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WINNIPEG, SEPTEMBER, 1888.

## THE SURGICAL TREATMENT OF PYO-THORAX.

Read before the Medico-Chirurgical Society.

BY A. H. FERGUSON, M.D., C.M.,
Professor of Surgery, Manitoba Medical College.

The surgical procedures to be adopted in the management of pyo-thorax, (limiting my paper to that form following *Thoracentesis pleuritis*) are: Repeated aspirations with the hope, either that the compressed lung may recover itself, expand and bring the visceral layer of the pleura in apposition with the parietal layer; or that the chest-wall may fall in and meet the incompletely expanded lung, and thus effect a cure. It has been positively asserted by some writers that if pus forms in the pleural cavity, free drainage through an opening made in the chest is the only treatment. While it is rare for an empyema to be cured by aspiration in an adult, I have to report two cases, with this fortunate termination.

The first was an Icelander, aged about 38 years, of rather unhealthy appearance, who was in my charge in the Winnipeg General Hospital, during December, 1886. Dr. Blanchard, in the course of his lectures on clinical medicine, wished to aspirate this case before the class, which was done. In the course of about a week I proceeded to trephine the sixth rib in the mid-axillary line, with the impression that free drainage was the proper treatment in a case so distinctly empyemic. So positive was I that even a thorough physical examination was not made, for which negligence my conscience inflicted on me an impressive rebuke. Upon opening the thoracic cavity, no pus was found; I, however, inserted a drainage tube, supposing it to be lower down. All antiseptic precautions were taken during the operation and subsequent dressings. In five or six days the tube was considered useless, for no pus came through it as was anticipated. In about two weeks' time he was discharged from the hospital cured, not by the "free drainage" system, but by the first and only aspiration.

The second case was in private practice. Mr. P., age 28, strong, healthy and with a good family history, was taken with pleurisy, in the lumber woods, some 250 miles from Winnipeg. It was about three weeks before he could come home. On the 18th of February last I aspirated 42 ounces of sero-pus. That the fluid was purulent in character, I made positive by a microscopic examination. Eight days afterwards I removed 28 ounces of a similar fluid. No further treatment was necessary other than the administration of iron and quinine. He is now enjoying excellent health and at manual labor.

Paracentesis thoracis is therefore indicated in pyo-thorax, as well as when the chest contains water serum or blood, and although not so successful in adults as in children, still it should be performed two or three times at least. Even should it not affect a cure, it surely allows the lung to expand to some extent, and also permits the chest wall to recede, which lessens the cavity, and thus improves the case. Should the pus forming cavity lessen each time after the fluid is removed, whether by expansion of the lung or falling in of the ribs, I should be encouraged to repeat the operation. Dr. Frank Donaldson, of Baltimore, had three cases perfectly cured by aspiration—a child 11 months old, after three aspirations; a child five years old, after five aspirations; and a boy 16 years old, after two aspirations (Pepper.) Godlee reports four of five children, and two of twenty adults thus cured. (Druitt.) Dupuytren cured a case after no less than 73 aspirations. Should an aspirator not be at hand, a common trocar and canula with a Higginson's syringe attached by means of rubber tubing, so as to pump the fluid

out, will answer as a very good substitute.

There is one form of pyo-thorax which is very fatal, viz., that resulting from, or rather accompanying, acute suppurative pleuritis. I believe free drainage, as soon as pus forms, to be the most rational treatment for it. In this connection I cannot refrain from reporting the only case of acute suppurative pleuritis I ever met with. Mr. C., a C. P. R. policeman, age 34, stout, well built, never seriously ill, had bronchitis in 1880, modified typhoid in 1886, and with a good family history. On the 7th of last February he consulted me about a slight cough which troubled him a few days. There were no constitutional symptoms whatever. The next morning (8th) I was called to see him. He had had chills, complained of pain in his left side. His temperature was 101° F. and pulse 100. He complained very much more than his symptoms and condition appeared to me to warrant. During the evening he got much worse. It being then impossible for me to see him Dr. Pennefather very kindly attended for me. I did not see him again till late the next night, when Dr. P. accompanied me. His pulse was over 120; temp. 103° and respirations 60. We also detected considerable fluid in the left pleural cavity. The accommodation and nursing were inefficient, so we advised him to go to the hospital, to which he was taken that same night. On the 10th delirium set in, and it was found necessary to aspirate the chest to relieve the great dyspnœa present. The fluid removed was purulent. A second aspiration was found necessary soon afterwards. The constitutional symptoms increased in severity until the morning of the 13th, when he died, evidently from pyæmia. In these cases I believe the proper treatment should be the same as that for suppurative peritonitis, that is, free drainage, by incision, and thorough cleansings with antiseptic solutions.

2. The second surgical procedure in the management of pyo-thorax is that of simple continued drainage, by making a small opening between two ribs, just sufficiently large to admit a drainage tube and no more. This simple, open method may be conducted either through a single orifice with a permanent canula or soft India-rubber tube, or through two openings. A syphon apparatus may be used instead of antiseptic dressings to receive the pus.

Before opening the chest the side ought to be first washed with soap and water, then with corrosive sublimate solutions 1 in 1000 to thoroughly clear away all extraneous substances. When there is but one opening through which the fluid is to pass, it should, I think, be made low down. *The 8th inter-costal space in the* post-axillary line is perfectly safe on the right side, while on the left a higher space should be selected. Lower than that the diaphragm has been encountered. A spot a little below the centre of the dull area is highly recommended, particularly in loculated empyema. In simple empyema some advise the 5th interspace in the mid-axillary line, and occasionally it has been found necessary to open the 10th or 11th interspace. Whatever point *is chosen*, before the knife or trocar is passed into the pleura we ought always to insert an exploratory hypodermic needle as a crucial test of the presence of fluid. Should the odor become putrid or gangrenous, or hectic symptoms show that the secretion is profuse and has no free exit, it becomes necessary at once to resort to medicated solutions of some one of the antiseptic drugs Very weak solutions should be used at first and very gentle force employed. Tolerance is soon established in many cases. 1 to 2 per cent. of carbolic acid; 1 gr. to 1 oz. of permangante of potash; one drachm of pot. chlor. to one *pint; one drachm to four drachms of* iodine to a pint; half a grain to three grains of corrosive sublimate to a pint, or for the first few washings I prefer to use borax, four drachms and glycerine one ounce to the pint of water, as being much less irritating.

Should at any time dyspnœa, cough, spasms, or syncope begin, the injections must be stopped immediately, and these allayed. This mode of treatment is suitable for *simple* cases of recent origin, but not when the formation of pus is very abundant or mixed with flocculi; or when the chest wall falls in and presses upon

the drainage tube, if a hard tube be used, much irritation is produced, if soft rubber it becomes obstructed. Cases are reported where tubes are left in the chest too long, perforation of the lung and diaphragm have taken place. Should the patient not rapidly improve, a very free opening should be made and the pus forming cavity cleared of all its contents. There are twenty cases reported as cured by syphon drainage in the "Annual of the Universal Medical Sciences, 1888."

3. *Pleurotomy.*—The dogma promulgated by Hippocrates that it was dangerous to freely and rapidly evacuate a pus sac, prevented many a sufferer from being relieved or cured. It is true that aspiration and simple drainage should first be tried without losing valuable time, but by a free opening we not merely remove the pus, but also large fibrous masses, gangrenous debris, hydatids and putrifying materials which produce septicæmia and death. The lung is given an opportunity to expand and the ribs are permitted to fall in.

Pleurotomy may be performed by simply enlarging the opening for simple drainage, if already existing, or should the space between the ribs be too small for free drainage, a V-shaped piece may be removed from the upper border of the rib with the bone forceps, or what is still better, is to trephine the upper portion of the rib, for it not merely furnishes a free but also a permanent opening which cannot be closed by the approximation of the ribs, which are the objects for which this operation was instituted. The opening should be kept patulous by a large but very short tube, the chest thoroughly and regularly washed out and antiseptic dressings applied. The statistical results of free drainage are very encouraging. The collected cases of Dr. Eddison show a recovery of 78 per cent. (Ashurat.)

4. The fourth operation advisable in order to radically cure pyo-thorax, is Thoracoplasty, known as Estlander's operation. It is the removal of a portion of one or more ribs allowing the chest wall to collapse, and thus obliterate, if possible, such cavities as are met with in chronic cases. It is indicated in all cases in which the foregoing measures will not effect a cure, that is, where the lung will not expand and the chest wall will not fall in any farther, but still a cavity left which secretes pus constantly, inducing anæmia, pthisis, lardaceous disease, etc. Estlander treated successfully five of his six cases operated upon. E. Moutard-Martin cured 12 out of 17 subjects.—(Pepper). Dr. Bœckel reports a case in which he dissected a portion of seven ribs and part of the scapula, and cure effected. I have performed Estlander's operation three times, twice upon the one person and once upon another. The first of these was J. S., age 17 years, who was admitted into the Winnipeg General Hospital on the 28th of December, 1886, with the following history:

About the middle of June, 1886, he was taken with pleuritis. He had no medical attendance till some 6 or 8 weeks, before when Dr. Cody, of Selkirk, visited him. The right chest was then filled with effusion, but, I am told, not purulent. His attendance being such as the home of a half-breed family, in fair circumstances, could but afford, the Dr. advised him to come to the hospital. The family history was good. I first aspirated and removed 32 ounces of pus. In a few days afterwards I trephined the upper border of the 6th rib in the mid-axillary line, and drew off 80 ounces of pus in which were many locculi. After this, with frequent washings, antiseptic dressings, iron, quinine, cod-liver oil and the full hospital diet, he improved very much, gaining considerable weight, and was soon able to walk about and do little chores around the hospital. On the 7th of June, 1887, he was sent home, with full instructions how to attend to himself, which were not followed out. He got worse and returned to the hospital on the 1st of August, 1887. The change of diet and cleanliness improved his condition somewhat but not materially. The lung remained collapsed excepting the apex, and the chest wall receded so that all the ribs touched one another, and yet a surprisingly large cavity remained. It was somewhat triangular in shape, extending from the 2nd rib to the diaphragm, its base was co-terminus with the full breadth of the right chest over the diaphragm and its apex

upwards. The depth of the cavity was greatest opposite the 6th and 7th ribs, where it measured 4½ inches. It became evident that the constant drain upon his system would soon prove disastrous, so I determined to perform Estlander's operation, by removing a portion of three ribs. On the 5th of September, 1887, chloroform being given, 3 inches of the 9th rib was resected sub-periosteally. A long incision was made lengthwise over and down to the rib. The periosteum was cut in a like manner and stripped off with a raspatory and the chain saw applied to the bone. By this time our patient showed signs of collapse and all operative procedures had to be stayed. He rallied, however, and was soon about the wards again. His most obstinate symptom, vomiting, lasted, however, for three days. Determined to collapse the chest, if possible, chloroform was administered again on the 19th of October, 1887. This time I enlarged the first incision and then made a long cut, extending from the 3rd rib, in the axilla, running parallel with the posterior border of the pectoralis major muscle down to join the anterior end of the primary incision. The external incisions when completed were not unlike the letter L reversed thus ⅃. The flap was then raised backwards, so as to expose at once all the ribs decided to be removed, viz: 3rd, 4th, 5th, 6th, 7th and 8th. On this occasion I used the bone forceps instead of the chain saw, and by operating as rapidly as possible, the work was completed in about half an hour. As you will observe by the sections here exhibited. That of the 9th rib is 3 inches long, while that of the 3rd is only one inch and a quarter, and that of the other intermediate sections decreases in length as we count upwards, which altogether make a V shaped block, with the apex in the axilla. This I thought would allow the greatest collapse of the chest wall to take place where it was most needed. Persistent vomiting set in, as on the previous occasion, although he stood the operation itself fully as well as the preceding one. He never fully rallied, his temperature remaining subnormal, and he became noisy and incoherent. The vomiting never ceased till he died on the 25th, six days after the operation. I believe the chloroform contributed more to the fatal termination of this case than did the operation.

My second case of resection of the ribs was not so serious and terminated favorably. A young man, age 26 years, presented himself at my surgery on the 3rd of January last, with a fistulous opening on the right side under the 8th rib in the post axillary line, where it was opened 9 months previously, in Michigan. The history was that of pleurisy and repeated aspirations in the winter of 1886. He came to this country to get rid of malaria, His general health improved much by the change.

Upon examination I found the opening lead upwards and forwards under three ribs, where the lung and chest wall did not come in contact. The next day I removed the two portions of the 7th and 8th ribs, which I now show you, I curetted the whole sac thoroughly, using antiseptic solutions and dressings every other day. In seven weeks time, to my satisfaction, the wound had completely healed.

## LATENT GONORRHŒA IN WOMEN.

About fifteen years ago, Dr. Noeggerath turned the attention of the profession to the frequency of serious diseases of the female internal organs due to gonorrhœa. He now frankly admits that he then drew too gloomy a picture of his case. Nevertheless, he had done a service to medical science. The study of venereal disorders and the science of obstetrics and diseases of women are not sufficiently compared, owing to that extreme specialisation which is so prominent a feature of the day. His subject comprises two questions of great pathological and social importance. First, it is probable that gonorrhœa in the male has altered in type owing to the increase of temperance. In a beer-drinker the first attack of gonorrhœa seldom fails to involve great pain, or, at least, great inconvenience. The patient, therefore, takes care to get well as soon as possible, and not rarely is thoroughly cured before the disease has had time to

spread upwards into certain recesses in the genito-urinary tract, whence it is hard to dislodge. On the other hand, the primary symptoms are usually mild in total abstainers, hence a temperate patient may be careless from the first. In every case gleet may supervene and become chronic, so that its precise termination cannot be determined by the experienced. This involves great risk of the transference of the malady to the realms of obstetrics. A young man thinks he has been thoroughly cured of gonorrhœa, but his habits or surroundings often encourage the maintenance of a scanty gleety discharge which escapes his notice. He marries, and his wife becomes a victim to one or more of the well-known forms of pelvic inflammation, often after abortion or parturition. Both parties may remain totally ignorant of the nature of the wife's malady, and so may the medical attendant. The nature of the wife's malady is the second question suggested by Dr. Noeggerath's theories. Those who believe in a gonorrhœal perimetritis and salpingitis must show how it may be diagnosed. By "latent gonorrhœa" Dr. Noeggerath signifies the sudden development of the acute or sub-acute symptoms of gonorrhœa in a part of the genital tract, as a result of some unaccustomed stimulus, after the absence of any local disease for a protracted period. Clinical evidence must, he states, be considered. We are referring to a paper read before a German society, and published in the *Deutsche Medicinische Wochenschrift*, for December 8th. Winkel has already stated that in examining 400 female bodies in Dresden he failed to detect a single fatal case of acute gonorrhœal salpingitis. At Munich he found that disease to be common. During eleven years, at Dresden, he did not see a single fatal case. Within three years and three-quarters he observed three fatal cases at Munich. Great difficulty, however, attends the study of these cases. The gonococcus cannot always be found. Neisser, however, in examining 143 cases of chronic gonorrhœa in the male, failed to find gonococci in 63 cases. Schwarz found these germs in 35 only out of 79 cases. Dr. Noeggerath declares that in women research of this kind must be yet more unsatisfactory, especially when the disease lies latent in the Fallopian tube. Out of 92 cases of infants suffering from blenorrhœa neonatorum, Kroner found the gonococcus in only 63. In the case of the 29 where the germ was not detected, 17 mothers of the patients in this group had no gonococci in the lochia. It seems evident that the discharge of a gonorrhœal patient remains contagious long after its specific germ has vanished. Hence bacteriology is of no service in determining the question of contagion in the case of a person about to marry, and it is of limited value in distinguishing the specificity of pyosalpinx or perimetritis. Dr. Noeggerath, therefore, relies on clinical evidence. He declares that in one case of a male patient who had been cured of gonorrhœa for fourteen years, he pressed a great drop of pus out of the patient's urethra. In twenty-four cases of women with acute or recurrent peritonitis, where the husband had been apparently cured of gonorrhœa before marriage, the cure in question was dated at two years before marriage in six of the husbands, at two and half years in two, at ten years in one, and at eleven years in another. The date of the last attack of gonorrhœa, as given by a patient, must, however, be accepted with caution. Dr. Noeggerath further insists that three or four cases of undoubted internal gonorrhœa have been noted in virgins, through persistence of infantile vulvo-vaginitis (where gonococci are found) after puberty. He believes that in some cases of fatal perimetritis after labor, evidence has been found that the tubes must have been diseased long before the last labor or even pregnancy. The distinction between puerperal sepsis and gonorrhœa is important. Dr. Noeggerath's views certainly appear extreme in this respect, yet he quotes from two clinical establishments where about a quarter of the pregnant or parturient patients had sufferred from gonorrhœa. He relies on certain evidences of chronic gonorrhœa in women, whether the disease has commenced with or without acute symptoms. These evidences are, first, the sudden onset in a recently married woman of a disease of the sexual

organs, which involves rapid impairment of health, notwithstanding the trifling character of the local symptoms; secondly come puriform discharges in cases where deep ulcers, granulations, and new growths are absent; and scanty, clear discharges, with narrow, bright red erosions of the os externum. Catarrh of Cowper's ducts; small, pointed condylomata near the orifice of the vagina, or forming a circle close to the anal orifice; the presence of granular colpitis, and the evidence of salpingo-perimetritis; and lastly, glandular ovaritis, are all important indications, when several or all are found in the same case. Dr. Noeggerath probably takes a very gloomy view of the question of latent gonorrhœa, much as he may have retracted his former and yet more extreme notion that 90 per cent. of husbands who had contracted gonorrhœa before marriage infected their wives. Nevertheless, it is certain that gonorrhœa in the female is a grave complaint if not cured before a woman becomes pregnant. After abortion or delivery at term, the raw interior of the uterus must be a favorable recepticle for specific discharge, and the Fallopian tubes form a highway into the peritoneum. Fortunately Dr. Bumm has shown that the gonococcus is not septic, and hence, according to his theory, the relative mildness of gonorrhœal salpingitis as compared with the deadly puerperal perimetritis.—*British Medical Journal.*

## RETENTION OF THE PLACENTA FOR SEVEN WEEKS.

Dr. Varnex, writing in the *Vrach* on the question of the management of retained placenta, mentions a case which occurred under his charge in the Basman department of the Moscow Artisan Hospital, which he thinks shows that, even where the placenta is found tightly locked up in the uterus several days or weeks after labor, there need be no necessity for recourse to such serious measures as were adopted by Schlutze, who in a similar case performed abdominal section and extirpated the uterus. Dr. Varnek's patient was a married women, and had been attended by a midwife, who, after a great deal of very painful intra-uterine manipulation, had assured her that she had got the whole of the after-birth away. The patient attempted, after the sixth day, to attend to her household duties. She was, however very weak, and, as she grew worse and began to suffer from pain in the abdomen and back, she sought admission a fortnight after the confinement under Dr. Vornek. She was found to be in a low, weak, anæmic state. The abdominal walls were lax. The uterus could be felt as a dense hard mass, extending up to the umbilicus. The external os admitted the finger, but the internal os was much too contracted to permit the cavity to be entered. There was but little discharge, and this was inoffensive. The patient was treated by warm vaginal injections of carbolised water (1 in 50), iodoform suppositories, and the internal administration of ergot and ergotine. The condition improved slightly for a time, but in about a month from the time of confinement hæmorrhage occurred, the temperature (which had been normal) rose, and shortly afterwards the discharge became very offensive. Attempts were then made to examine and clear the uterine cavity. The internal os having somewhat dilated, a partial exploration was made, which revealed the presence of the placenta in a very hard dense condition, firmly attached to the uterine walls. Persistent efforts both with the fingers and with a sharp curette failing to remove it, and the patient being much exhausted by the manipulation for which she had been placed on the operating table, she was put back to bed, and prolonged irrigation with a 1 per cent. solution of carbolic acid ordered, a mixture of iodoform and glycerine having been first applied to the interior of the uterus. For the next few days irrigation was practised for from four to ten hours daily, the general condition improving. In a little more than a week a portion of the after-birth came away, which was entirely inoffensive, and the next day the whole of the remainder was got rid of. After this the patient made a rapid and complete recovery. Here the placenta had remained in the uterus fifty days after the confinement, and its ultimate removal is attributed by Dr. Varnek mainly, if not entirely, to persistent and prolonged irrigation.

## UNSEASONABLE WEATHER AND THE PUBLIC HEALTH.

The popular conviction that seasonable weather—that is, the prevalence of arctic cold in winter and of tropical heat in summer is conducive to health will probably long survive the most convincing statistical evidence of the fallacy on which it is based. It may be useful, however, to call attention to the apparent effect of the recent long-continued spell of unseasonable summer weather upon the public health judged by the death-rate. During the six weeks ending last Saturday, the mean temperature at the Royal Observatory, Greenwich, was almost continuously below the average. If we except five days in June (the 11th, 12th, 24th, 25th and 26th), a deficiency in the mean temperature was recorded on each of the forty-two days in this period. The average daily deficiency on these thirty-seven days of low temperature was no less than 5·2°F., the coldest days being the 11th and 12th of July, when the deficiency was no less than 14·0° and 13·4°. The frequency and amount of rainfall during this period was almost as remarkable as the low temperature. Rain was measured on twenty-seven of the forty-two days in this period of six weeks to the aggregate amount of 6·13 inches, being almost identical with the amount measured this year previously to the six weeks under notice. Let us now consider what has been the death-rate in our largest English towns reported by the Registrar-General during this unseasonable, and probably unprecedentedly, cold and wet period. In the twenty-eight large English towns dealt with in the Registrar-General's weekly return the annual death-rate in the six weeks now under notice was equal to 15·7 per 1,000 of the estimated population, a rate very far below any previously recorded during this period; the mean rate in the corresponding period of the six preceding years 1882–87 was 19·3, and exceeded by 3·6 the rate in the six weeks ending last Saturday. A very considerable proportion of this marked reduction in the recent death-rate of our largest towns was naturally due to the small recorded mortality from diarrhœa; the deaths from this cause in the twenty-eight towns in the three weeks ending last Saturday were but 330, against 860, 1138, and 1563 in the corresponding three weeks of the three years 1885-6-7. Summer diarrhœa, however, is almost exclusively an infantile disease, and we find that the reduction in the death-rate has by no means been confined to the deaths of infants. The deaths of persons aged between one and sixty years has also showed a marked decline, due in great measure to the low death-rate of zymotic diseases among children; and even the deaths of elderly persons have been considerably below the correct average. From the above-mentioned facts it is at any rate, patent that the recent cold, wet and sunless weather cannot have unfavorably affected the public health, even if we hesitate to affirm that the low death-rate has been due to the prevalence of such exceptionally unseasonable weather.—*London Lancet.*

## BLOOD-LETTING,

### USE OF, IN GYNÆCOLOGICAL CASES.

Bedford Fenwick, M. D., Br. Gyn. Jour.

Sixty years ago Dr. Marshall Hall wrote: "It would be difficult to determine whether greater injury has arisen in the practice of physic from undue or inefficient bleeding. To neglect the full use of this most important of our remedies when it is required, or to institute it when it is not so, is equally to endanger the safety of the patient." How essentially and widely different our theory and our practice is to-day need hardly be insisted on. A distinguished practitioner once told me that he had never drawn an ounce of blood nor even seen a cupping-glass in all his life. A teacher will name a dozen drugs as useful in uterine disease, but in all his course will never once suggest a single leech. In fact we seem to shrink from the lancet as if it were an assassin's dagger. But the more I see of the incalculable benefits of blood-letting, the more am I convinced that the whole question of its employment in the treatment of disease has yet to, and must soon, be

settled on a scientific basis. I desire now to produce evidence that in some gynæcological cases we have in local bleeding a most important and a most powerful remedy. In the last few years I have employed the treatment in more than a thousand cases.

The local abstraction of blood in gynæcological cases can be attained by leeches or by scarification—i.e., free puncturing of the cervix uteri—or by cupping. The first, and of course the last, method I have chiefly used in external application on the abdomen or round the anus, where the creature can be easily applied and easily controlled. But as I know that many practitioners leech the cervix, I would state what I believe to be valid objections to that procedure. Leeches are, in the first place, somewhat awkward to use and difficult to apply to the cervix successfully; secondly, they individually draw very little blood; thirdly, they leave a wound which in some individuals heals badly; and finally, they are endued with a spirit of intense curiosity, and this leads them to explore the interior of the uterus, the Fallopian tube, and even the abdominal cavity, if an opportunity be afforded them I have heard of a case in which sudden collapse due to hæmatocele, followed by severe pelvic cellulitis, ensued on the disappearance of a leech from a cervix which it had been, the operator thought, contentedly chewing. The patient happily recovered after many months of illness—under the care of another practitioner, it may be noted. What became of the leech the historian was therefore unable to say. But scarification of the cervix, carefully performed, is a perfectly safe and perfectly simple operation. The patient is laid on her left side, with the hips quite out to the edge of the couch, and the knees well drawn upwards. A speculum, of as large a size as the vagina will permit, is passed, and the cervix brought fully into view and cleaned with a mop of cotton wool. The best form of scarifier is a sharp edged, lance-shaped knife mounted on a long handle. The operator, sitting or kneeling with his head on a level with the speculum, steadies this with his left hand, while his right, holding the knife pen-fashion, passes the blade up the passage and punctures the cervix at as many points as he thinks necessary, to a depth of about an eighth to a sixth of an inch each. A small basin is now held under the mouth of the speculum to catch the blood, and its flow is assisted by the injection of warm water. As the cervix becomes blanched the bleeding lessens and finally ceases. An injection of hot water is then given to wash away the clots, and a large plug of cotton wool, which has been well soaked in glycerine, and round the middle of which a long piece of twine is tied, is placed round the cervix and the speculum withdrawn, leaving the end of the string outside to enable the patient to withdraw the plug in twelve or fourteen hours' time. There are several practical points to be well remembered in the procedure, which I would especially insist on, as each has been impressed upon my mind by experiences which I need not relate in detail. When there has been long-standing congestion the mucous membrane and its subjacent tissue are almost always hardened and thickened in consequence, and the punctures therefore have to be made more deeply and more freely than usual to make the blood flow. Next the knife-edge should be very sharp; if not, the pressure necessarily used may send the knife much deeper than wished, and the wounding of deep vessels produces profuse bleeding. Again it is always well to warn the patient not to move, and what is going to be done, otherwise a sudden frightened jerk on her part may drive the blade even up to its hilt. The punctures should be confined strictly to the cervix, and in every case that part should be well in view and well cleaned before the knife is applied. If the speculum slips, or in any way the vaginal wall be punctured, as I have known happen to inexperienced or careless operators, furious and even dangerous hæmorrhage may be caused. I have never known punctures made in the way I have described—merely through the cervix—to cause bleeding which could not be stayed by a minute's firm pressure of a wool mop; and it is most important that in very case all

bleeding should be quite stopped before the patient is allowed to rise from the couch. The advantages of the plug are great; the glycerine maintains of course a drain of serum from the punctures, and so continues and increases the depletory action, and the cotton wool acts also mechanically as a direct support to the vagina and uterus. The conclusions I would draw in brief are these:—1st. That where the cervix uteri is deeply congested, deep red, bluish, or purple in color, local depletion by scarification generally gives immediate relief. 2nd. That where this congestion is caused and kept up by flexion of the uterus obstructing the return of the venous blood from the cervix, and causing chronic enlargement of the utrine veins generally, local depletion allows a pessary to be inserted with safety and comfort to replace the organ, which *almost certainly could not otherwise* be tolerated. 3rd. That in every case, of course, the possibility of the patient being pregnant would be investigated before scarification were attempted. 4th. In cases of subacute ovaritis or obscure throbbing pain in the pelvis cupping or leeching externally frequently relieves the patient immediately. 5th. In cases of vaginismus from inflamed hæmorrhoids or other rectal congestive conditions leeches round the anus give rapid relief or cure. 6th. That sacrification is the simplest and safest method of abstracting blood from the cervix, with the precautions I have enumerated, leeches or cupping being kept for external use only.

## EXOPHTHALMIC GOITRE.

By Augustus A. Eshner, A.M., M.D. Prize Essay, Jefferson Medical College, 1888.

Dr. Eshner concludes his very valuable essay as follows: It would thus seem that the symptoms of exophthalmic goitre are best explicable on the theory of a lesion of the medulla oblongata, involving the cardio-inhibitory centre, the vasomotor centre, the respiratory centre, perhaps, also, the diabetic centre and other vital points concentrated in this [illegible]nborhood. *Depression of the cardio-inhibitory* centre, through the vagus, would give rise to rapidity, irritability and irregularity of the heart's action, increased by the lowered vascular tension. The disturbance of the pneumogastric nucleus, or of a hypothetical vomit centre, might explain the vomiting and the manifestations of digestive disorder. Impaired action of the vasomotor centre would be attended with dilatation of the vessels, generally or locally, as varying areas or sub-centres are implicated. This, in turn, would be followed by increased vascularity of the thyroid gland, perhaps with exudation and hypertrophy; by similar conditions in the retro-bulbar tissues, producing exophthalmos. It would also give rise to subjective sensations of heat, to perspiration, to affections of the skin and to polyuria. Increased activity of the heart and diminished vascular tone would, together, give rise to abnormal pulsation of the vessels. The murmurs variously heard are anemic in origin. Involvement of the respiratory centre would explain the oppression of chest and the pseudo-angina. Diabetes would be produced by involvement of the diabetic centre. The motor phenomena, the paralyses, the tremor and the remaining nervous manifestations might be due to disturbances of adjacent ganglia and nuclei of gray matter.

That no palpable lesions are found post-mortem may arise from the fact that the disturbance is functional in its nature, due to molecular alterations in the intimate structure of the cells of the nerve centres, not appreciable to our present means of investigation—just such changes as may be conceived to exist in epilepsy, in hysteria, in tetanus.

The materia medica has been ransacked in an endeavor to find a remedy for exophthalmic goitre—and in vain. Iron, digitalis, quinine, belladonna, ergot, strychnine, arsenic, iodine, veratrum viride, aconite, electricity and nitroglycerine have all been used, lauded on the one hand, rejected on the other. Graefe found [illegible] useful only at certain stages, in the milder grades of the disease and contra-indicated in the severer forms. Digitalis has been said to be entirely useless, disturbing the digestion and affording not even temporary relief. *There is no specific remedy.* Rest is an important factor in the treatment. The general health should be improved,

the diet carefully regulated, symptoms treated as they arise, force conserved and complications prevented. If the heart is weak, digitalis will be useful. If hypertrophy exist and the heart is overacting, aconite will be required. The treatment throughout should be sustaining. With convalescence, arsenic, quinine, iron and strychnine may be used. Should eye complications arise, they are to be treated as they would under other circumstances.

The best results have been reported from the use of electricity. Chvostek has reported a series of twenty-three cases treated exclusively by the galvanic current, in all of which manifest improvement and, in most, complete recovery, took place. Recently, Charcot has strongly recommended the electrical current as the sole means of treatment and supports the recommendation by the recital of cases which have entirely recovered by carrying out the method he proposes. He directs the use first of a faradic current, the anode applied to the nape of the neck, the cathode firmly over the carotid below the angle of the jaw, then lightly over the eyes; and next that the goitre, the sternohyoid and sternothyroid muscles be faradized. Following this, the galvanic current is used, the anode placed at the inner third of the third intercostal space on the left, the cathode at the nape of the neck. The sitting should last ten or fifteen minutes and be repeated on alternate days.

Dr. Louis Rehn reports three cases of exophthalmic goitre cured by partial or complete extirpation of the thyroid gland. As the manifestations of the disease do not depend for their existence upon the enlargement of the thyroid gland, these cases should be included among those which spontaneously recover; in fact, they seem to have recovered in spite of the treatment, rather than as a consequence of it.

In conclusion, the writer cannot refrain from calling attention to the similarity of many of the symptoms of exophthalmic goitre to the phenomena which pregnancy may present: the disturbance of cardiac innervation, the palpitation, the hypertrophy and dilitation, the spanemia, the dyspnœa, the oppression, præcordial pain, the nausea and vomiting, the flushing and sensations of heat, the tegumentary changes, the perverted appetite, the enlargement of the thyroid gland, the albuminuria, the diabetes, the mania, the insanity.

## SILICO-FLUORIDE OF SODIUM.

Prof. H. E. Goodman, of Philadelphia, uses this agent whenever an efficient germicidal dressing is desired.

In his general surgical clinic at the Medico-Chirurgical Hospital he uses it, in the strength of one-half to one grain to the ounce of water, as a general irrigation to all wounds, amputations, etc.

In his clinic of orthopedic surgery at the Orthopedic Hospital he uses it, in the same strength, as an irrigation to ulcers, sinuses, etc.

In his clinic of eye diseases at the Wills Eye Hospital he uses it, in the strength of one-fourth grain or less to the ounce of water, according to the degree of irritation produced, in purulent ophthalmia, ulcers, etc. It forms also an excellent wash in nasal catarrh and other inflammatory diseases of the mucous membranes.

Silico-fluoride of sodium is a heavy, white powder, its solubility being one grain to the ounce of water. Experiments show it to be about as powerful a germicide as corrosive sublimate, while it is but very slightly irritating and non-poisonous by absorption. Its action internally has not yet been demonstrated. Its present price is fifty cents per ounce.

QUACK ADVERTISEMENTS.—A society for the suppression of quackery has been in existence in Holland for several years. The chief object of this truly philanthropic association appears to be not so much the "stamping out" of unqualified practice, as the enlightenment of the public mind as to the real value of too many of the nostrums which are so widely advertised in the lay press as certain remedies to all the ills that flesh is heir to. The society numbers more than a thousand members, of whom rather more than half are medical men or pharmaceutical chemists.

MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET.

## WINNIPEG GENERAL HOSPITAL.

On September 3rd we had the pleasure of seeing external urethrotomy performed by Dr. A. H. Ferguson in the new operating theatre of the hospital, which was used for the first time. We understand the theatre was designed by the Medical Superintendent, Dr. O'Reilly. It is well adapted to its requirements, and capable of accommodating a considerable number of visitors, and the seats are so arranged that all onlookers have a good view of the proceedings. We hope that now the hitherto existing want of an operating theatre is so well supplied that the staff of the hospital will be able to fix on a certain day and hour weekly for the performance of the majority of the operations which may become necessary. Such an arrangement will not only be advantageous to medical men who are not connected with the General Hospital, but will largely tend to increase professional interest in the institution. Being the hospital of the province, it is incumbent that such regulation should be early adopted. No doubt, the present arrangements "which we regret to see there appears to be no intention of amending," with regard to the professional service of the institution renders the carrying out of this suggestion somewhat difficult. But we have no doubt that the advantages to the profession and the hospital, which must manifestly follow such a course, will enlist the sympathies of the staff in its adoption, and further, that no distant date will see a reorganization which will give it a better status as a clinic than under existing circumstances it can possibly hope to attain. The magnitude, income and importance of the institution entitles it to a full staff of physicians and surgeons. In the interests of the public and the students who in its wards acquire that knowledge of disease and its treatment which hereafter entitles them to practice. The Winnipeg General Hospital demands a full medical and surgical staff. The time has gone by when the professional provision for a country infirmary was ample for its requirements. It is now the hospital and teaching school of the province, and as there is no difficulty, so should there be no hesitation in completing its efficiency.

## SUSPICIOUS DEATH.

The daily papers of last week contained various paragraphs concerning the death of a young girl, aged 16 years, under unusual circumstances. If we are informed aright, this girl was in the enjoyment of good health up to the evening of her illness, when two medical men were called in to see her, and found their patient suffering from violent convulsions with well marked opisthotonos, and, notwithstanding all their attempts to relieve her, the girl died while they were yet in the house. No opinion could be formed at the time as to the origin of these convulsions, and to arrive at some conclusion as to the cause, a post mortem examination was asked for from the relations, which, however, afforded no satisfactory results, and the poor girl was consigned to her last resting place on the vague certificate of death from convulsions. It appears that a neighbor gave information to the Chief of the City Police and her statement was of such a nature as to cause him to bring the coroner to investigate into the death. Both these officials made certain enquiries, but the fact remains that this young woman was buried and that the cause of her death is still a mystery. We do not desire to infer that any dark deed has been accomplished, causes perfectly natural may have led up to this fatal termination, but, we desire to draw attention to the looseness of the laws which permit of such laxity of procedure. In this case a searching enquiry was imperatively demanded and a careful post mortem examination and analysis of the viscera under the direction of the crown officials acting on the coroner's warrant, should most undoubtedly have been held. We venture to say that so far as the law is concerned that the protection against foul play by poison in this Province is most inefficient, especially in the country

districts, where by far the majority of corpses are buried without any certificate either from a medical man or of a person present at the death. Any one desirous of poisoning members of his household might do so without running much risk of detection. Laws there are on the statute book bearing on this, but they are more honored in the breach than in the observance. In a matter of such vital interest to the public welfare, it becomes a duty on the part of the Attorney General to take such steps as will satisfy the public mind in this particular instance, and further to speedily amend the act relating to the registration of deaths and burials, so as to be more in accordance with the laws of all civilized communities. Until a registrar of births, deaths and marriages be appointed with deputy registrars in each municipality, who for convenience, might be chosen from the various post office keepers, who are within reach of every settler, a reliable observance of the law is not likely to be obtained. The question is too serious a one to be shunted, and should receive the earliest possible consideration.

## BOOKS.

THE PRACTICAL HOME PHYSICIAN—*Illustrated*—A work with the above title, a large volume, consisting of 1142 pages, has been left with us for review. Though little disposed to encourage such literature for the self-treatment of diseases, which has been productive of far greater injury than benefit to readers, there can be no doubt that a work such as the above, which places in an intelligible and practical manner an illustrated description of the various diseases commonly met with in the human frame is of very great value to every household and individual. The object of the book is to render easy of diagnosis by non-professional persons the common diseases and injuries the human body is liable to; as a rule it wisely forbears to enter on the treatment to be pursued except in minor affections. The illustrations are excellent and can be readily understood. The book closes with a glossary of medical terms in constant use. We can conscientiously recommend The Practical Home Physician as the most valuable and instructive work of the kind that has yet appeared, reflecting the greatest credit on compilers and publishers.

ALDEN'S MANIFOLD CYCLOPÆDIA OF KNOWLEDGE.—We have received Vol. 1 No. 1 of the above work, which promises to be one of the most useful publications of the present time, inasmuch as its extraordinary low price of 50 cents per volume places it within the reach of all. The illustrations are numerous and excellent, and its comprehensiveness may be judged by the fact that the first volume of 625 pages ends with America. The bulky size of the cyclopædias hitherto published have been a drawback, but this is a compact handy volume containing an immense amount of information, and should be found on the shelves of the humblest cottage. Published by J. B. Alden, 393 Pearl Street, New York.

## A GIGANTIC INTESTINAL DIVERTICULUM.

Dr. Maas, of Wurzburg, read, during the last year's session of the Physico-Medical Society of that city, an unusual case of abdominal tumor. The case is reported in the *Centrablatt fur Gynakologie*, April 22nd, 1888. The patient was a boy aged 14. Shortly after birth the abdomen began to swell; the tumefaction increased as years passed by, with little disturbance to the system, till one year before inspection; then the swelling became much larger, and the lad suffered from dyspnœa and palpitations. The urine was normal; the bowels were often moved; the stools were scanty and thin. The abdominal walls were very tense but not œdematous, the skin pale; some of the subcutaneous veins were uniformly dilated. The circumference at the umbilicus was 35½ inches; three inches higher, the point of greatest distension, the girth was over 39 inches. The resonance was uniformly tympanitic, with very slight impairment laterally. No solid tumor could be felt. The urine was albuminous on the first day but not subsequently. Much fæcal matter was voided after in-

jection. A sound passed into the rectum could be felt under the parietes, apparently over the tumor. On that account congenital hydronephrosis on the left side, or cystic degeneration of the kidney, was diagnosed. An exploratory puncture was made in the left loin with a somewhat large trocar. Only fæces escaped. An incision was then made along the linea alba. A large plexus of thick veins covered the surface of the suspected tumor; the operator feared to proceed further, so the abdominal wound was closed. It then appeared as though a cystic kidney, communicating with the intestine, existed. No peritonitis ensued, but the swelling increased, and, after suffering badly from dysnœa, the boy died suddenly. The tumor proved to be a gigantic diverticulum, from the upper part of the rectum; it was filled with 14 litres of thin fæces, and also contained gas. The aperture of communication, the diameter of which was not mentioned in the *Centralblatt*, was at the posterior inferior aspect of the diverticulum. The rectum was strongly compressed by the tumor. Kölliker and Maas attributed the malformation to a disturbance in the normal involution of the layers of the blastoderm.

## MANITOBA MEDICAL COLLEGE.

The winter session will open on October the first, when the introductory lecture will be delivered by Dr. Good, Dean of the school.

All information respecting the College of Physicians and Surgeons of Manitoba, may be had on application to Dr. Patterson, Registrar, Garry Street, Winnipeg.

The medical entrance examination will be held on the 25th September, at the Educational Offices, Winnipeg. Application forms may be had from T. A. Bernier, Registrar.

## MISCELLANEOUS.

ACCORDING to the latest intelligence, the Parliament of Finland has now made not only prostitution, but all illicit connection criminal.

A MEDICAL journal states that new experiments have changed old theories upon the best methods of treating frost bites. A physician froze sixty dogs into a condition of completely suspended animation; twenty of these were treated by the usual method of gradual resuscitation in a cold room, and of these fourteen perished; twenty were treated in a warm apartment, and eight of these died; while of the remaining twenty, which were put at once into a hot bath, all recovered.

MOUTH-WASH.—The British *Dental Journal* gives the following:—

Take resorcin, 2 drachms; vol. ext. eucalyptus, 1 drachm; aqua, ad 4 ounces; mix, rub up with magnesium carbonate, 2 drachms, and filter. One teaspoonful to the tumbler of water, used frequently as a wash for spongy gums, stomatitis, or after extraction, will be found valuable.

A BRAVE PHYSICIAN.—The *British Medical Journal* mentions, as an instance of the devotion of medical men to humanity, the case of Dr. Landon, a surgeon in the British army. Mortally wounded himself, and with the agonies of death closing in, he heard a wounded soldier shrieking from sufferings. Forgetful of self, he crept to where the man lay, and gave him a hypodermic injection of morphine to relieve his distress, and, giving it died.

GREEN DIARRHŒA.—Green diarrhœa in infants has for some time past been successfully treated with lactic acid, but recently there have been many reports of failures with the remedy. As pointed out by M. Hayem (*Fortschritte der Medizin*), the dose employed in these reported cases was too low. To be efficient the two per cent. solution of lactic acid usually employed should be repeated every half-hour during the day. The infant should get no less than 15 or 20 teaspoonfuls of the remedy in the twenty-four hours. When thus used it is almost specific in its action.—*Archives of Gynecology.*

DR. HOFFMANN, of Baden-Baden (*Medical News*) suggests, regarding the treatment of enlarged tonsils, that instead of cutting off portions by the knife or tonsil-

lotome, a blunt hook should be passed into the apertures on the surface of the gland, and made to tear its way out, or blunt-pointed scissors may be used instead. The result of this treatment is to evacuate any retained secretion or curdy pus, and afterwards to secure diminution in size of the gland, by cicatrical contraction of the tears or cuts. Dr. Hoffmann prefers the blunt hook to the scissors. The principle of this practice is based on the view, that there shall not be allowed to remain, either in the tonsils, or posterior thereto, any opening which has not been explored to its base, and then laid open, and converted into a cleft, which, during every act of swallowing, opens, and thereby empties itself, so that no inflammatory products can attach themselves.

Dr. Abril communicates to the London *Medical Record* a rapid and simple method of reducing dislocation of the shoulder. In the methods ordinarily employed for the reduction of dislocations downward of the humerus, the trunk is fixed, and the head of the humerus is raised into the glenoid cavity. Dr. Abril inverts this procedure. His plan is to fix the humerus, and to make the glenoid cavity descend on the head of the displaced bone. He makes the patient stand with a crutch in his axilla; he then holds the hand of the affected limb, making slight traction downward; the patient is now to let himself down as if he were going to fall on his knees, and as he falls, the head of the humerus glides into its normal place. Dr. Abril claims for his method that it is most simple, easily and quickly done, that chloroform is not necessary to obtain muscular relaxation, that the pain is trifling, and that no assistants are required.

An enterprising newspaper, thinking to make a sensation among the medical profession, sent a reporter, who pretended to have certain symptons of disease, to consult a number of physicians, although in reality he was in perfect health. The symptoms which the reporter selected to afflict himself with, consisted principally of backache and tenderness of the spine. The medical men stood the test remarkably well, nearly all of them diagnosing rheumatism or lumbago, and prescribing the proper remedies therefor. It is no discredit to the skill of a physician, to believe the false statements made by a supposed patient; and if such a person says that he is suffering from certain symptoms, the doctor is bound to believe him, and prescribe for the disease indicated by them. The intended "sensation" can hardly be said to have been an eminent success, as far as the newspaper was concerned.

Tracheotomy in Croup.—Dr. Valdel y Aldebalde, writing in a Spanish journal devoted to the diseases of women and children, urges upon his *confreres* the importance of overcoming their reluctance to perform tracheotomy in croup. He thinks that, if the cases in which this operation is performed in Spain, "especially those where the result is satisfactory," were published, medical men in small towns would feel much more disposed to undertake the operation, and the task of reconciling the parents to it would be rendered very much easier. Surely, there is enough already of reporting successful cases. What should be aimed at is that a true mirror of practice should be presented to the profession, which is not the case when unsuccessful operations are omitted and successful ones are duly published. Nothing is more difficult perhaps, than to estimate the results of tracheotomy in croup in private practice, especially under the conditions existing in the homes of the poor.

The Paris correspondent to *Philadelphia Medical Times* writes that intestinal antisepsis in typhoid-fever cases is receiving marked attention. In the treatment of such cases, Professor Bouchard first introduced naphthol; and Dr. Legroux is at present applying it in his service at the Children's Hospital with great success. As soon as a child is brought in, suffering with symptoms of typhoid, the intestines are at once cleared out with calomel, given in doses of .30 to .60 centigrams, depending on the child's age. The next day the intestinal antiseptic treatment is commenced as follows: R.—Naphthol beta, bismuth salicylate, aa 2.50 grams. M. Divide into ten powders, and give one every

hour in a wafer, or mixed with a little milk or brandy. If the diarrhœa is not important, the bismuth must be left out, and only the naphthol given; and if, on the contrary, there is constipation, then give the following: R.—Naphthol beta, 2.50 grams; magnesia salicylate, 2.50 to 5 drams. M. Divide in ten powders, and give one every hour until the bowels are free, and then continue with naphthol only, as before. There will be found a diminution or entire suppression of intestinal meteorism, and that the stools are disinfected, no longer giving the fetid smell of typhoid. The mouth and tongue will clear up, the general condition will improve, and the disease will run a short course.

SWEATING AND SUICIDE.—Our special reports on sweating in various provincial centres have sometimes been described as overdrawn. This was particularly the case at Manchester. It, however, so happens that at the Manchester City Police Court a woman has just been acquitted for attempting to commit suicide, though her only excuse was the extremely low wages she earned when working for a sweater During the whole of the previous week she had worked as a costume finisher from half-past eight in the morning till seven in the evening, and yet only earned 2s. 2d. She lived on tea and bread, and out of these wages 6d. was deducted in consideration of the hot water supplied for her tea! Then she had to repay a loan of 6d. to the forewoman. With the remaining 1s. 2d. she had to meet her rent, which amounted to 2s. 6d. a week. All this was corroborated by the evidence of others who worked in the same place. One of the women, who gave testimony, had earned as much as 12s. in a week, but only by breaking the Factory Act, and this in the manner often described in our special reports on Sweating; that is to say, this witness worked from half-past eight to seven in the workshop, and then took work home, and continued toiling for the better part of the night. This seamstress was paid 4d. for making a woman's dress. Under such conditions of work how can anything approaching decent sanitation be maintained? The clothes at times are contaminated, the workers so starved and exhausted that they must soon fall victims to wasting disease when they are not actually driven to suicide. This is a matter of such immediate importance, and in which every sentiment of humanity is so concerned, that petty quibbles over the details of *doctrinaire* political economy must not be allowed to stand in the way of those sweeping and far-reaching reforms that alone can deal with the widespread evils now fully revealed to the public.—*London Lancet.*

[NOTE—With a vast expanse of the fertile prairies of Manitoba open for settlement such cases as are depicted in the above article should be unknown.—Editor MANITOBA LANCET.]

## MODERATE DRINKING.

If the statement of Mr. G. King in your last week's issue be correct the statistics of the United Kingdom Temperance and General Institution are, of course, vitiated. I am, however, inclined to think, on other and independent grounds, that total abstainers would come out well as subjects for life insurance. Those who have paid attention to the point have failed to notice that teetotallers are, for the most part, something more and besides abstainers from the use of alcohol—and that they conform to a fairly distinct type of character. A teetotaller is usually a man careful of his health—steady and regular in his habits. He gives heed to his clothing, his food, exercise, rest, and amount of work. He fights the battle of life warily and not recklessly. These are just the kind of men that insurance agents like to get hold of. For the purposes of life insurance total abstainers are, I apprehend, comparable rather with clergymen and Quakers, and perhaps Jews, than with the mass of moderate drinkers. It is notorious that clergymen and Quakers are exceptionally good livers, and this was well ascertained before the wave of teetotallism invaded the land. According to Seisen's tables the death-rate among the Protestant clergy, between the ages of 25 and 65, was only 10.6, whereas that of the general community was 18.0. In

Mulhall's *Dictionary of Statistics* the number of clergymen who reach the age of 70 is estimated at 42 per cent., while that merchants is only 33 per cent.

The Jews, in regard to the use of alcohol, are an exemplary people; they belong essentially to the ranks of the moderate drinkers. A Jewish drunkard is rare and a Jewish teetotaller is equally rare. The Jews are also careful of their health—their conduct and their habits are the converse of reckless and devil-may-care. Possessing these qualities the Jews are, as might be expected, better livers than the average of the Christian communities among whom they dwell. Dr. B. W. Richardson (I quote from the *Briton Life Almanack for 1883*) deduces from tables supplied to him by Dr. Asher that the mortality among London Jews, between the ages of 35 and 45, is better than that of the whole population of London, in the proportion of 5 to 8.

Those who believe, on certain very strong and broad grounds, that the use of alcohol must be of some important service to man—or at least to European man—may be allowed the conjecture (were it possible to express it without involving a contradiction in terms) that the typical teetotaller might still further enhance his expectation of life if, while preserving his other careful habits, he added thereto an equally careful use of alcohol.—WILLIAM ROBERTS.

## BANK NOTES AND INFECTION.

A contemporary directs attention to a point of some sanitary interest in connection with the use of a paper currency—namely the transference of infectious disease by this means. He discourses with somewhat alarming realism on the mischievous power possessed by the dirty notes for small sums which are common in some foreign countries. In a like strain he deals with the well-thumbed £1 notes so familiar in the sister kingdom of Scotland. Greasy, discolored, and old, he seems to trace them passing from hand to hand and class to class, avoiding no form of illness but escaping all measures of disinfection. The question thus opened is indeed to some extent a practical one, and there certainly is, from the medical standpoint, more to be said in favor of a frequent issue of new notes than of continued circulation of old and dirty ones. The velvet softness of a well-used note is familiar to many of us, and it suggests the distinct advantage of using in the exchange of money some smooth and crisp form of paper upon which the germs of disease would be less likely to establish themselves. No form of paper money can of course be purged from all such injurious influences, but there is no doubt that cleanliness even in this matter is in keeping with sanitary rule.—*London Lancet.*

To this may be added the well-thumbed volumes of circulating libraries which have probably helped to wile away the tedious hours of convalescence. The furniture in second-hand stores and auction rooms, recently doing duty in sick and infected chambers, as well as the soiled tickets left by bakers, milk dealers and others for their customers' use, all these may become mediums of infection.—MANITOBA LANCET.

## OPEN-AIR TREATMENT FOR THE SICK.

The effort that was made a short time since to secure, by means of a tent, the utmost practicable amount of open-air treatment for the Emperor of Germany affords an indication of the progress that is being made in order to secure such treatment for a large number of cases in German hospitals. The subject is dealt with at some length in an article entitled, "Notes on Modern Hospital Construction," which is contained in the *Practitioner*," where the writer, Mr. P. Gordon Smith, architect to the Local Government Board, describes, by means of illustrations and otherwise, the large balconies and verandahs in which patients in some of the German and other hospitals at times remain by day and by night for long periods during the months of May to September, both inclusive. The climate of North Germany has so many features like our own that the possibility of applying the same practice to hospital treatment in this country deserves consideration.

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