk.

Another and extremely difficult question comes up in the treatment of young children, such as this lad was fifteen years ago, and that is the question of intellectual development and training. A child of five or six is attacked with epilepsy. Such children are often among the brightest and most intelligent, and frequently are even precocious in their intellectual development. Yet it is clear that if the brain becomes excited by study, too much reading, or violent play, the convulsions will become more severe and frequent. In presenting this question to parents, they have argued that it was better to allow the child to continue at school or if allowed to grow up ignorant, and without mental training, he would, if shut out from the world by reason of his disease, be unable to occupy his mind, and might readily fall into vicious habits; and if the attacks should be relieved he would, in consequence of his want of education, be unable to take his place in life. Therefore they have argued that it was better to take the chances of keeping up the disease than to allow the child to grow up in ignorance. To decide how far we should interfere with intellectual work, and how far the advantages of such interference counterbalances its disadvantages, is one of the most difficult to solve. My own judgment is decidedly against allowing these children to study or go to

school. If taught, they should be taught at home, and emulation, ambition, and excitement of every kind should be studiously avoided. They should be taught, as far as it is proper to teach them, at home and not in schools. Specious as are the arguments pressed upon you by the parents against this plan, the results of yielding are usually bad. Epilepsy, even when taken at the earliest period, is not a disease which in my experience has been cured by drugs alone. It has been by the regulation of diet, regimen, and hygiene, and secondarily by drugs. But allowing the child to go to school, and when the convulsions become more frequent, increasing the dose of bromide of potassium, and when that loses its effect, changing to bromide of calcium, bromide of lithium, or hydrobromic acid, can have only one ending—and that is the enfeeblement of the whole nature of the patient, mental, moral, and physical, and the settling upon him of a hopeless bromide habit, without eradicating the epilepsy. There are some few cases in which a radical cure can be effected by drugs. There is a larger number of cases where with proper hygiene and the continued use of suitable remedies, the disease can be kept in check indefinitely. There is a still larger number of cases, and this may be said of almost all cases, in which if you depend upon drugs alone, and do not pay the first and closest attention to the regulation of every point of the daily life, you will find that the case goes from bad to worse, and that the effect of the drugs has been bad, without influencing the disease. There is an enormous amount of damage done by the way in which bromides are used in convulsive affections.

I should regulate the life of such a child in the following way:—Go to bed at seven o'clock and lie in bed till eleven o'clock in the morning; take a walk, come in and study, dine; after dinner, play, or walk again, then rest, and retire at the hour mentioned. Sometimes this can be carried out; at other times the child is so restless that any attempt to enforce such rules will do more harm than good. Where the child can be restrained, I regard prolonged rest in bed as one of the most useful adjuncts to the treatment of juvenile epilepsy. I have seen remarkable results follow this line of treatment. I recall a case in which I suppose a cure has been effected, for it has been a year since the child has had a convulsion. The patient was a boy, born of nervous parents, a boy of brilliant intellect, and ambitious in every way. He had convulsions while teething, and at the beginning of an attack of scarlet fever, when three years of age. He had grown well and appeared perfectly healthy up to the age of eight, when the epileptic attacks made their appearance. They proved obstinate and violent. He was removed from school and sent to a farm, allowed to play out-of-doors, and took bromides in moderation. The convulsions

soon stopped, and for six or seven months he was free from them. He was regarded as cured, came home, went to school, and the same thing happened again. The fits proved intractable. They became severe, and recurred with increasing frequency. He was again sent to the country, but this did no good. I decided to adopt more radical measures. I persuaded him to go to bed, and kept him in bed for three months constantly. During this time he took regular doses of the bromides, and his diet was regulated with extreme care. The convulsions occurred less and less frequently, and finally stopped entirely, and he had none for several weeks. He was then allowed to get up for an hour each day. The length of time out of bed was gradually increased until he returned to his ordinary mode of life. He has not yet been allowed to return to school. I have seen this same result in many other cases.—*Med. and Surg. Reporter.*

NEW METHOD OF TREATING DEEP-SEATED TUMORS.

There are certain varieties of tumors which frequently make their appearance in the neck, and bear such a relation to the deep blood-vessels that removal by extirpation is too hazardous to be undertaken—tumors which are benign in character, yet endanger the health of persons afflicted with them by the pressure which they make upon surrounding parts. Some of the tumors found in the parotid region are of this benign character but become dangerous to health through the pressure they exert upon the nerves of the region, and through the interference, which they cause with the free movement of the lower jaw. All of the tumors of deep origin in the neck are difficult of removal, and attempts at this procedure are often followed by fatal hæmorrhage or equally fatal phlebitis. Any method of treatment which avoids these unhappy contingencies and promises arrest of growth or complete destruction of the tumors, will be the accomplishment of a great desideratum. In this connection I desire to relate the case of Mrs. L., who consulted me for the cure of a tumor of the parotid region, which first appeared as a small lump beneath, and a little anterior to the ear, some fifteen years ago. She is 37 years of age, of previous good health, sound family history and mother of several healthy children, the youngest three months old. The tumor had attained the size of a goose egg, was of irregular contour, not freely movable and appeared to involve the whole parotid gland. The facial nerve had been paralyzed by the unyielding pressure for several months, during which time she had endured unmitigated pain. The jaws could be separated just barely enough to admit the handle of a spoon. The growth had never been especially rapid, but had

increased gradually from the commencement, years ago. Her sufferings were now so intense that she felt they could no longer be endured and consequently she urged to have the tumor removed. With this object in view I put her under the influence of ether and with the assistance of Dr. Chaney and students Babcock and Collar, proceeded to operate as follows: An incision was made just in front of the ear from a point about one inch above the external auditory meatus, and carried downwards in the neck parallel with the anterior margin of the sterno-cleido-mastoid muscles to the external jugular vein. This wound was deepened to thoroughly expose the more superficial part of the tumor. Then with the handle of the scalpel and my fingers, the deeper parts were separated from the surrounding tissues until the base was reached; the external carotid artery was found to pass through the tumor behind the angle of the inferior maxillary bone, at which point there was a considerable constriction of the growth, apparently to accommodate the limited movement of that bone. Stout ligatures were passed about the artery at that point; and also about the constriction. Exploring deeper with fingers and scalpel the base of tumor was found prolonged beneath the base of the skull, and having such a relation to the internal jugular vein that that vessel would require ligation near its origin if further steps at its removal were undertaken. This latter procedure I did not deem it advisable to execute in view of the great danger from excessive hemorrhage or from phlebitis. Accordingly I abandoned the original purpose of the operation and amputated that portion of the tumor which had been isolated by the strong ligature passed about the constriction, introduced a drainage tube into the deep sulcus which I had excavated around the tumor, and brought the external wound together with interrupted sutures. The patient has enjoyed, since the operation, five weeks ago, complete relief from pain, and the tumor has entirely disappeared.

It is apparent that the attempts at isolation of the tumor made in this case must have destroyed all vascular parts passing into the capsule excepting those which enter from the base and are intimately associated with the deep vessels of the neck. Now, the point is that such interference with the vascular supply of these tumours will check their growth and may in some instances occasion their complete destruction. A sufficient supply of blood is maintained through the deep adhesions of the tumor to prevent gangrene and the consequent danger of septicemia, but not enough to maintain the rapid growth which may be expected when these tumors pursue their natural course.

Nussbaum, the experienced Bavarian surgeon, has advocated this method of treatment. It is said that in his hands it has proved a most gratifying success. In the present case the nutrition of the

tumor ceased from the day of operation. The color gradually changed from a pale pink to a dull white; and ten days after the operation, was easily removed from the wound with dressing forceps. As a dressing for the wound to guard against septic infection, a solution of boracic acid $\frac{3}{4}$ j, corrosive sublimate gr. j. in pure water Oij. was douched into it twice daily. There was very little constitutional disturbances following the operation. On the third day the patient resumed the care of her nursing infant and assumed light household duties. Four weeks after the operation she had so far recovered health and strength as to be able to journey by rail to her home, eighty miles from Detroit. The results of operations for the removal of tumors of deep origin in the neck have not been satisfactory in the hands of the average surgeon, nor have his more distinguished colleagues succeeded better, but, I cannot but believe that the method resorted to in the above case admits a wider range of application, and may some day prove useful in the treatment of tumors of the thyroid gland. It is certainly as rational a method for such tumors as is extirpation of the uterine appendages for the cure of uterine myoma. The principle involved is impairment of nutrition by destruction of vascular supply.—*Dr. Wyman, Med. Age.*

ANTISEPTIC SURGERY AT BELLEVUE HOSPITAL.

Whether a surgeon believe in the germ theory or not, is a matter of little practical importance; but certain facts which are pertinent to the subject of germ development must be accepted by all. The discharges from wounds contain nutritious material for bacteria of different forms, and these bacteria rapidly avail themselves of the opportunity to propagate their kind whenever they are not prevented from doing so. The products of the decomposition caused by their growth are irritating to a wound, and change the natural order of reparative processes, to say nothing of the probability that special bacteria provoke particular forms of inflammation.

Any one can see bacteria w.h.o will take the trouble to look at them, and any one can appreciate the harmful influence of their presence in a wound if he will compare a wound containing many of them with a wound in which few have been allowed to enter. We are possessed of the means for restraining the development of bacteria, and whoever fails to gain this end fails to avail himself of the proper opportunities for making an aggression against the entrance of bacteria into a wound.

If the surgeon be perfectly familiar with the nature of fermentation processes, it is still no easy matter for him to take the necessary precautions for preventing them, and the most rigid following-out of the technique in his methods is required to

insure success. Success is sure to follow strict antiseptic precautions, but it must be remembered that bacteria will crawl into the spigot if the bung alone be stopped.

Probably no better place than Bellevue Hospital can be found for comparing the benefits of antiseptic measures with the results of ordinary wound treatment, and in the wards where the details for keeping wounds in an aseptic condition have been carefully studied most gratifying results have been obtained. It is a common thing for very bad compound fractures and the largest of operation wounds to heal under one or two dressings, and such dressings remain perfectly sweet for three or four weeks at a time, so that there is no necessity for the surgeon disturbing them in any way. The patient, instead of having his wounds dressed every day or two while profuse suppuration is draining away his strength, quietly reads his paper and peacefully chews his tobacco while the surgeon passes through the ward and glances at the temperature chart at the head of the bed. In the wards in question pyæmia and septicæmia are unheard-of diseases, and foul, purulent wounds are entirely out of date. Primary union is by far the commonest method of repair, and in granulating wounds the discharge is so small in quantity that it seldom appears through the permanent dressings.

Various methods and different kinds of antiseptic dressings are employed in the different divisions, but the commonest antiseptic solutions are of carbolic acid, bichloride of mercury, salicylic and boracic acids. Iodoform is in constant use. Carbolized gauze, borated cotton, or prepared peat, form the larger part of the bulky dressings. Ligatures are carefully prepared before being used, and so are drainage-tubes and protection silk. The solutions of carbolic acid are aqueous ones, and in the proportions of one part to twenty, one part to thirty, or one part to forty of water. Bichloride of mercury is diluted with from one thousand to five thousand parts of water. Salicylic and boracic acids are usually combined in the proportion of one part of the former to six parts of the latter, and these are dissolved in five hundred parts of water. In some of the wards the orderlies and nurses are given written directions, and the following is a copy of these :

"I. No one shall touch a wound, or the vicinity of a wound, unless his hands are thoroughly carbolized.

"II. No material shall be allowed to touch a wound, or the vicinity of a wound, unless it has been antiseptically prepared.

"III. No sponge shall be employed about a wound unless the sponge has been antiseptically prepared.

"IV. No prepared sponge shall be used after it has come in contact with any substance which has not been rendered aseptic.

"V. Sponges are not to be touched by any person whose hands are not carbolized

"VI. Sponges employed are not to be used at more than one operation.

"VII. During an operation sponges that are bloody are to be washed in a solution of carbolic acid (1 to 40), and by a person whose hands are carbolized.

"VIII. Protective silk and rubber drainage-tubes are to be kept in bottles filled with carbolic acid solution (1 to 40), and these articles are to be removed by the senior or junior assistants only.

"IX. All material for dressings is to be kept in a perfectly clean place, and the material shall be handled only by carbolized hands.

"X. Dressings are to be made up by such persons only as have carbolized hands.

"XI. Dressings are to be prepared on clean towels and must not touch surrounding objects.

"XII. Instruments are to be kept in carbolic acid solution during an operation, and are to be handled by aseptic hands only."

In giving a description of the routine which would be followed in an operation, it is perhaps best to select some particular case. Let us suppose, for instance, that a man who has suffered a compound fracture of the patella has just been brought in. The patient having been undressed is placed upon a table, which is covered with a rubber blanket and which slopes downward from the end where his head lies. The blanket is gathered at the lower end of the table so that irrigating fluids may run into a pail placed for their reception. Above the table is suspended a large pail which contains any one of the antiseptic solutions which the surgeon may prefer, and descending from it is a long rubber tube supplied with a sprinkling nozzle and stopcock. The injured knee is now scrubbed with soapsuds and the hairs in the vicinity are shaved off with a sharp scalpel or razor. The knee and the leg above and below are washed with strong carbolic acid solution, and towels which have been wet with the same are placed in every direction about the limb, leaving exposed only that portion which immediately concerns the operator. One assistant is to share the work of the operating surgeon, another handles instruments, and another manages the irrigator. The nurses handle the sponges which are being used by the surgeons, and all parties, with the exception of the one who gives the anæsthetic, have rendered their hands aseptic. The operator now makes an incision which opens up the knee-joint widely and exposes the fragments of the patella. The fluid from the irrigator is thrown in jets over the wound and all clots are washed away. Bleeding vessels are attended to, and the fragments of bone trimmed so that they be readily approximated, and at frequent intervals the irrigator is made to play over the exposed parts. The patella having been firmly

wired with strong silver wire, the soft parts are brought into place and sutured with catgut, each structure being separately sutured. A drainage-tube has been inserted through a counter-opening at the most dependent part of the synovial sac, and everything is ready for the dressings. Iodoform is first sprinkled over the wound, and then strips of protective silk are laid upon the sutured line of incision. Wads of loose carbolized gauze are placed about the knee to allow of free percolation of discharges, and over all a bulky dressing of borated cotton, between layers of carbolized gauze, is bandaged with a carbolized roller bandage. Any splint which the surgeon may prefer is then applied, and the patient placed in bed. If serum appears through the dressings afterward, iodoform is sprinkled over the part and an additional wad of borated cotton bandaged on. Should the surgeon wish to change the dressing an irrigator is employed for sprinkling the knee while this is being done. If absorbable drainage-tubes have been used the dressings will probably not be changed for several weeks; but if the drainage-tubes be of rubber they would be removed at the end of ten days.

A patient treated in the manner described would probably not have at any time a temperature much above normal, and it is a common thing for all of the vital signs to remain normal after the first day or two. In case the temperature should run up to 102° F., a change of dressings and a purge would be indicated.

After the patient has remained quiet long enough for reparative processes to be completed the dressings are removed, and the surgeon has only to begin passive motion for the completion of his restorative measures — *Med. Record*.

RODENT ULCER AND EPITHELIOMA.—Dr. Hume (*Brit. Med. Jour.*, Jan. 5, '84) says: The only conclusion which seems to be borne out by all the facts, both pathological and clinical, is that rodent ulcer is a form of epithelial cancer which begins in the external root-sheath of the follicles and in the sebaceous glands. It is of the same essential nature, therefore, as epithelioma; but it differs pathologically in the mode of development of its cell-growth, just as it differs clinically in the absence of gland-infection and in its slight general malignancy.

Some explanation of these clinical differences may be found in the character of the cell-growth in the two diseases. In epithelioma, there is a marked tendency to an unrestrained cell-infiltration of surrounding structures, so that infection of the lymphatic system readily occurs. The cell-growth of rodent ulcer, on the other hand, is in the form of isolated masses which, originating in the follicles and sebaceous glands, are, at least for

some time, restrained by the firm fibrous sheaths of these structures. The tendency of these masses is, therefore, to cause, by their pressure on the tissues, a persistent ulceration in which they, as well as the tissues, perish. But because this local destruction takes place rapidly, and because of the absence of cell-wandering, lymphatic infection is not prone to occur.

The suggestion was made some years ago by Mr. Jonathan Hutchinson, that the difference between the two forms of epithelial cancer must be determined in some way by the difference of locality in which they occur. The foregoing account of the genesis of the cell-growth in rodent ulcer, seems to supply the *rationale* of this suggestion. Commencing in the continuity of a skin-surface, rodent ulcer is peculiarly apt to attack that part of the face—the side of the nose—in which the sebaceous glands are strongly developed, and I have endeavored to point out the manner in which the structure, when the disease begins, determines its onward course. As bearing upon this supposed influence of locality, it would be an important point to decide whether an ulcer which began as undoubted rodent ulcer in the upper half of the face may not become changed to the epitheliomatous type, when in its ravages it reaches the region of the mouth. One or two cases which I have seen in a very advanced period of their course, in which the invasion of the region of the mouth appeared to be speedily followed by glandular infection, seemed to lend countenance to this view.

MEDICAL ETHICS.—Dr. Gihon, medical director U. S. navy, president of the naval medical society, read a paper on "Medical Education in Relation to Ethics" before the Section in State Medicine of the American Medical Association, at Cleveland, June, 5, 1883, which is published in the journal of the association, with the following note appended: "I deem it proper to reaffirm my loyalty to the code to which I have subscribed, without, however, surrendering the right, which in common with every intelligent man I claim, to criticise what I may think objectionable, and to call attention to the inconsistencies of its avowed adherents, who, attempting to observe its letter, ignore its spirit. I fail to see why honest advocates of its principles should be placed in an attitude of "rebellion" for merely defining these principles by the more liberal light of this day. The code properly interdicts any admission of the orthodoxy of the professors of exclusive dogmas, whether of homœopathy, allopathy, hydropathy, or the like; but it nowhere prohibits the intelligent physician giving *his* advice to whomever may seek it, especially when emergencies and the dictates of humanity demand. No one can more energetically discountenance than myself the impossible co-treatment of any case of disease by an

educated physician and a charlatan, empiric, quack or ignoramus, however regular; but it is quite another matter when one's own opinion is solicited in the interest of suffering humanity. I have yet to hear of any one of our profession soliciting an opinion from any of these, and without such an interchange of views there can scarcely be considered any *consultation*, in the sense of the clinical co-operation properly denounced by the code. Any narrower assumption will, as I have endeavored to shew in this paper, necessitate the ostracism of those of our famous colleagues who have associated as fellow medical members with homœopaths and eclectics in the professional work of the national board of health, state boards of health, boards of medical examiners, etc.; and I feel assured that the overwhelming sentiment of the American Medical Association will be in favor of the liberal interpretation I have here given the code, with the previous knowledge and approval of the surgeon-general of the navy."

PROFESSOR STOKES ON NERVE-STRETCHING.—Following closely upon the report of Mr. Marshall's Bradshawe lecture at the College of Surgeons, on "Nerve-Stretching for the Relief or Cure of Pain," comes an account, from Prof. W. Stokes, of Dublin, of the results obtained in two cases of locomotor ataxia in which the sciatic nerve was stretched. In the former of these the success was sufficiently encouraging. The operation was followed by the restoration of plantar sensibility, by marked diminution both in frequency and intensity of the shooting pains, and by temporary relief from vesical irritability. There was no return, however, of the patellar reflex, no improvement in locomotive power, and no change in the muscular incoördination. The force employed was estimated roughly at about eight or ten pounds. Antiseptics were used, and the wound, though slow in healing, was always aseptic. In the second case both sciatic nerves were stretched, and very marked and abiding were the beneficial effects, although "severe constant pain at the situation of the operation, accompanied by spasmodic contraction of the muscles of the leg, were complained of by the patient for some hours after the operation." The lightning pains were absolutely abolished; there was temporary increase of power in the legs, and the urinary troubles were abated. Prof. Stokes remarks that the *rationale* of the treatment remains as yet unexplained, although he admits a possible solution of the problem based on the observations of Drs. Brown-Séguard and Bastian, that the operation produces "a certain amount of vaso-motor paralysis resulting in vascularity and increased temperature, and that these may lead to improved nutrition of the affected part." Prof. Stokes differs from Mr. Marshall as to the advisability of using a dynamometer to estimate the force exerted, since he has

decided to employ it in future operations. Prof. Stokes' experience leads him to the conclusion that a force of ten pounds is sufficient for the sciatic nerve. Mr. Marshall thinks one of thirty pounds is a very safe one. Both assert eighty-eight pounds, the maximum fixed by M. Artant, to be replete with danger. Reference may be made to Mr. Marshall's lecture in *The Lancet* of Dec. 15th, 1883, and to a leader thereon in the succeeding number. —*Lancet*.

A NEW DRESSING FOR WOUNDS.—From Prof. Bruns, of Tübingen, we receive a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons (*Berl. Klin. Woch.*, No. 20). Fine-grained wood in the form of splinters and shavings, such as are largely employed in paper factories, according to Bruns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the *Pinus picea*, which is poorer in resin and of coarser grain as compared with the wood of other pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed through a wire sieve, then dried, and finally impregnated with various antiseptic substances. That considered best is a half per cent. of corrosive sublimate and ten per cent. of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and turf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and, withal, of extraordinary cheapness. It possesses, in virtue of its contained resin and ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluids: in this it excels all other forms of dressings; it absorbs twelve times its own weight of fluid, so that ten grammes of dried "wood-wool," after complete saturation, weigh one hundred and thirty grammes. Simple sawdust absorbs only three to four times and a half its weight of water, ashes only nine-tenths, and sand only four-tenths. This dressing has been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound-diseases were met with.—*Med. Times and Gazette*.

TREATMENT OF SPINAL CARIES BY OPERATION.—A paper by Mr. Frederick Treves on the above subject was read and discussed before the Royal Medical and Chirurgical Society. Mr. Treves con-

tended that the gravity of spinal caries depends not so much upon any special pathological feature in the process as upon the depth at which the disease is situated, and its inaccessibility to the usual operative procedures applied to caries elsewhere. Diseased bone cannot be removed from the vertebral bodies, and the morbid products having to travel a great distance in order to be evacuated, are apt to induce immense purulent collections. These collections are usually opened at a point remote from the original seat of the disease. In the operation proposed by the author the anterior surfaces of the bodies of all the lumbar vertebræ and—with some reservation—of the last dorsal vertebra, can be reached from the loin. A vertical incision is made near the outer edge of the erector spinæ; the sheath of that muscle and the quadratus lumborum are cut through; the psoas muscle is incised and the vertebræ reached by continuing the operation along the deep aspect of that structure. The details of the procedure are fully described. By means of this operation the vertebræ can be readily examined, carious or necrosed bone can be removed, a ready and direct exit can be given to all morbid products; an abscess situated in the psoas muscle or in the lumbar region can be evacuated while it is yet small, and before it has led to a huge abscess cavity. If a large psoas or lumbar abscess exist it can be evacuated at its point of origin, and at a spot that, in the recumbent posture, corresponds to its most dependent part. If Hueter's statement be true, that the two vertebræ most frequently attacked by caries are the last dorsal and first lumbar, the operation should be capable of frequent application. The author details three cases in which he performed this operation. All the patients made a good recovery. In one of the instances he evacuated at its point of origin a psoas abscess containing forty ounces of pus, and removed from the body of the first lumbar vertebra a large sequestrum measuring one inch by half-an-inch. The immediate improvement in this patient's condition was very marked. In another case the psoas abscess had been opened in the thigh some months previously. By this operation a counter opening was made at the point of origin of the abscess from the lumbar spine, and the entire abscess cavity was drained by a tube passing from the origin of the psoas muscle to its insertion. —*Med. Times and Gaz.*

THE COUVEUSE, OR ARTIFICIAL NURSE.—This apparatus was introduced into the Maternité at Paris, by Tarnier, in 1881. It is composed of a wooden box, the walls of which are about four inches thick, and filled in with sawdust. The box rests upon a pedestal. The height of the whole couveuse is thirty-eight inches, length twenty-eight inches, depth thirty-four inches. It is divided into two compartments by a central division. The

lower compartment contains warm water; the upper is for the infant. The metal case holding the warm water almost entirely fills the lower compartment. Between the walls of the box and the metal case is a free space for the circulation of air, which enters from the bottom of the apparatus, and after circulating, escapes through apertures in the top.

The infant is placed in the upper compartment. It is separated from the water-tank by an air-space, and communicates with the exterior by two openings, one for the escape of air, the other for removing the infant when necessary.

A thermo-siphon is attached to the water-tank, which heats the water by a spirit-lamp. The temperature is determined by placing a thermometer by the infant. The water is removed by the stop-cock at the bottom, and introduced through the upper tube leading from the thermo-siphon. The temperature is kept at a mean of 86° F. Dr. Budin has attached an electric alarm, in case the heat becomes too great.

At the Maternité the infant is generally placed under the care of a nurse, as the mother is usually in another ward. When the infant is born before term and is very feeble, it is fed on pure asses' milk from a spoon or glass. The infant is clothed just as other nursing infants. The linen is changed five or six times a day, and a daily bath is given.

SYPHILITIC NEURALGIA.—Prof. Seeligmueller read a paper on this subject at the Fifty-sixth Versammlung Deutscher Naturforscher which recently met in Freiberg.

Neuralgiæ, he said, which are recently related, etiologically, to constitutional syphilis, are nothing like so uncommon as would be supposed on reference to the literature of the subject. He does not refer, of course, to the cases of neuralgia following syphilitic periostitis, or to the osseous pains, but only to such cases in which the pains occur along the tracts of nerves. Such cases have been observed by Fournier in the course of the supraorbital and sciatic nerves. Seeligmuller has also observed them in the course of other nerves, as the intercostals, the brachial plexus, and the great occipital.

Lately he has observed, it seems, a very typical localization of syphilitic neuralgia in the head, and certainly along nerve tracts, which were formerly supposed to be cases of isolated neuralgic affections in unusual places. In these cases the pains were spontaneous, as though pressure had been made along a tract two or three fingers wide, and which extended on both sides from the ear upward to the top of the head. He has further seen cases in which the pains were confined to a limited zone and to the course of sensitive nerves, as the auriculo-temporal and small occipital. There was no middle-ear disease in any of the cases.

The time at which the neuralgic affection comes

on after syphilitic infection varies from two to fifteen years. The treatment is, of course, antisyphilitic.—*Deutsche med Wochenschr.*, October 24, 1883.—*Med. News.*

THE TREATMENT OF ACUTE BRONCHITIS.—With the view of promoting the free secretion from the bronchial mucous membrane, Dr. Main (*Glasgow Med. Four.*) has found nothing more useful, both for adults and children, than the following; *R.* Potass. bicarb., ℥ iij.; tr. hyoscy., ℥ iij.—℥ iv.; spt. æth. nitrosi, ℥ ss.; spt. chlorof., ℥ ij.—℥ iij.; aq. ad. ℥ xij. *M.* And *R.* Acidi citrici, ℥ j.—℥ ij.; aq. ad. ℥ vj. *M.* Sig. Two tablespoonfuls of the former mixture to be taken with one of the latter during effervescence every three or four hours (for an adult). If the secretion be profuse and the heart's action weak, he has often found the following mixture useful: *R.* Acidi nitrici dil., ℥ ij.; tr. bellad., ℥ ij.; spt. chloroformi, ℥ ij.; aq. ad. ℥ xi. *M.* Sig. Two tablespoonfuls every four hours (for an adult). "In dealing with children, it is well to bear in mind that, if the amount of secretion be excessive and embarrasses the breathing, a timely stimulating emetic, such as carbonate of ammonia, or mustard, often proves invaluable. This now brings us to the stage approaching convalescence, in which such drugs as quinine, vegetable bitters, steel, nux vomica, and the dilute mineral acids all have their uses; and when convalescence has become established, I am of opinion that if we can get our patient persuaded to take cod-liver oil for a month or two, it has the effect of preventing a fresh attack.—*Med. and Surg. Reporter.*

A NOVEL METHOD OF BLEEDING.—The *Brit. Med. Four.* notes the relief of a case of cerebral congestion through blood-letting by means of a novel device. The patient, a fat, plethoric lady, fifty years of age, came under the charge of Chas. Coppinger, F.R.C.S.I., and at the time of the surgeon's visit was in a condition of stupor, out of which she could be roused with some effort, but only to relapse into sleep again. Her breathing was heavy, and she presented all the symptoms characteristic of an overloaded vascular system. The indications for treatment were plain, and leeches not being obtainable, depletion by means of venesection was proposed. The friends of the patient, who were ladies, gave their consent, but were horrified at the suggestion of so barbarous a proceeding, and Mr. Coppinger anxious to spare them the sight of blood, then and there conceived the idea of substituting the aspirator for the lancet. The patient, who had not long before been treated for hemicrania by hypodermic injections of morphia, was roused up and told that the needle was about to be "inserted into the skin of her neck, to which she at once consented." The needle of the aspirator was then passed into the external jugular

vein, which was much distended, and four ounces of blood were withdrawn without difficulty. The result of this trial being satisfactory, the surgeon repeated the operation in the course of a half-hour, abstracting six ounces more of blood. The patient was speedily relieved of her alarming symptoms, and neither she nor her attendants suspected that she had been bled, until the procedure was subsequently explained to them.—*Med. Record.*

IRON HYPODERMICALLY IN ANÆMIA.—Dr. J. M. Da Costa is using hypodermic injections of iron for anæmia, in a case of combined malarial toxæmia and lardaceous disease of the viscera, including the intestinal glands. To the other solutions for this purpose he prefers a double salt produced by the addition of pyrophosphate of iron to a solution of citrate of sodium. Two grains of the salt, in this form, are given every day, varying the points of puncture, but generally administering it under the extremities; in this form no abscesses have been observed. With other solutions of iron, including dialysed iron, abscesses were quite common even with every precaution as to the cleanliness of the syringe. In a case last winter of idiopathic anæmia (pernicious?) these injections not only arrested the patient in a downward course, but actually worked such a change that his strength and appetite returned and he was afterwards discharged in good health. This case is not called pernicious anæmia because the patient did not die; but if an opinion could be based upon the previous course of the disease, and his chlorotic condition at the time of the change in his treatment, no other diagnosis and no other prognosis would have been entertained than that mentioned, by any ordinary observer.—*Boston Medical Journal.*

HYSTERICAL PSEUDO-PHTHISIS.—The *Practitioner* (Dec., 1883) reproduces from *Centralblatt für Gynécologie* (Sept. 8th) an article by Dr. Fabre describing a condition simulating phthisis often found in young women suffering from chlorosis and hysteria. There is a cough, with expectoration, and even spitting of blood. Physical examination reveals dulness at the apex (usually on the right side), feeble respiration, and occasional râles. The author regards these symptoms as due to a vaso-motor disturbance exciting a pulmonary congestion. Other organs may also be subject to functional disturbances. Obstinate anorexia, gastric pain, occasionally diarrhœa, but more frequently constipation, are not seldom present. The pulse is weak and frequent, like that of fever, although the temperature may be normal. Sometimes, however, there is elevated temperature, but it is only transitory, and regular evening exacerbations are never observed. The expectoration is not purulent, but may be mixed with blood. While in true phthisis there is emaciation, in these cases the

patients often increase in weight. Sweating, as a rule, is not met with.

The differential diagnosis is often difficult, and the author relates that cases have not infrequently occurred in which a diagnosis of pulmonary consumption was made, but the patient nevertheless recovered. The condition may exist without material improvement for months, or even years.—*Bost. Med. and Surg. Four.*

WOUND OF LUNG—RECOVERY.—On the morning of Nov. 2nd, I was called to see P. R., of Ballyneen, who was suffering from a stab inflicted with a penknife, some hours previously. On making a careful examination I discovered five wounds, four of them were insignificant, but the fifth penetrated deeply between the eighth and ninth ribs on the left side, leaving an opening from which a piece of lung, about three and a half inches long, was protruding. An attempt to reduce it failed, owing to the wound constricting the protruding portion; having therefore put on a piece of wet lint and a bandage over it, I allowed it to remain and slough of its own accord, which it did on the twenty-second day after the receipt of the injury. After the third or fourth day, I employed carbolic oil, owing to the fœtor of the discharge, and continued its use until the portion of lung had come away. Then the wound healed rapidly with zinc and carbolic ointment. On the twenty-fifth day after the injury, I allowed the patient to get up, and since then he has been able to return to his ordinary occupation, without any interference with the movements of the chest. All through there were no bad symptoms, the pulse never going above 100 beats in the minute, nor the temperature above 99° Fahr. This was remarkable, as the man used to drink freely; but in the treatment I kept him strictly low, refusing to allow him stimulants of any sort.—A. H. Hayes, *Brit. Med. Jour.*

IODOFORM IN COMPOUND FRACTURES.—Prof. Mosestig, of Vienna, while irrigating the wound with pure water, removes all clots and spicula of bone and coaptates the fractured ends, resecting them if necessary. After drying the wound, he throws a thin layer of iodoform into the medullary cavity by means of an insufflator. He then passes into the wound an emulsion of iodoform, for instance: R. Iodoform subtil. pulv.; glycerini, aa 20.00; aq., 10.00; g. tragacanth, 0.15. M. Exact. f. emulsio. This runs into all the little pockets of the wound.

The fragments are adjusted, metallic sutures being used when necessary; drainage tubes are introduced and the whole covered with a layer of iodoform gauze (50 per cent.) and this is covered with cotton. The first dressing can remain unmolested for three weeks or longer, unless fever occurs (the aseptical fever of the first day not in-

cluded). With the above dressing, Mosestig treated successfully, within the last two years, thirty-seven compound fractures without even having noticed continued septic symptoms.—*St. L. Med. and Surg. Four.*

GASTROTOMY AND DILATATION OF THE ŒSOPHAGUS.—On October 24th last, Professor Loreta performed, in the surgical clinic of Bologna, a new and important operation—dilatation of the œsophagus from the stomach. The patient was suffering from stricture at the lower third of the œsophagus, produced by extensive cicatrization, the consequences of swallowing caustic potash. The site, nature, and degree of the stricture were such as to render useless any operation undertaken by the mouth. The patient was reduced to an extreme degree of emaciation, from the impossibility of taking sufficient nourishment. Gastrotomy was performed, and a passage secured for the introduction of the dilator into the stomach; it was then pushed up the œsophagus, and the stricture thoroughly dilated. The operation only lasted half an hour, and was most successful; on the first day, the patient was able to swallow food easily. The incisions united by first intention; there were no signs of peritonitis; and, on the fourteenth day, the patient was well. The sound passed without difficulty, and, probably, its periodical employment will render the cure permanent. On November 4th, Professor Loreta also successfully performed dilatation of the pylorus, in a young woman aged 26.—*British Medical Journal.*

BROMIDE OF ARSENIC IN DIABETES.—Dr. Pekai, clinical assistant to Professor Karaonyi of Budapest, from a series of experiments with bromide of arsenic in diabetes, proves the remedy to be exceedingly satisfactory. He uses a solution prepared as follows:

- R. Arsenious acid.
- Carbonate of potash.
- Bromine..... .. aa gr. jss.
- Water..... .. q. s.

The arsenious acid and potash are placed in an eprouvette, five drops of water are added, and treated until the liquid is limpid. Then sufficient water is added to make two and a half drachms by weight, and then the bromine and the whole let stand for twenty-four hours before use.

The solution was administered by placing three drops in an ounce of water, of which three equal doses were made. The quantity being increased, an additional drop every three days until ten drops a day were administered.

REMEDY FOR BURNS.—During a recent visit to a patient in an adjoining town, I was hastily summoned to see a woman badly burned (while lighting a fire with coal oil) on the hands, arms, and

around the body where her clothes were fastened to her person. Not having any of the ordinary remedies at hand, except cold water, which *en passant*, is one of the best where it can be properly applied, I mixed hog's lard with *four times* its weight of common bread soda (the bicarbonate), which is used here in the homes of many for mixing with the dough in bread-making, and applied it as a salve to the burned parts, and I never saw a case of the kind do better under any treatment. The wounds were kept well covered with it, and they all healed very nicely without inflammation and with very little suppuration. Indeed, they seemed to *dry up* under it. I shall try it in the future in all similar cases, until I find something better.

CERVICAL ENDOMETRITIS.—Boracic acid is highly recommended by Dr. W. H. DeWitt in the treatment of cervical endometritis (*Cinn. Lancet and Clinic*). He cites a case in which, after going through the entire list of remedies used in such cases, he determined to test the value of boracic acid. Moistening a camel's hair pencil and covering it with the powder, it was carried as high up as possible; at the same time the convexity of the neck was also covered with the acid, on account of excoriation. Four days later there was very decided improvement, and the acid was then applied by packing the cervix with it as firmly as admissible. The patient was directed to elevate the hips and remain in that position for two or three hours, in hopes that some of the acid would find its way to the parts above the cervix. In one week, another examination was made, when it was found that all inflammation had disappeared.—*Weekly Med. Record*.

SUBCUTANEOUS INJECTIONS OF ETHER.—Dr. C. E. Sheely (*Brit. Med. Four.*, Nov. 17, 1883) has had good results from its use as a stimulant. The dose is from fifteen minims to half a drachm. He thrusts the needle through the true skin and superficial fascia, and then enters it for about three-quarters of an inch parallel to the surface. He has never seen abscesses result. As ether is a ready solvent of fat, it is advisable to look to the leather packing of the piston of the syringe as soon as possible after using it, and to re-oil it. The ether also attacks the cement used to secure the mouth to the glass barrel, and they will, sooner or later, become loose. Moreover, as it acts upon "celluloid," a syringe made of this material should not be used.—*Med. & Surg. Reporter*.

A NEW CURE FOR BUNIONS.—To the New York Pathological Society (New York *Med. Four.*, Dec. 15, '83) Dr. L. H. Sayre presented some metatarsal bones which had been removed from either foot for bunion. The patient was a man about forty

years of age, in whom the condition of the foot, which had existed for many years, gave rise to much difficulty in walking, and on two occasions had caused suppuration. The metatarsal bone was removed by means of a bone forceps through an incision on the dorsum of the foot. The incision was closed with black silk, the wounds united in less than two weeks, and the patient was now able to get about with comfort and had a movable joint.—*Med. and Surg. Reporter*.

THE HYPODERMIC SYRINGE.—Dr. Frank D. Stephens reports in the *Medical Record* that he has had no trouble with his hypodermic syringe since he adopted the method of adjusting a rubber tip to the lower extremity of the syringe. For this purpose he uses the upper two-thirds of a common rubber tip, such as is found on an ordinary medicine-dropper. In this way the syringe is kept airtight, and if care is taken to leave a little liquid in the syringe after using, the packing will remain moist and pliable for a long time.

LOCAL ANÆSTHESIA.—According to the *Medical News*, local anæsthesia may be readily produced by applying with a camel's hair brush the following mixture:—

R Chloral,	
Camphor,	aa ʒ j,
Morph. sulphat.,	ʒ ss,
Chloroform,	ʒ j. M.

Sig.—To be applied with a brush to the area to be incised.

"**URSU-OSIS.**"—It is said, and probably with truth, that the year never ended with so many persons made actually sick by the bearish condition of the market. Melancholia, general nervous asthenia, with occasionally sugar in the urine, seem to be the characteristic features of a condition which we may term "ursu-osis." About seventy per cent. of all railroad presidents, ironmen, and buyers on margin are now affected with it.—*Med. Record*.

A CASE OF DEATH FROM THE INHALATION OF ETHER occurred at a clinic at Bellevue Hospital recently. The patient was a boy with apparently sound lungs and heart. He was under ether for about an hour and a half when he suddenly ceased to breathe, and all efforts at resuscitation failed.—*Med. Record*.

A MAN WHO ABSTAINS FROM LIQUOR, as shewn by insurance tables, at 20 years of age has a chance of living 44.2 years; at 30, 36.5 years; at 40, 28.8 years. An intemperate man's chance at 20 is 15.6 years; at 30, 13.8; at 40, 11.6.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Criticism and News.

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

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TORONTO, FEBRUARY, 1884.

The LANCET has the largest circulation of any Medical Journal in Canada.

THE SPREAD OF MEDICAL KNOWLEDGE.

We have been much surprised and gratified at the widespread interest that is taken by newspaper readers, comprising of course the majority of the population, in medical science, when that science is brought within the scope of their comprehension. Should any one be inclined to doubt the fact, let us take up a well known Toronto daily of the date at which we are writing—an entirely hap-hazard method of proving our assertion—and see what we find:—

Temperance in Sweden; tea-leaves for burns and scalds; dressing and undressing the sick; cure for styes; how to tell diphtheria; how to cure a cold; Canon Farrar on temperance; milk fever; tar for burns and scalds.

All these, exclusive, of course, of advertisements, are inserted in one issue of the usual eight pages, at a time when there is an actual plethora of news—Orange riots; war in the Soudan; France and China; election returns; controverted elections; trades congress; Exchange Bank; the University question; cable news; etc.

Here, again, is a paper of a totally different type, one devoted to trade; the first we happen to lay our hands on is *Cotton, Wool and Iron, and Boston Journal of Commerce*, of the date of October 6th last. In this we find the following.—

Lotions to prevent chilblains; salicylic soap; dichloroacetic acid for warts; treatment of snake bites; rational dress reform; tobacco smoke; hydro-quinidine and quinidine; hydro-bromic acid;

solidified bisulphide of carbon; the mush disease (a column and a quarter—about twelve hundred words); the remedies of nature (three columns and a half—about thirty-three hundred words).

Thus throughout the whole of the periodical literature of the present day, a very large part of what is technically known as *padding*—that is matter other than late news, which would suffer from delay in insertion—is composed of the thoroughly practical, sensible ventilation of the sources, prevention and cure of perhaps minor, but truly important maladies. It is not, of course, recondite and intricate problems of medicine and surgery that are discussed—one would not expect in our daily papers abstruse discussions on ligation of the carotid or the transfusion of blood—there would soon be an outcry against that; but it is generally to those slight divergences from health, which make up indeed the majority of ailments, that attention is paid. Such, for example, as the results of the variations of temperature, inefficient or unscientific wearing apparel, innutritious food, insufficient exercise, disregard of cleanliness, deprivation of fresh air, etc.

Attentive readers have also doubtless observed that the newspaper press has not unfrequently made insinuations and complaints against the medical profession for the exclusiveness with which, it is said, they devote their attention only to the higher branches of medicine and surgery. Nor is this a phantom only, for in several instances these complaints have found definite utterance.

Another and fruitful source of the inuendoes we have remarked upon was the practice in former years—falling happily into comparative desuetude in the present day—of clothing all medical utterances in the technical language of the schools. This did much to foster the habit of looking upon the profession as a somewhat pedantic and supercilious body of men.

The fact, then, to which we would point those who indulge in such complaint is, that all this vast mass of useful medical knowledge, imparted to them gratis in the pages of their daily paper, is in reality the production of that profession which they assert is remiss in its duty in this very direction. This is the point that is overlooked. Fifty per cent. of this useful scientific knowledge is anonymous; ninety per cent. of it is probably clipped from purely medical magazines (of which the

Newspaper Directory shows there are above a hundred in the United States alone); and since each paragraph is not signed by an M.D., etc., the source from which it is obtained is unnoticed and unknown. Again, for these trivial ailments, a medical practitioner is rarely consulted. He has, therefore, rarely an opportunity of expressing verbally the genuine interest which he may truly possess in minor affections, and none whatever in the way of pointing out preventive measures.

We would therefore most emphatically point out that for all this knowledge in regard to the cure of disease, the public is indebted to that large class of thoughtful and philanthropic men, learned in all the known laws of nature, who are daily spending much time and money in investigating the commonest affections of everyday life, and gratuitously publishing the results of their research.

THE MEDICAL LIBEL CASE.

This was an action for alleged libel instituted by Dr. Lennox, one of the physicians of the "International Throat and Lung Institute" of this city, against Drs. McCammon, of Kingston, and Bray, of Chatham, members of the Ontario Medical Council, for statements made by them at the meeting of the Council in June last, and reported in the *Mail* newspaper of that date. At this meeting the question of appointing a public prosecutor came up for discussion, during which special reference was made to Drs. K. & K. and Souvielle, of "Spirometer" fame, as quacks; also that Canadian physicians, who hired themselves to quack American firms, who were thus enabled to practice under cover of a Canadian practitioner's license, were also practically quacks. Dr. McCammon, it is alleged, referred to such parties as "medical prostitutes who were a disgrace to the profession," and prevented the bringing of 'he quacks to justice. Dr. Lennox, who is a licensed practitioner, felt himself aggrieved by Dr. McCammon's remarks, and sued for \$10,000 damages, for defamation of character, claiming that the statements made injured him personally and in his profession.

The defence in the action was that the plaintiff was not mentioned, inferentially or by name, and the defendant, Dr. McCammon (whose case was the first called) was not at that time aware of the existence of the "Throat and Lung Institute;"

and also that he did not use the words given in the *Mail's* report, although they were to that effect. The case was tried before Judge Rose—Dalton McCarthy for the plaintiff, and Christopher Robinson for the defendant. Dr. Lennox, the principal witness in the prosecution, was rather severely handled by the counsel for the defence, with reference to the extravagant statements published in the advertising columns of the *Mail* and other papers. The statements referred to, the witness claimed, were written by "Souvielle." A number of medical men were present during the trial, and considerable interest was manifested in the case. The ruling of the judge in the matter of privilege on the one hand, and the necessity of proving malice on the other, was not satisfactory to the counsel on either side, and they consequently agreed that his Lordship should enter a verdict for the defendant, and allow the points of law to be argued before a full bench, with leave, in case the judge's ruling is not sustained, to enter a new trial. We have no doubt this will be the end of the matter, and we congratulate Drs. McCammon and Bray on the result. They were but doing what they conceived to be their duty in the position in which they were placed. We believe these actions were instituted more with a view to a free advertisement for the "Spirometer men" than for any other purpose, and if they are satisfied with the result of the trial in this respect after the report in the *Mail*, the general profession, at all events, has no occasion to complain.

Inasmuch as the defendants have been put to great expense, inconvenience and loss of time, in defending these suits, and as they were acting in a public capacity, and in the interest of the general profession when the alleged libellous statements were made, we think their expenses should be borne by the Medical Council. As an example of how such things are done across the Atlantic, we would refer to the "Bower and Keates' case."

THE BOWER AND KEATES' CASE.

The case of civil and criminal prosecution against the above named gentlemen has stirred to its very depths the fraternal sympathy, and called forth the moral and pecuniary support, of our professional brethren in England. In the autumn of 1882, Drs. Bower and Keates performed the opera-

tion of tracheotomy upon a child suffering from diphtheria, but the disease progressed rapidly to a fatal issue. Shortly after the trachea was opened, the tracheotomy tube became choked with a portion of membrane, and the father of the child was asked to remove the obstruction by oral suction. This he did, but unfortunately contracted diphtheria, and to compensate himself for his pecuniary loss in consequence, brought an action for damages against the medical attendants. The result was that the jury was discharged without giving a verdict, and a new trial was instituted.

A few months ago, nearly a year or so after the alleged offence, a criminal action was instituted against the defendants, for having through gross and criminal negligence sacrificed the life of the child. The specific points were: that the temperature was not taken; that the throat was not examined; that chloroform was not given; and that proper stimulants and proper diet were not ordered. It is not at all necessary to remark upon the frivolous and vexatious nature of the charges, suffice it to say, that after five days' hearing of the charge of manslaughter, the presiding magistrate dismissed the case without calling upon the defence, remarking that he would not only be sanctioning a prosecution but a persecution as well, if he allowed the case to proceed. The medical gentlemen in question came out of the ordeal not only with their reputations unstained, but with the esteem and sympathy of their medical brethren both felt and expressed as may be seen by reference to the large and generous subscriptions to the "Indemnity Fund" which have been forwarded by their confreres in all parts of the kingdom, to defray their expenses. Upwards of sixteen hundred letters containing subscriptions varying from £10. 10s. to 2s. 6d. each, have been received by the secretaries, amounting in all to fifteen or sixteen hundred pounds sterling. The *Lancet*, in commenting on this case says:—"As a matter of history, the primary impulse to this movement came from two members of the College of Physicians—its honored President, Sir Wm. Jenner, and Dr. Moxon. The President felt that the College as a college had no funds out of which to help Messrs. Bower and Keates. But he remembered that there is one source of power and sympathy greater than the corporations—the profession itself. He rightly gauged, too, another factor in this successful move-

ment, which it would be alike ungenerous and absurd to ignore—the willingness of other representative members of the profession to co-operate with himself and with the profession in any course for vindicating the honour of medical men. It would be invidious to single out names where all have done so well. The result must be very gratifying to those who led the way. It must beget the conviction that the profession only needs to be well led to act with union and with effect, and that it would be no great misfortune if the "persecution" of an occasional martyr or two like Messrs. Bower and Keates gave an opportunity for showing the solidarity and strength of the medical body. As to our own part in this matter, it is not for us to speak. The credit due to us is only that of estimating rightly the too little recognised forces of professional sympathy and interest. Hitherto there has been nothing in the organization of our profession to connect its members one with another, or with its principal corporations. We must hope for better days in this respect. Meantime the movement on which we comment shows that the profession is one, and would act with infinitely more effect if it could be more consolidated."

JOHN REDDY, M.D., L.R.C.S., I.

The sudden and unexpected death of Dr. Reddy, of Montreal, which took place on the 23rd ult., in Dublin, whither he had gone on a visit, was a painful surprise to his friends and relatives in Canada. He left Montreal in June last, for a tour of the continent and a visit to his native land, for the benefit of his health. He travelled through England, Germany, France and Italy, and returning to Ireland, proceeded to Dublin, where he died. Dr. Reddy was a graduate of Dublin, and practised his profession upwards of thirty years in Montreal. For twenty-five years he occupied the position of surgeon to the Montreal General Hospital, and was widely known and highly esteemed in his adopted city. He received an *ad eundem* degree from McGill College in 1856, and was a representative Fellow in medicine for eight years. He was appointed Surgeon to the Montreal Garrison Artillery in 1864. He was elected President of the Medico-Chirurgical Society in 1874, and was assessor to the medical faculty of Laval for several years.

He took no part in public affairs, but confined himself strictly to his chosen profession, and was a most successful practitioner, highly gifted, and of an exemplary character. Deceased was sixty-two years of age at the time of his death. He leaves a large family, his eldest son, Dr. H. L. Reddy succeeding to his extensive practice.

NEW MEDICAL JOURNALS.—We have received the first number of the *Kansas City Medical Record*, a new aspirant for professional favor in the Western States. It is edited by Drs. Fulton and Halley (Canadian graduates, both), and presents a most creditable appearance. The subscription price is \$3 per annum. In view of the large number of miserable cheap-John trashy medical periodicals published in the United States within the past few years, we are pleased to see a new departure in the right direction. Outside of those published in the large cities, this is the best medical journal in the United States.

The *Archives of Pediatrics* is a new journal edited by Dr. Watson, of Jersey City, devoted, as its name indicates, to diseases of infants and children. It is also a most creditable production and published at a price which is a guarantee of respectability, viz. : \$3 per annum. We are pleased to see the name of one of our Canadian confrères, viz. : Dr. Blackader, of Montreal, associated with the editor as one of the collaborators.

The *Analectic*, a monthly epitome of medicine and surgery, edited by Dr. Wells, and published by Putnam's Sons, New York, at \$2.50 per annum, is also a promising journal. We gladly welcome all the above to our exchange list.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.—The semi-annual meeting of the above association was held in Ottawa, on the 9th ult., Dr. Malloch, Vice-President, in the chair. The attendance was small, owing to a severe snow storm. After routine, the secretary read a telegram from the secretary of the Provincial Board of Health, intimating that it was proposed to hold a sanitary convention in Ottawa. This was received with favor by the members present, and a resolution was passed, promising the aid of the association in preparing papers and making arrangements to secure a successful meeting.

A paper was read by Dr. Grant on "Urethral

Stricture," based on a case successfully treated with Holt's dilator. Dr. Small read the report of a case of multiple birth, three foetuses being expelled, one fully developed, the other two blighted at about the fourth month. The patient had been in poor health, but no sign of uterine irritability occurred until the last month before delivery. Cases of miscarriage were reported by Drs. Fraser and Wallace, and one of Placenta Prævia by Dr. H. P. Wright. A lengthy discussion followed upon hemorrhages during gestation. In the evening the members dined together, the usual toasts and speeches being indulged in.

ONTARIO MEDICAL COUNCIL CURRICULUM.—The following changes have been recommended by the committee appointed to consider the matter :
1. Natural Philosophy is to be added to the subjects for matriculation, and that 60 per cent. of the maximum marks be required of candidates for pass in the following subjects, viz. : English Grammar, English Literature, Composition, Dictation, History and Geography ; 40 per cent. in Arithmetic, Algebra and Euclid ; 50 per cent. in Natural Philosophy, and 33 per cent. in Latin. 2. The clause relating to the exemption of graduates in Arts from one year's study and the examination in Chemistry, is struck out. 3. In the subjects of the primary examination, Botany is struck out ; Pharmacy is substituted for Therapeutics, and the candidate will be required to present a certificate of proficiency in making and mounting microscopic specimens. 4. Therapeutics is added to the subjects of the final examination. Candidates must also present certificates of attendance upon six post mortems, and ability to draw up a report of same ; also a certificate of reporting satisfactorily six cases each in clinical medicine, and clinical surgery.

BROMIDIA.—Prof. C. H. Hughes, Lecturer on Psychiatry and Neurology, Post-Graduate Faculty, St. Louis Medical College, Editor *Alienist and Neurologist*, etc., says in the December No., 1882, of that journal : "Bromidia is a reliable compound of well-known and favorite medicines in the management of insomnia, and as such we commend it to those of our subscribers, hospital physicians and others, when occasion requires the employment of this combination of the potassic bromide, cannabis indica and chloral hydrate. We have always found

the compound *uniform* in composition, the mixture well made, and the therapeutic effect what ought to be expected from its ingredients."

PARLIAMENTARY AND MUNICIPAL HONORS.—We give below the names of medical men who have been elected to important positions: Hon. Dr. Ross, *Premier* of Quebec. Dr. Dowling, *member* of the Ontario Legislature for S. Renfrew. Dr. McCammon, *Mayor* of Kingston, also Drs. Rae, Oshawa; Bogart, Whitby, and Standish, Palmers-ton, Ont. Dr. Willoughby, *Reeve* of Colborne and *Warden* for Northumberland and Durham, also as *Reeves*, Drs. Mitchell, Wallaceburgh; Bradley, Kin-cardine; Allan, Arthur; Mearns, Petrolea; Mc-Connell, Brockton. As *Councillors*, Drs. Harris, Brantford; Cook, Chesley; Black and Bascom, Uxbridge; Webster, Esquesing; Gillespie, Can-nington; Henry, Harriston; Goodman, St. Cathar-ines; Scott, Southampton; Tennant, Lucknow; Doherty, Markham; Aikman, Windsor; Walker, Dundas; Mathieson and Sinclair, St. Marys, Ont.

SPASMODIC TORTICOLLIS.—Dr. Sands of New York (*Annals of Anat. and Surg.*) reports two ob- stinate cases of this affection which were greatly benefited by excision of a portion of the spinal accessory nerve. He made an incision three in- ches in length along the anterior margin of the sterno-mastoid, commencing near the mastoid pro- cess. The muscle was drawn outwards, and the nerve exposed where it crosses the internal jugular vein. A portion of the nerve one-fourth of an inch in length was excised, and the wound dressed in the usual way. The improvement was gradual in both cases.

APPOINTMENTS.—Dr. F. S. Greenwood has been appointed attending physician to the St. Catharines Hospital. Dr. Griffin has been elected President of the Medico-Chirurgical Society of Hamilton. Dr. T. C. Brown, of Fredericton, N. B., has been appointed Surgeon of the Fredericton Military School. Dr. J. S. Lathern has been appointed as one of the physicians to the Halifax Dispensary, *vice* Dr. D. A. Campbell, who retires voluntarily. Dr. Kenneth McKenzie, formerly of Melbourne, Que., has been appointed Prof. of Anatomy in Williamette University, and Surgeon to St. Vin- cent's Hospital, Portland, Oregon. Dr. W. H. B. Aikins has been appointed physician to the House of Providence, Toronto.

SEQUELÆ OF SUNSTROKE.—In the treatment of the sequelæ of sunstroke such as headache, dizziness, mental dulness, and sometimes insomnia, which are due to chronic meningitis, Dr. H. C. Wood, of Philadelphia, recommends heroic doses of iodide of potassium, and the application of the actual cautery to the nape of the neck. He uses Paque- lin's and applies it repeatedly until he has cured the disease. He also applies antimonial ointment for a few hours on the raw surface. The patient is also sent to a cool climate in the summer time.

On several occasions we have received samples of sugar-coated pills and granules manufactured by W. R. Warner & Co. of Philadelphia. We have also used them in our practice for several years past and can speak in the highest terms of the reli- ability and efficacy of these standard pills. All their preparations are equally reliable. The pills and granules prepared by this firm are beautiful specimens of pharmaceutical art, and being made from the purest drugs, and with the utmost care, may be confidently relied upon.

CALLING A MEDICAL MAN.—The following item is worthy of note:—The residents of Lambton Mills recently held a meeting to consider the ad- visability of extending a call to a medical man to fill the vacancy caused by the death of Dr. Beatty. A deputation was appointed to wait on Dr. Cotton, of Burnamthorpe, and ask him to settle in Lamb- ton Mills, Ont.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.—The annual meeting of this society was held on the 25th ult. The following officers were elected:— President, Dr. Powell; Vice-Presidents, Drs. Har- vey and Small; Secretary-Treasurer, Dr. Grant, jr.; Council, Drs. Grant, H. P. Wright, S. Wright, Robillard and Macdougall. Dr. Scott, of Hazle- dean, read an interesting paper on *Empyema*, which will be published in a future issue.

REMOVALS.—Dr. Rose has removed from Simcoe to Waterford, Ont. Dr. C. J. Chipman, of Car- dinal, has removed to Ottawa. Dr. B. F. Hurd- man has returned from England, and settled in Inverness, Que. Dr. J. Smith has removed from Emerson, Man., to Portland, Oregon. Drs. T. and C. Duncombe have commenced practice in St. Thomas, Ont.

Dr. O. S. Winstanley, of this city, has gone to Southern California for the benefit of his health.

NEW REGULATIONS FOR THE L. R. C. P. EDIN.—Canadian graduates who propose going up for the L. R. C. P. Edin. will in future be required to pass a written, as well as an oral examination in medicine, midwifery, materia medica and forensic medicine. This change came into effect in January, 1884.

DIPHTHERIA IN THE MARITIME PROVINCES.—This disease still continues to prevail in certain parts of the fair provinces by the sea. Dr. W. D. McKenzie, of Parrsboro, N.S., lost two children recently, within a few days of each other, from this terrible scourge. The Dr. has our deepest sympathy in his sad affliction.

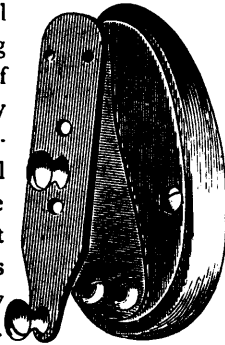
PRIMARY FOR M. R. C. S. ENG.—The following gentlemen have passed the primary examination before the Royal College of Surgeons, Eng.: Drs. W. G. Anglin and G. H. Denike, (Kingston), E. M. Hewish, (Toronto).

CORONER.—Dr. A. W. Campbell, of Gravenhurst, Ont., has been appointed Coroner for the District of Muskoka.

New Instruments.

A NEW TRUSS.

We have been shown a new truss, invented by Messrs. Authors & Cox, manufacturers of surgical appliances, 91 Church-st., Toronto, which we believe will commend itself to the judgment of the medical profession, and will occupy a front place among trusses. We do not know of any truss that can successfully compete with it. The inventors do not claim that it will answer in every case, for there are many ruptures that cannot be retained except by a truss made to order and specially adapted to the case in hand. What they do claim is, that it will suit the great majority of ruptures. The chief improvement lies in the pad, which, as may be seen by the cut has a flat spring, which is secured by one end to the lower part of the pad, the upper end being fastened to a lever, which gives the spring a double action. The pelvic belt is secured by a stud in



the centre of the lever, so that the pressure of the pad is directly upward and inward, and owing to the spring being secured at the bottom of the pad and the upper part free it is never pulled out at the top, but under all circumstances lies flat against the abdomen. The spring compensates for any change in the position of the body. This very desirable object is not attained by any other truss that we have ever seen. In all other trusses the upper part of the pad stands out from the body, when the abdomen is flattened as in lying down.

Books and Pamphlets.

A TREATISE ON SYPHILIS IN NEW-BORN CHILDREN AND INFANTS ON THE BREAST. By P. Diday. Translated by G. Whitley, M.D., with Notes and Appendix by F. R. Sturgis, M.D. W. Wood & Co.'s October issue.

This is a valuable book, though only an English version of an old one, for in modern medicine a quarter of a century is a very great age for any book to attain and still command the attention of the profession. The reader will however find it is not all old, for the American editor, Dr. Sturgis, whose experience in venereal and skin diseases has been very large, has introduced much valuable original matter. In some places, indeed, where he has found it necessary to correct the statements of the author, we have felt inclined to think it might have been as well to have left these out, for it is rather wearying to readers to wade through long pages, and at the end find that these are cut into mince-meat by the reviser. Perhaps Dr. Sturgis will, on reflection, think it would have been better to have reproduced just so much of Diday's book as he deemed accordant with the present advanced stage of syphilography, and he no doubt could have instructively filled up the required pages with materials at his own command.

Now that the subject of inherited syphilis is every day forcing itself more and more on the medical practitioner, books of this class are indispensable, for it is an undeniable fact that the evil treated of is of great extent, and in numerous instances of fearful intensity.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By Roberts Bartholow, M.A., M.D., Prof. of Materia Medica, etc., in Jefferson

Medical College, Philadelphia. Fifth edition, revised and enlarged. New York : D. Appleton & Co. Toronto : Willing & Williamson.

The work before us has undergone many important changes and additions in the present edition. The use of electricity in medicine has received the author's special attention, and much light has been thrown on the subject and many valuable hints suggested. The work is brought fully abreast of the most recent advances in this department. The various new remedies recently introduced to the notice of the profession are brought under discussion, such for example as nitro-glycerine, muscarine, quebracho, convallaria, resorcin, chinoline, etc. The value of atropine as an antidote to poisoning by carbolic acid is alluded to, and the credit given to Dr. Post, of New York, for having first suggested it. The work contains a fund of valuable information, not to be found in works of the kind generally, and we have therefore much pleasure in commending it to the attention of the profession in Canada.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. Witthaus, A.M., M.D., Prof. of Chemistry and Toxicology in the University of Buffalo, etc. Pp. 370. New York : Wm. Wood & Co. Toronto : Willing & Williamson.

As is stated in the preface, "the author has striven to produce a work which should contain as much as possible of those portions of special chemistry which are of direct interest to the medical practitioner, and at the same time to exclude as far as possible, without detriment to a proper understanding of the subject, those portions which are of purely technological interest." The work is divided into three parts : the first treats of the principles of the science ; the second treats of special chemistry ; and the third is devoted to laboratory technics. The author has succeeded well in his efforts to make the work as simple and practical as possible, and we feel sure he will receive the grateful acknowledgments of those whose interests he has so well considered.

A MANUAL OF THE OPERATIONS OF SURGERY, for the use of Senior Students, House Surgeons and Junior Practitioners. Illustrated. By Joseph Bell, F.R.C.S., Edin., Lecturer on Clinical Surgery, Edinburgh University. Fifth edition, revised and enlarged. Edinburgh : Maclachlan & Stewart.

We are pleased to receive from the publishers an advance copy of this most excellent little man-

ual on operative surgery by the distinguished surgeon, Joseph Bell. The author very modestly claims that it is for the use of students, house surgeons and junior practitioners, but we venture to say that it will be found of service to all surgeons whatever their experience may be. The descriptions of the various operations, though concise, are yet sufficiently explicit, and many useful and valuable hints are given with regard to their performance, and the reasons for the selection of one operation in preference to another, which are not to be found in other works on surgery. We have much pleasure in commending the work to the attention of our readers.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M.D., LL.D., late professor of venereal diseases at the College of Physicians and Surgeons, New York ; and Robert W. Taylor, A.M., M.D., professor of venereal and skin diseases in the University of Vermont, etc. Fifth edition, revised and rewritten, with many additions by Dr. Taylor, with one hundred and thirty-nine wood cuts and thirteen chromo-lithographic figures. Philadelphia : Henry C. Lea's Son & Co. 1883.

This work is already well-known to the profession, and the present edition, edited by Dr. Taylor, will be gladly welcomed. It is not too much to say that it is the best work on venereal diseases in the English, or indeed in any language. The style is clear and distinct, and the teaching quite abreast of the most advanced ideas on the subject of which it treats. Mercury still holds a prominent position, and justly so, in the treatment of syphilis. This is in accord with the experience of the profession in all parts of the world. The publishers have also done their part well.

PARKES' MANUAL OF PRACTICAL HYGIENE. Sixth Edition, by Professor Chaumont. New York : William Wood & Co. Toronto : Willing & Williamson.

Professor Chaumont has already won a high repute as editor of the great work of his predecessor Dr. Parkes, late Professor of Military Hygiene in the Army Medical School at Netly ; and in some particulars this Sixth Edition is an improvement on the previous ones. Matter now out of date has been omitted and new substituted, but without any great increase in size of the work.

Every aid of type arrangement and classification has been made, and in this reprint of Wm. Wood

& Co. (Wood's Library), an appendix will be found of American practise in matters relating to Hygiene, by Fred'k N. Owen, Civil and Sanitary Engineer.

Unhesitating confidence may be placed in this work as one of reference by the practitioner.

HINTS IN SICKNESS: WHERE TO GO AND WHAT TO DO. By Henry C. Burdett, Founder of the Home Hospitals Association for paying patients. London: Kegan Paul, Trench & Co., Paternoster Square.

This unpretentious little work contains a good deal of valuable information upon the terms of admission to hospitals, asylums, etc.; treatment of emergencies, hints on nursing, infection and disinfection, sick room cookery, etc., and although chiefly intended for lay readers, yet it contains much of interest to the professional reader.

THE POPULAR SCIENCE MONTHLY. Published by D. Appleton & Co., New York.

Where all are excellent, it must be supererogatory to make distinction. The January number of the above publication is however so rich, that it is difficult to escape the temptation to award high relative approbation. If we might venture on particular allusion, the article by Dr. Clouston, of Edinburgh, on Female Education, is the one that should command especial attention. It is replete with sound practical sense, as indeed is everything that has come from the pen of that talented and long experienced psychologist.

THE ROLLER BANDAGE, by Wm. B. Hopkins, M.D., Philadelphia, with seventy-three illustrations. Philadelphia: J. B. Lippincott & Co.

The object of this little work is to teach by illustration rather than by elaborate description, the method of applying the roller bandage. Full and explicit directions are given for the application of all varieties of bandages, from the simplest to the most complex. We would especially commend the work to students who are learning the art of bandaging.

ILLUSTRATED MEDICINE AND SURGERY, QUARTERLY, edited by Drs. Geo. H. Fox and Fred. R. Sturgis; vol. ii., No. 3. July, 1883, containing 25 illustrations. Price, \$8 per annum.

We cannot speak too highly of the general appearance and make up of this excellent publication. It is creditable in the highest degree, both to the

editors and publishers, and we trust it is receiving the support it so greatly merits. In the present number there is a beautiful lithographic plate, showing a plastic operation of the face, by Dr. Alfred C. Post, of New York, which is worth the whole year's subscription.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By George M. Beard, M.D., and A. D. Rockwell, M.D. Fourth edition. Revised by A. D. Rockwell, M.D. New York: William Wood & Co. 1883.

Having noticed previous editions of this book, it is only necessary to announce the issue of the present one. It contains some slight changes, and the addition of a few pages on static electricity, also the treatment of extra-uterine pregnancy by electricity.

THE OSTEOLOGY AND DEVELOPMENT OF SYNGNATHUS, by Prof. Playfair McMurrich, of the Guelph Agricultural College, Ont.

The above article appeared in a recent number of the *Quarterly Journal of Microscopical Science*, Lond., Eng., and is an able and valuable contribution to the morphology of the lopho-branchiate fishes.

STUDENT'S MANUAL OF DISEASES OF THE NOSE AND THROAT, and their treatment. By J. M. W. Kitchen, M.D., Assistant Surgeon Metropolitan Throat Hospital. New York: G. P. Putnam's Sons.

A REPORT ON CEREBRO-SPINAL PATHOLOGY. By Daniel Clark, M.D., Medical Superintendent for the Insane, Toronto. Reprinted from the *American Journal of Insanity* for October, 1883.

Births, Marriages and Deaths.

On the 5th of Dec., 1883, W. D. M. Bell, M.D., of Bearbrook, Ont., to Anna Eliza, second daughter of W. P. Lett, Esq., City Clerk, Ottawa.

At Bridgetown, N. S., on the 22nd of December, 1883. S. F. Whitman, M.D., aged 84 years.

At Priceville, Ont., on the 23rd of December, 1883, H. Bennett, M.D., aged 36 years.

In Dublin, Ireland, on the 23rd ult., Dr. John Reddy, of Montreal, aged 62 years.