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CANADA MEDICAL RECORD

NOVEMBER, 1898.

Original Communications.

A CASE OF SUPPURATIVE PYLEPHLEBITIS WITH NO APPARENT CAUSE.

By S. H. MARTIN, M.D., C.M., Waterloo, Que.

C. M., male, aged 40, French-Canadian, married, temperate. Was born and had always lived in the Province of Quebec. Never had any illness, except diseases of childhood. Worked as quarryman in marble quarry. Came to me on Sept. 20, 1898, with following history and symptoms: Was suffering from cough, pain in right side in the infra-scapular region and neuralgia of fifth nerve, following severe cold contracted one month previous while working in a marble quarry.

Examination of the lungs revealed nothing abnormal; temperature was normal; had an eruption on the right side of face and neck corresponding to course of the nerves and characteristic of herpes zoster. Came to the office again on Sept. 25: neuralgia and eruption on face and neck were better, cough the same, and still had the pain in infra-scapular region of right side, also some gastric disturbance present vomiting, coated tongue, etc., and spoke about having "spells of being very cold" (which I afterwards learned were distinct chills). I saw him again on Sept. 30, temperature was 101° , respiration rapid; was suffering from headache and severe vomiting, and abdomen was very tympanitic. I ordered him to bed, after which I saw him twice daily. From Oct. 1 to Oct. 5 his condition remained unchanged, had all the symptoms of septic trouble, chill

once daily about noon, hyperpyrexia in the evening and subnormal temperature in the morning. About Oct. 5 pain in the infra-scapular region became very agonizing, and extending downwards and forwards into the hepatic region, was worse on inspiration, cough more persistent, respiration more rapid, etc; in fact, at this stage the case presented all the symptoms of lung involvement. On examination I found dullness over right lung as high as the fifth rib in mammary and axillary regions, and to the ninth rib in the infra-scapular region. On consultation crepitation was found present with both inspiration and expiration. The area of liver dullness was uncertain owing to the marked tympanitis, but about $5\frac{1}{2}$ inches vertically. On Oct. 8 I asked Drs. J. D. Pagé and J. A. Corcoran, of Waterloo, to see the case, and we came to the conclusion that there was some pyæmic trouble probably involving the liver. His condition remained unchanged until Oct. 11, when I asked Dr. Geo. Fisk, of Montreal, to see the man. We introduced an aspirating needle in the seventh interspace at the posterior axillary line and got pus. In consideration of the fact that we obtained pus at so high a point we decided to make an exploratory incision with the possibility of revealing an old empyæmia. Accordingly (Dr. Fisk having kindly consented to operate) the patient was anæsthetized and resection of the eighth rib at the posterior axillary border made in the usual manner. On opening the pleural cavity no pus was revealed, but the lower lobe of lung was found pushed up and compressed, its usual position being occupied by the diaphragm and some firm bulging mass below it, apparently the liver. It was decided to extend the incision through the diaphragm and evacuate the pus. The two layers of pleuræ were sutured together with catgut, the diaphragm opened and the same method followed with the two layers of peritoneum. An incision was made into the liver and from 20 to 30 ozs. of brownish pus with a strong fæcal odor was evacuated. A drainage tube was inserted and incision dressed in usual manner. The patient reacted well, and for two days showed some amelioration of symptoms, particularly absence of cough, less fever and no chills.

On the third day after operation patient developed complete ptosis of right eyelid. The following day he became delirious, and died on the 17th, six days after the operation. Assisted by Dr. J. A. Corcoran I made a partial *post-mortem* examination, examining only the contents of abdominal and thoracic cavities (permission to do a more extensive one being refused). The stomach and intestines were found to be in a healthy condition, no ulceration of any kind, no evidence of typhoid fever; appendix normal, and rectum showed no signs of hemorrhoids; spleen and kidneys normal, but right kidney was found lying well in towards the median line, its usual position being occupied by the lower portion of the right lobe of the liver. Heart and lungs were healthy, and showed no evidence of any septic trouble. The liver was found increased to an enormous size, the right lobe particularly, which occupied nearly all the right hypochondrial and right lumbar regions. On section it presented numerous foci of pus, ranging in size from a pea to a hen's egg, the largest one having been opened in the operation.

These foci of pus were distinctly seen to be connected with the portal veins, showing the case to have been one of suppurative pyelophlebitis with no apparent origin of infection.

A CASE OF INCONTINENCE OF URINE CURED BY ANTERIOR AND POSTERIOR COLPORRHAPHY.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., ENG.,

Fellow of the American Gynecological Society; Professor of Clinical Gynecology, Blishep's University; Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Montreal Dispensary; Surgeon to the Western Hospital, Montreal.

During the last twenty-four years I have been consulted by about the same number of women for incontinence of urine following a very severe labor. A few of these were found on close examination to have a vesico-uterine, or a vesico-vaginal fistula, which were dealt with in the usual way, and cured by operation. Nearly all the others were treated for two or three months with a mixture of iron, strychnine and phosphoric acid, in full doses, and were also cured. The cause in

their cases being weakness of bruised and overstretched muscular fibre. But about six months ago the present case came under my care at the Montreal Dispensary, and proved an exception to the rule of my experience. Mrs. M., age 40, had a very severe instrumental labor about a year ago, ever since which time she has had to wear large pads to catch her urine. Her physician was unable to stop it in any way. If she remained in bed she could hold her water for an hour or two, and then it would trickle out if she moved or took a long breath, and when she went about her work it kept running all the time, keeping her clothes wet and always smelling of urine. I put her on the above tonic treatment, and, in order to observe her better, took her into the Samaritan Hospital for a couple of weeks. A careful examination failed to detect any fistula; in fact, in filling her bladder with warm salt solution, the latter flowed out beside the catheter; there seemed to be no life in the sphincter. There was a large rectocele and cystocele, and lacerated perineum. Although I have seen a great many patients with this condition, and quite commonly, causing desire to micturate frequently, and also a sensation as though some urine still remained in the bladder, as indeed it does, yet I do not remember to have had a case in which it caused incontinence. I therefore feared that the cure of these conditions alone might not suffice to cure her of her trouble, and I had some intention of, at the same time, shortening or taking a reef, so to speak, in the relaxed sphincter at the same time. This, I found it was quite easy to do, when I had removed the vaginal mucous membrane to the extent of two and a half inches in length and an inch and a half in breadth.

In order to tighten up the sphincter, I made the denudation further down towards the meatus than usual, and instead of drawing together the edges surrounding the denuded area with a purse string suture, as I usually do, I tightened up the sphincter by means of a running catgut suture, which was buried in the muscular tissue, and the mucous membrane of the vagina was then accurately brought together over this. Hegar's operation on the posterior vaginal wall was then done, with a buried and a super-

ficial row of catgut. This made a good support for the bladder. Fortunately, the catgut was good and her tissues healthy, so that in both operations primary union was obtained. The result was all that could be desired. She could cough and turn in bed from the first day without wetting herself, and at the end of two weeks she could walk about with comfort and without a single drop of urine passing involuntarily.

250 Bishop Street, Montreal,

Selected Article.

THE TREATMENT OF TUBERCULOSIS BY COM- PULSORY HYGIENE.

By E. CLIFFORD BEALE, M.B. Cantab., F.R.C.P.

Physician to the City of London Hospital for Diseases of the Chest, Victoria
Park, etc.

The great crusade that is slowly gaining ground in England, as well as in other countries, against the tubercle bacillus and its product is, like many other crusades, liable to be led off the direct path by side issues. Tubercle will never be eradicated by fresh air or by sunshine, by climate or by sanatorium, unless each and all of these means are used discriminately, with due regard to the individual requirements of each patient. Hence, the use of such an expression as "open-air treatment" is apt to mislead, and to give rise to the idea, now very prevalent, that prolonged residence in the open air will cure the disease. Such an idea is attended with some amount of danger, as is shown by the fact that consumptive people are already beginning to put the "treatment" in practice, and are finding out to their cost that something more than open-air is needful for success.

Tuberculosis, like syphilis, may well be described by the definition so happily devised by the late Dr. Moxon as "a fever diluted by time." Due, in the first instance, to an infective organism, and maintained by the further development of that organism within the human body, the disease presents much the same phenomena spread over months and years as are brought about in the course of a much shorter period, and in a much less diluted form, by the specific micro-organisms of the recognised infective fevers. In both the chronic and the acute fevers we assume that the essential feature of the morbid process is a constant warfare between the tendency of the foreign organism to increase and multiply in the tissues of the host, disturbing both their structure and their function,

and the tendency on the other hand of those tissues to resist such disturbance, and to return to their normal type.

In the case of the acute fever, the lines of treatment have been long since laid down and accepted by all intelligent people. The patient must surrender himself absolutely into the hands of his medical adviser, and trust implicitly to him to guide the disturbed natural processes in the best possible way, so that they may resist the attack of the foreign organism and overcome the consequences to which it gives rise.

In such fevers the very acuteness of the disease is a safeguard against any ignorant attempts at self-treatment on the part of the patient. He feels his helplessness, and seeks aid. The sufferer from tuberculosis, unless, indeed, the disease begins in its most virulent form, rarely experiences this feeling of helplessness, and hence, in the great majority of cases, he does not seek aid until the poison is so far developed within him as to give rise to definite symptoms ; and, even when these have declared themselves, he will rarely submit himself entirely to medical control. He feels that his brain is still clear, and he will take advice only in so far as it does not interfere too much with his sense of freedom.

Herein lies the explanation of much of the failure of rational medical treatment in the past. From the earliest times to the present the main principles which should guide the treatment of consumption have been clearly recognised and put forward, in countless forms, and in all the languages of the civilized world ; but, until the present era, no serious effort has ever been made to put them in practice under the only conditions in which they can be expected to succeed, viz., under strict medical supervision. That the accepted methods are actually effective when properly applied is shown beyond the possibility of doubt by the results obtained in chest hospitals, where patients with incipient disease and fever are kept at rest till the fever has subsided, and are then required to lead a hygienic life for a few weeks. By these simple means their natural processes are restored to healthy action, and for the time they are cured ; but when they have arrived at this stage, they are sent out into the world again, to live their own lives, and sooner or later the disease once more gets the upper hand.

Amongst the well-to-do classes the success of treatment is less in proportion to the numbers treated, for the want of that very supervision which the poorer patient gets in the hospital wards. The rich man obtains the best advice, and may even provide himself with a constant medical attendant, but still he submits as a rule only to such restrictive treatment as he himself believes in. From the earliest times to the present the virtues of climatic treatment have been held in high esteem, but the exalted estimate thus formed has been one of the potent factors in preventing success. A climate alone cannot cure consumption, nor can it even produce lasting benefit, unless it be used with intelligence, guided by expert advice. A writer of a century ago, while advocating a change of climate to his consumptive patients, added a proviso, that the patients should not expect the change to produce its full effect in less than two years, and he further advised that " a medical atten-

dant should accompany the patient if possible to prevent his losing time in the pursuit of all sorts of remedies which will be recommended to him." If this advice was valuable 100 years ago, it is of tenfold greater value now, when so much more is said of climatic treatment, and when the temptation to try new remedies is rendered every day more difficult to resist.

But in spite of the multiplication of health-resorts for consumptives, and the ever-increasing number of specific remedies, the facts remain that under the old methods of treatment, where the patient is left to carry out the advice given to him without direct supervision, the relative amount of success shows but little improvement. It is only of late years, since the method introduced by Dr. Brehmer at Gœrbersdorf has been thoroughly understood and appreciated, that any real advance has been made. His method consists essentially in nothing more than skilled supervision, under which the patient is forced to surrender his liberty into the hands of his medical adviser, who, in his turn, does but little more than force the patient to live the kind of life, eat the kind of food, and breathe the kind of air, that is best suited to his particular condition. The patient is placed as much in the hands of his doctor as if he were prostrated by a fever of an acuter kind, nor is he permitted to consider himself convalescent until such time as his doctor may determine, although he may have felt himself restored to health at a much earlier period.

Under such supervision it is being proved by the experience of successive years that tubercular disease of the lung may be arrested, and the patient rendered capable of resisting further invasion of the disease; but the proof has thus far been left almost entirely in the hands of Continental physicians.

It is not, however, sufficiently recognised, either by patient^s or their medical advisers, that this arrest and this power of acquiring resistance can only be achieved by *prolonged* hygienic treatment of the earliest stages. It is not reasonable to expect that a patient who has apparently recovered from the effects of a "weak lung" will be prepared to submit himself to strict hygienic treatment for the next year or eighteen months, unless the necessity for so doing is very strongly explained to him by his medical adviser. Nevertheless, it is the duty of every such adviser to tell his patient fairly and fully that the sacrifice of a year or more at that stage of his illness will probably be the means of adding several years to his life, and also to make no secret of the fact that with each relapse of the disease the chances of ultimate recovery must be less. The cases of young men who have refused to take such advice, and have for the sake of a little present advantage made themselves permanent invalids in the course of a year or two, are only too well known to all who have had much to do with consumptive life. It requires some determination to throw up employment which promises future success, and to enter into a more or less restricted life for a couple of years; but the doctor knows, even if he cannot make the patient realize, that unless such a course is adopted the patient's life may have come to an end within the three years, whereas if those years were properly utilized he might at the end of them be able to take

his place in the world again with a reasonable expectation of life. This fact cannot be too widely or too fully recognised, that it is in the preliminary stage only that permanent success can be looked for. Post-mortem evidence is constantly proving the fact that a *small* tubercular lesion is capable of healing up and forming a scar; but it is only the small lesions that recover. Where larger lesions are discovered, it generally happens that the patient has died of tubercular disease. An incipient lesion is curable, but where larger ones are present "cure" is rarely obtained. Quiescence of the tubercular process may be induced, but this quiescence is only temporary.

In the cases, then, of confirmed or advanced disease, the strict enforcement of a hygienic life is of less importance, because, although temporary improvement is obtained, the chance of complete arrest of the disease is but small, and the temporary recovery may be obtained by less irksome means. To the incipient consumptive, on the other hand, the hope may always be held out, in the first instance, that there is a possibility of complete arrest of the disease, which is worth the sacrifice for a time of personal comfort, and even of personal liberty. A few months of such treatment will suffice to show whether ultimate recovery may be looked for; but if, from the virulence of the poison, or the small resisting-power of the patient, the disease progresses, it is best to let the patient recognise the inevitable, and to make his remaining days as comfortable to him as possible.

Assuming, however, that recovery is not only possible, but probable, it remains to be considered whether special climatic conditions are essential to success. Much has been written and spoken on this question, and from the mass of opinion hitherto expressed, we may select these few points, upon which most experts are agreed. The air which the patient breathes must be as free as possible from organic and inorganic particles. If such freedom can be obtained, it does not appear to be of much importance whether it be at a greater or lesser elevation above sea-level. The deleterious effects of an atmosphere charged with organic particles has been clearly proved by Dr. Ransome in his Weber-Parkes' prize essay. The danger of contamination by inorganic particles is only great where such particles can act as carriers of organic matters. Dr. Cornet's oft-quoted observations all went to prove that the dust to which he traced so much evil was not in itself the cause of disease, but that each particle of dust might be the vehicle for infective material. The dust of a town is therefore more dangerous to the consumptive than the dust of the open country, provided that there be no consumption among the inhabitants of the district.

The ancient idea that the exhalation of pine-trees is "good for consumption" does not rest upon any trustworthy basis. If it could be shown that infective organisms are destroyed by such exhalations, then it would be fair to regard the forest air as purer than that of the surrounding country; but such an explanation has not yet been demonstrated.

One other atmospheric condition would seem by Dr. Ransome's recently-published observation to be essential in preventing the

development of this bacillus tuberculosis outside the body. That condition is full and complete ventilation, and the avoidance of stagnant air. In fulfilment of this requirement, the elevation above sea-level is naturally of importance, but it need not be more than a moderate elevation to ensure freedom from atmospheric stagnation. The breezes that ventilate the sea-side cliffs and island commons are quite as efficient for that purpose as are the colder draughts that sweep along the hillsides and valleys of the higher-lying mountainous districts.

But apart from natural ventilation, which must always be an uncertain factor in securing interchange of air, modern science has provided a means of ensuring thorough ventilation in closed spaces, which has been sufficiently long under observation to have proved its claim to recognition. The system of forcing filtered, warmed or chilled air into hospital wards or living rooms has been found to work with ease and completeness at the new Birmingham General Hospital and at Glasgow, where it was first used on a large scale. By its means the air in any given room can be kept constantly renewed, the continuous inpouring of fresh air giving rise to an equally steady outgoing of air, contaminated or otherwise, through the outlets provided. A simpler method of keeping the air in movement in rooms which are supplied with air by means of open windows, etc., can be adopted wherever the electric current is supplied by the use of fans worked by a small motor, which force a definite amount of fresh air into the room, and are capable of regulation according to the time of year and the amount of wind.

But pure air and good ventilation will not cure consumption. They must be used in an intelligent manner, and their use must be kept within reasonable bounds. Experience in London goes to prove that, while the disease is relatively more frequent amongst those engaged in indoor occupations, still there is a very large proportion distributed amongst outdoor workers. These are, however, of the poorer class—day labourers, porters, and jobbing workmen, who live a somewhat hand-to-mouth existence, and are rarely in a position to guard themselves properly against the common risks of chill, etc., during changeable weather. Amongst outdoor workers of a higher class consumption is by no means frequent.

It has been asserted that the damp and changeable climate of England cannot be suitable to the consumptive patient, but it must be borne in mind that the assertion rests on theory, and not on fact. No serious effort has until lately been made to place consumptives under strict hygienic discipline in this country. Only those who have actually experienced the fact can understand that a consumptive patient may lie out in the open air for six hours on a cold, foggy day in winter without taking cold, so long as he is protected by warm clothing and sheltered from wind. The fear of "taking cold" always oppresses the mind of the average patient, and amongst those who are least educated the fear leads to an inordinate use of clothing and a dread of open windows, and thus the patient is deprived of one of the essential factors for his recovery, viz., constant interchange of air. Well-rooted theories and opinions are very tenacious of life, and it is to be expected that a long time will elapse before modern knowledge prevails over ancient prejudice.

but for this very reason it is essential that effort should be made to utilize the resources which we undoubtedly possess in the British Isles for employing fresh and pure air as a curative agent, and gradually to educate public opinion to accept the proposition that it is not necessary to go to foreign countries for sanatorium treatment, and that such treatment does not depend entirely for its success on any special climatic conditions.

Banishment from home comforts and surroundings, however desirable in the treatment of neurotic conditions, is by no means necessary in dealing with consumption. At the same time, it is not desirable that the consumptive patient undergoing sanatorium treatment should see too much of his intimate friends and relatives. Where success largely depends upon the strict maintenance of discipline, it is by no means wise to permit outside criticism. A well-meaning but injudicious friend might easily be the means of discouraging the patient, and causing him to falter in his determination to carry out the rules laid down by his medical adviser, especially if, as is not uncommonly the case, he finds such rules irksome to him at first.

Another point which makes for the selection of home treatment in preference to foreign residence is the question of the food and its preparation. The distinction between the home and foreign cuisine is not so great now as was formerly the case, but there is still sufficient difference to make it a matter of importance that the consumptive patient should have his food prepared in a way which he has learned to believe in. In many Continental sanatoria, and especially at Nordrach, the taking of a definite amount of food in each day is insisted on, and success is obtained even in spite of the fact that the German cuisine and methods of serving food are altogether distasteful to many English patients. It may reasonably be assumed that equal success would follow the compulsory clearance of more familiar dishes served in daintier manner.

In the management of a sanatorium for consumptives, an immense amount of responsibility rests upon the medical officer. He has to study each case with more than ordinary accuracy, and must bring to bear all his powers of persuasion and firmness to induce the patient to carry out the details of living that are prescribed for him. Hence, it is not desirable that any medical officer should attempt the control of many patients at the same time. Ten such cases, closely observed and regulated, should be enough for each officer. Consulting aid should always be available where longer experience and greater weight of authority are called for. The insistence upon compliance with all rules so long as the patient submits himself to treatment must be absolute. Where success depends upon discipline, there must be no relaxation in favour of individuals. The patient must carry out the prescribed treatment, or be discharged from treatment altogether. This rule is no doubt easier to enforce in countries where military obedience is a part of the national education, but the common-sense of the Englishman will make him equally amenable, if only he is convinced of the value of the treatment to which he subjects himself. To educate him as to the necessity for discipline is the first step. When that is accomplished, compulsory hygiene will overcome tuberculosis.—*Treatment.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine
University of Bishop's College; Physician Western Hospital.

SOME OBSERVATIONS ON BRAIN ANATOMY AND BRAIN TUMORS—ABSTRACT.

Dr. William C. Krauss, of Buffalo, read a paper at the Ninety-Second Annual Meeting of the Medical Society of the State of New York, Albany, January 25, 1898, with the above title.

Recalled attention (1) to the difficulty in remembering the gross anatomy of the brain, and (2) to the almost universal presence of optic neuritis in cases of brain tumor.

He attempted to overcome the difficulty in regard to the anatomy of the brain by formulating the following rules, which are somewhat unique and original, and, at the same time, easily remembered.

RULE OF TWO.—1. The nerve centers are divided into two great divisions: (1) encephalon; (2) myelon. 2. The encephalon is divided into two subdivisions: (1) cerebrum; (2) cerebellum. 3. The cerebrum, cerebellum and myelon are divided into two hemispheres each: (1) right; (2) left. 4. The encephalon is indented by two great fissures: (1) longitudinal; (2) transverse. 5. Into these two great fissures there dip two folds of the dura: (1) falx cerebri; (2) tentorium cerebelli. 6. There are two varieties of brain matter: (1) white; (2) gray.

RULE OF THREE.—1. There are three layers of membranes surrounding the brain: (1) dura; (2) arachnoid; (3) pia. 2. Each hemisphere is indented by three major fissures: (1) sylvian; (2) rolandic or central; (3) parieto-occipital. 3. Three lobes, frontal, temporal and occipital on their convex surface are divided into three convolutions each: superior, middle and inferior, or 1st, 2nd and 3rd. 4. There are three pairs of basal ganglia: (1) striata; (2)

thalami; (3) quadrigemina. 5. The hemispheres of the brain are connected by three commissures: (1) anterior; (2) medi; (3) post-commissure. 6. The cerebellum consists of three portions: (1) right; (2) left hemisphere; (3) vermes. 7. There are three pairs of cerebellar peduncles: (1) superior; (2) middle; (3) inferior. 8. The number of pairs of cranial nerves, in the classifications of Willis and Sommering, can be determined by adding 3 to the number of letters in each name, that of Willis making 9 and that of Sommering making 12 (or the name containing the more letters has the largest number of pairs of nerves, and *vice versa*). 9. The cortex of the cerebellum is divided into three layers of cells (1) granular; (2) Purkinje's cells; (3) a molecular layer.

RULE OF FIVE.—1. Each hemisphere is divided externally into five lobes, of which four are visible: (1) frontal; (2) parietal; (3) temporal; (4) occipital, and one invisible; (5) insula (isle of Reil). Roughly speaking, the visible lobes correspond to the bones of the cranium; that is, the frontal lobe is underneath the frontal bone, the parietal lobe beneath the parietal bone, etc. 2. The brain contains five ventricles, of which four are visible—the right and left, or 1st and 2nd, the 3rd and the 4th; and one invisible, the 5th or pseudo-ventricle. 3. The cortex of the brain contains five distinct layers of ganglion cells.

Studying carefully 100 cases of brain tumor in which an ophthalmoscopic examination had been made for the presence or absence of choked disc (optic neuritis), Dr. Krauss announced the following conclusions:

1. Optic neuritis is present in about 90 per cent. of all cases of brain tumor.

2. It is more often present in cerebral than in cerebellar cases.

3. The location of the tumor exerts little influence over the appearance of the papillitis.

4. The size and nature of the tumor exerts but little influence over the production of the papillitis.

5. Tumors of slow growth are less inclined to be accompanied with optic neuritis than those of rapid growth.

6. It is probable that unilateral choked disc is indicative of disease in the hemisphere corresponding to the eye involved.

7. It is doubtful whether increased intracranial pressure is solely and alone responsible for the production of an optic neuritis in cases of brain tumor.—*The Philadelphia Medical Journal*.

USE OF A NEW ALBUMEN PREPARATION.

STRAUSS.—On the use of a new albumen preparation, "Tropon," in the nourishment of the sick (*Therap. Monatsh.* 1898, p. 241.) This new preparation is practically a pure, albumen, analysis showing from 83-97.2 albumen. The aqueous extract yields no biuret on Trommer's test, therefore no soluble albumen or carbohydrates. It is a fine, greyish brown, meally-like powder, which is insoluble in water and is without odor. It digests well in artificial gastric juice. In conditions where large pieces of food would irritate or be impossible, as in œsophageal stenosis, or gastric secretory insufficiency, or typhoid fever, and owing to its being a fine powder, tropon can be used with advantage as a concentrated nitrogenous food. One advantage over other new artificial foods, as nutrose, eucasin, etc., is its cheapness, one kg. of albumen in form of tropon costing, in Germany, four marks (\$1.00). Twenty to sixty grams pro die were administered without irritative symptoms. It is best given in milk—one drachm of tropon freshly stirred up with one-half litre of milk. It can also be used with chocolate, or in the form of zwieback, and may be taken for months without opposition from the patient. Uric acid determination shows a lessened uric acid output. Therefore, as it is not a neuclein, it may be useful in gout or nephrolithiasis.—*The Journal of Treatment.*

SEVERE TYPES OF SYPHILIS AMONG MEDICAL PRACTITIONERS.

That syphilis with which practicing physicians are afflicted has often characteristics of its own seems a fact which may not be generally known and appreciated. It is a fact, nevertheless, of the utmost importance to every practicing physician and surgeon. The peculiarity by which the syphilis of physicians is characterized is its unusual severity. There are few, if any, physicians, who could not point out, among their friends, a number of colleagues who have suffered from a severe and obstinate form of syphilis, which they acquired in the performance of their duty as practicing physicians or surgeons. Some distinguished medical men who stood high in their profession have succumbed to the disease and thus died martyrs of their self-sacrificing duties.

The gravity of syphilitic manifestations depends, as in other infectious diseases, upon the soil in which the infection takes place, *i. e.*, the patient, as well as upon the virulency of the infectious agent. The intensity of manifestations may be

influenced, however, in a greater or lesser degree, by adequate treatment.

Considering the readiness with which syphilis may, as a rule, be controlled if properly treated, it would, at first sight, appear strange that the disease should present so obstinate and so grave a type as it is frequently observed in members of the medical profession. Upon a superficial investigation of this peculiar phenomenon one would be tempted to attribute the refractory character of the disease in members of the medical profession to the proverbial unconcernedness and carelessness of physicians with regard to treating their own afflictions. In some instances this fact may in reality furnish an explanation of the frequent severity of the disease among medical practitioners. But there is another much more plausible reason why physicians are particularly prone to an obstinate and severe attack of the disease. The initial lesion of syphilis, which has been acquired in the practice of medicine and surgery, is situated where it may be readily mistaken for some other affection, and thus valuable time may be lost before the true character of the disease is recognized and proper treatment instituted. If acquired in medical practice the initial lesion of syphilis appears at a finger, usually the index or middle finger of the right hand, and results from examining or operating syphilitic patients. In this situation, especially at the root of the nail, the lesion does not present the usual characteristics of the syphilitic chancre, *viz.*, the induration of the initial lesion of syphilis. Mixed infection may aid in obscuring the true character of the disease, and it has happened that only after a long siege of sickness and the appearance of destructive necrosis the correct diagnosis has been made, where the patients, moreover, had been observed by authorities of international reputation. It has often been claimed that syphilis which results from an infected finger is of a particularly severe nature. But it is not, of course, the anatomical situation of the initial lesion, but the late diagnosis and, therefore, late treatment which is often a cause of particularly severe types of the disease. The latter fact was recently emphasized in a paper by Dr. Brandis, of Bonn. The late treatment, then, is one of the causes, and probably the main cause, of the severe types of syphilis that are sometimes acquired by practicing physicians in the performance of their daily duties. This fact, after it has once been recognized and disseminated among the members of the profession, should caution them against considering lightly any slowly healing ulcer situated upon the hand that is frequently used in examining or operating upon patients.

But the proverb that an ounce of prevention is worth a

pound of cure, if true in any instance, is more than true with regard to this particular case. The readiness with which an inoculation with the syphilitic virus may take place upon an excoriated surface, like that produced by a hang-nail, etc., is self-evident. In cases of known syphilis, therefore, or even where there is only reason for suspicion, it would almost seem unpardonable, considering the duties of the physician toward his family, as well as with regard to the consideration of his own health only, to examine or operate without protecting his hands by impermeable gloves.—*Medical Review*, June, '98.

REMARKS ON THE CLASSIFICATION OF THE ANEMIAS OF INFANCY, WITH A REPORT OF A SEVERE CASE.

By JOHN LOVETT MORSE, A. M., M. D., Boston.

The writer considered the following modification of Monti's classification of the anemias fairly satisfactory;—

SECONDARY—

Mild Anemia.
Mild Anemia with Leucocytosis
Severe Anemia with Leucocytosis.

PRIMARY—

Pernicious.
Leukemia.

The essayist regarded the case he reported as an example of severe secondary anemia with leucocytosis. The cause of the anemia was undoubtedly to be sought in the general malnutrition resulting from improper food. The case presented a splenic enlargement, but that this was not an essential feature of the case was shown by the fact that it became smaller as the case progressed, probably finally disappearing entirely.—*Pediatrics*.

THE CIGARETTE QUESTION.

Some time ago we received a brochure entitled *The Truth about Cigarettes*, consisting of papers read and discussed by the Medico-legal Society of New York. It consists of a powerful traversing of the sensational rubbish that has at times appeared upon the deadliness and immorality

of cigarette smoking, and which has been exploited *ad nauseam* by many members of the "yellow" journalism. The argument is clear, trenchant, and to our mind convincing, and is put with forcible lucidity, logical coherence, and the strictest regard to the laws of evidence.

The inquiry originated in a paper by Mr. William H. Garrison, read before the Medico-legal Society of New York in November, 1897. The principal charges brought by those who would forbid altogether the manufacture and sale of cigarettes, are that the use of them causes insanity, phosphorus, opium, arsenic, or other poisoning, the production of tumor on the brain, paralysis, suicide, beggary and death. The absolute untruth of all these statements is clearly shown by a searching investigation of the reported cases upon which they are founded.

We are glad to see that, generally speaking, the medical press takes a moderate and sensible view of the question. It is pretty well proved that tobacco does not directly produce insanity, whether smoked in cigarettes or in any other form. The *Lancet* commission of experts which examined many brands of cigarettes reported that in no case did it find any trace of opium or any unclassified alkaloid or any trace of chlorine or arsenic, though some cigarettes showed a faint trace of copper, due, no doubt, to the metallic label on the wrapper. That the excessive use of tobacco might produce paralysis may be inferred from its known physiological effects, though that result is far more likely to follow the habit of chewing than that of smoking. As to the assertion that the nicotine is volatilized and is drawn into the air vesicles, where it finds an easy entrance to the blood, and that particles of carbon are also inhaled into the air vesicles, it is probable that they do not penetrate beyond the larger bronchial tubes at all. Further, the amount of carbon that could pass into the lungs from cigarette smoking would be so small that it may be neglected as an appreciable increment on that which every dweller in a large city habitually inhales.

Process reproductions of some of the startling newspaper reports are given, and on the opposite pages are statements of the actual facts of the case as borne out on investigation. In every instance it is clearly shown that there was no connection whatever between cigarette smoking and the results attributed thereto, and in many cases it was shown that the victims did not smoke cigarettes at all.

So much for the paper. Now as to the question itself. We do not believe that it has been shown that cigarette

smoking is specially injurious to a healthy adult. Like many other things, if there is a constitutional taint it may bring it out when tobacco is used to excess, but we do not believe that it is essentially more injurious in the form of cigarettes than in any other form. Bicycling has been largely credited with inducing masturbation in girls, but, as Dr. Ballantyne has pointed out in his very able article on Bicycling and Gynæcology in the *Scottish Medical and Surgical Journal* for June, "perhaps the best summary of the matter is contained in the following statement made by Verchere (*Progrès médical* 2. S., xx, 306, 1894) at a meeting of the *Société de médecine publique et d'hygiène professionnelle*: "Quant aux sensations voluptueuses qui peuvent se produire, elles n'apparaissent que lorsque la femme le veut bien." In other words, where a taint exists in the psychical or physical nature, certain things, otherwise innocuous, may become exciting agents. But that is a reason only for prohibiting their use to individuals, and not for depriving the large mass of people of a legitimate enjoyment, which in the case of bicycling is also for the majority a healthful exercise. Certain forms of food are poisonous to certain people, yet that is no argument for prohibiting their general use. Even unobjectionable foods, if eaten to excess, may become sources of injury to the individual. Because some people will not refrain from eating shell-fish, knowing, as they do, that they invariably suffer from it, are oysters, crabs, clams, etc., to be prohibited by law to all people? Because some people surfeit themselves with food till they become confirmed dyspeptics, a misery to themselves and those around them, with wrecked constitution and impaired mentality, is eating to be henceforth altogether prohibited by law? We might produce instances innumerable, but these are sufficient to establish our point.

The actual facts are: Tobacco is harmful to most neurotics, though even among these we have known a few exceptions, to whom, when used in moderation, it seems decidedly beneficial; it is harmful in certain cases of cardiac affections; it affects the sight injuriously in some few people, and the throat, producing follicular pharyngitis, in others. These people should not use it. Used to excess it is bad for every one, as is everything else, even such wholesome things as bread or water. What constitutes excess is an individual question to be determined for each person either of himself or with the advice of his physician. Cigarette smoking is not of itself more harmful than any other form, but is subject to the above-mentioned general law-facts. It has, however, two special dangers: 1. The smallness of the cigarette and its

convenience may perhaps induce inordinate use ; but that, as we have said, is a question for the individual, not the public. 2. The injurious habit of inhaling the smoke is more likely to take place with the mild cigarette than with the stronger pipe or cigar. That again is a question for the individual. The asserted increase of cigarette smoking among boys, if true, is an evil, for people of immature age, as well as those of impaired constitution noted above, ought not to smoke at all. But, for the reasons already mentioned, that is no argument for the prohibition of the proper use of the cigarette or any other form of tobacco by the world at large. We have had a great deal too much of this prohibitive legislation, as in a note on Undue Restrictive Legislation, in our issue for June 4th, we have already had occasion to point out, and we are decidedly opposed to any more of it.—*New York Medical Record*, July 30, 1898.

THE COLOR OF NEGRO INFANTS.

Pediatrics for July 1st states, on the authority of Dr. Farabery, that the negro baby at the time of its birth is exactly the same color as its white brother, and it shows signs of color only after an interval usually of several days, but often extending to many weeks. It further adds that an eminent French physician, who studied the subject at a Soudanese village on exhibition in Paris, recorded as the result of his observations that the negro baby comes into the world a tender pink in color ; on the second day it is lilac ; ten days afterward it is the color of tanned leather, and at fifteen days it is chocolate. The coloring matter in the case of the negro lies between the layers of the epidermis. This pigment is semifluid, or in the form of fine granulations ; in the Indian it is red, and in the Mongolian it is yellow. It is influenced not only by sun and climate, but by certain maladies, and the negro changes in tint just as the white person does.

To these observations we may add two other facts—namely, that the least tinge of colored blood, however fair the person otherwise be, shows itself in more or less lividity of the lunula of the nail, and that the scrotum of the male negro is always very dark, though he be in other respects exceptionally fair.—*N. Y. Medical Journal*.

KNEE-JERKS IN DIABETES MELLITUS.

The *Lancet*, July 17, 1897, gives the following statistics :
1. In Manchester among hospital patients suffering from diabetes mellitus, the knee-jerks are lost in from 49 to

50 per cent. of the cases. These patients mostly suffer from a severe form of the disease; 81 per cent. are under the age of fifty years; frequently there is great emaciation, and the cases are often at an advanced age.

2. In private practice, amongst patients who live under more favorable conditions, and in the milder forms of the disease occurring in gouty or well-nourished people over the age of fifty years, the proportion of cases in which the knee-jerks are absent will be much less. (Knee-jerks were absent in 16.7 per cent. of private patients. Eichorst gives the following: Knee-jerks were absent in only 7.6 per cent. Grube of Neuenahr says the same in patients over fifty years.)

3. The knee-jerks when present at an earlier period are frequently lost or diminished later. During the last few days of life the knee-jerks are lost in 73 per cent. of hospital diabetic patients in Manchester.

4. They were lost in 18 out of 21 cases of diabetic coma (86 per cent.)

5. Amongst diabetic hospital patients the knee-jerks are more frequently lost under the age of thirty years than over thirty.

6. Since the course of diabetes mellitus depends on so many circumstances, it is somewhat difficult to estimate the exact prognostic value of one symptom, which is occasionally absent even to the last; but the above facts and considerations seem to show clearly that the loss of knee-jerks is more frequently associated with unfavorable prognostic indications.—*St. Louis Medical and Surgical Journal*, August.

RHEUMATIC AFFECTIONS OF THE HEART IN CHILDHOOD AND EARLY ADOLESCENCE.

J. F. H. Broadbent (*Edin. Med. Jour.*, Vol. XLV, No. 515, p. 473) remarks that although the articular manifestations of rheumatism in childhood and early adolescence are, as a rule, slight, and may be confined to fugitive pains or stiffness in the joints or limbs, with little or no constitutional disturbance, the rheumatic poison may all the time be attacking the heart and setting up endocarditis, pericarditis, or myocarditis in conjunction with one or both of the former. Owing to the insidious nature of the inflammatory process, irreparable damage may be done before the severity of the cardiac symptoms compels the patient to seek medical advice or take to his bed. An illustration of a case in point is given, in which from the time the boy, aged 14 years, first developed some stiffness in the knees until the time of his death, a period of

but fifteen weeks existed, the endocarditis giving rise to no symptoms to announce its presence until almost two months subsequent to the stiffness in the knees. Furthermore, in many cases, the early diagnosis of endocarditis often presents considerable difficulty. When present, it is exceptional for the patient to escape pericarditis. In watching the progress of a case of pericarditis, one of the most striking features to be noted is the rapid increase in the area of cardiac dulness, which takes place even though the patient is kept in bed and carefully nursed and treated. This rapid increase is due, as a rule, not to pericardial effusion, but to dilatation of the heart. In severe cases the cardiac dilatation may rapidly become extreme and the patient succumb within a few days of the first appearance of the pericardial rub, from a syncopal attack, which is sometimes associated with severe vomiting. More commonly, especially in a second attack of pericarditis, the inflammatory process seems to assume a subacute form; the pericardial rub persisting over a varying area for some days or weeks, and the area of cardiac dulness remaining unaltered, and even increasing in extent. Eventually, according to the writer, within from six weeks to three months' time, one of three things may happen.

1. The area of cardiac dulness may decrease till it is nearly normal in extent, indicating that the heart has approximately regained its normal size, in which case a satisfactory recovery may be anticipated.
2. The area of cardiac dulness may remain permanently enlarged, though the patient has become convalescent, in which case it is probable that universal adherence of the pericardium to the heart is taking place, and, though the patient recovers, the heart will be permanently crippled.
3. The area of cardiac dulness may still further increase, the liver becoming enlarged, and dropsy set in, and the patient die with all the symptoms of right-ventricle failure. As to prognosis, it seems probable that it depends in each case on the degree to which the myocardium is affected by the inflammatory process. There are certain danger-signals for which one should always be on the look-out in children or young adolescents when a suspicion of rheumatism is aroused, and one can thus recognise the subjects in whom repeated attacks of cardiac inflammation are likely to occur. These are rheumatic nodules, small fibrous growths commonly about the size of a split pea, but sometimes as large as an almond, or even larger. They are found in the neighborhood of joints, over the olecranon or condyles of the humerus, on the margins of the patella, over the malleoli, on the finger-joints, on the sheaths of tendons; sometimes on the scalp or vertebral column, and are attached by their base to the fascia,

or sheaths of tendons, or to some portion of underlying fibrous tissue. The skin over them is freely movable, and they are best seen by flexing the joint over which they are situated when the skin is rendered tense. In themselves they are painless; when present in force, danger to the heart is imminent, and repeated attacks of cardiac inflammation are to be apprehended. According to Cheadle, they are apparently serious in proportion to their size and numbers. Rarely found in adults, they are met with in children and adolescents up to the age of 19. Exudative erythemata of the type of erythema marginatum, being small raised patches about the size of a sixpence with sharply defined margins and of a dull red color; or, less commonly papular or urticarial in character, may occur in rheumatic subjects. These have an evil prognostic significance. As regards treatment, it is of the first importance that any indications of danger threatening the heart should be recognized as early as possible, and due precaution taken. The patient should be kept under careful observation and the heart examined every two or three days for some weeks. Any exposure to chill should be guarded against and exercise should be limited in amount. Where possible, children who have once suffered from cardiac inflammation should winter in some warm climate.—*American Medico-Surgical Bulletin*, July.

THE TREATMENT OF ENURESIS.

In an article in the *Therap. Gazette* (Vol. XXII, No. 4, p 220) Dr. Crawford has attempted to introduce order into the therapeutic chaos which is hanging about the subject of enuresis. We must, of course, always try to find the cause. Where anemia is present, some light preparation of iron in conjunction with nux vomica often succeeds. If a rheumatic diathesis is established—and the author has been struck with the frequency with which rheumatism either in the parents or child is associated with enuresis in the latter—the salicylates should be given a trial, but not to the exclusion of iron. Removal of adenoids has several times resulted in the author's hand in a perfect cure of the enuresis. Tea in the evening should be proscribed, and the state of the alimentary canal watched, as enuresis, like convulsions, may often be traced to some digestive derangement. Belladonna is a valuable adjuvant remedy, but it will be in vain to expect from it specific virtues. Where belladonna alone fails, belladonna and iron will often succeed. Belladonna the author gives in large doses; he commences with 10 to 15 drops of the tincture 3 times a day for a child of 4 to 5 years, increasing

weekly by *five* drops to *each* dose, till there is some sign of improvement or of physiological reaction. The U. S. P. tincture is 15 per cent., while the British is only 5 per cent., strong.

After the belladonna has had its favorable effect, it is of the utmost importance not to stop it abruptly, or a recurrence of the habit is almost certain to take place. When weakness of the sphincter of the bladder is superadded to irritability of the muscular coat, no combination is so beneficial as that of belladonna and nux vomica ; it often acts like magic. Ergot and rhus aromatica are inferior to nux vomica, but may be prescribed in conjunction with it. As regards the interrupted current, the author can offer no opinion, never having employed it in this disorder. High acidity of the urine is a well-recognized condition in enuresis, and where it is present, a few drops of liquor potassæ should be given with belladonna, until the urine shows a neutral reaction. The amount of water should never be cut down ; on the contrary it should be given freely to diminish the concentration of the urine ; or instead of it milk might be supplied, it being one of the best diuretics. Phimosi should be relieved, either by simple dilatation of the orifice, or, in exceptional cases, by circumcision. The author is not in favor of this latter operation, as he has seen more than one case of enuresis that has dated definitely from circumcision. Occasionally, masturbation may be a causal factor ; the application of cocaine to the hypersensitive part of the urethra and the daily passage of a catheter do good in those cases. The bromides may also be indicated.—*American Medico-Surgical Bulletin*, July.

SURGERY.

IN CHARGE OF

GEORGE FISK, M.D.

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ABSORBABLE OR NON-ABSORBABLE SUTURE-MATERIAL.

Dr. Seth C. Gordon concludes an article on the above, subject with the following summary (*Four. of Med. and Science*, p. 303, July, 1898):

1. All suture-material unabsorbed must necessarily have more or less exudate about it.
2. Such exudate is of lower vitality than normal repair, where tissues are just approximated and not strangulated.
3. A few days only are necessary to insure repair, if there be no infection, and therefore in cases where no great amount of strain exists absorbable sutures only are needed.
4. Where continual strain on the parts is inevitable, non-absorbable suture should be used for at least two weeks, but should be so placed as to be removed.
5. For such suture the silkworm-gut seems to be the best, as it can be made sterile and kept so,
6. For all other purposes catgut is sufficient.
7. Inflammation is always destructive to complete repair.
8. Inflammation is always due to infection.
9. Sterile catgut or kangaroo-tendon should therefore fulfil all indications for suture or ligature-material, with exceptions named.—*Am. Med. Surg. Bull.*, Oct. 29, 1898.

TREATMENT OF TUBERCULAR PERITONITIS BY LAPAROTOMY.

Prof. Duplaz (*Le Bull. Med.*, No. 54, July 6, 1898, p. 653) in a clinical lecture says that the prognosis of all tubercular affections is grave, but there is a particular gravity in a tubercular infection of the peritoneum, especially when ulcerative. However, cure is possible either spontaneously or by the operation to be described. Here, the medical management of tuberculosis must give place to the surgical, since laparotomy has become the successful means of cure.

Leaving aside miliary or granular peritonitis peculiar to children where surgical treatment is not to be thought of, there are three chief varieties.

1. Ascitic—serous effusion into peritoneum, sometimes sero-purulent, or even sanguinolent. Here the peritoneum is injected, deprived of its gloss, and sometimes has fibrinous deposits.

2. Ulcerous, or fibro-caseous. This has an abundant production of false membranes forming considerable thickenings, even tumefactions of the peritoneum. Numerous adhesions exist both between the opposing parts of the peritoneum and between these and the viscera. Here and there are accumulations of sero-purulent liquid, and occasionally softened cheesy masses. In this kind perforations are frequent and stercoraceous abscesses occur.

3: Fibrinous, or dry, peritonitis. No liquids, but adhesive inflammatory exudates whose fibrinous transformation tends to cause regression of the tubercles around which they form.

In addition to these general forms there are circumscribed forms which also admit of successful handling in this way. According to Roersch, it is in the ascitic form that laparotomy gives the best results. In *Rev. de Chirurg.*, 1893, 358 cases are analyzed, the ascitic giving 75 per cent. of cures; the fibrinous, 65; the ulcerous, 60. Many cases published since these of Roersch confirm his report, even making the results better. Sometimes the cure is only temporary, but autopsies on many cases of this kind who have died of accidental causes show the cure to have been effectual. The forms which most frequently get well of their own accord are those which belong to the class most favorable for operation, viz., those in the ascitic and dry forms. The unexpected successes accompanying the operation, in the gravest cases, where operation would even seem to be contra-indicated, leads the author to say that it may be adopted in all three classes of cases, especially if done early.

Three positive contra-indications are (1) advanced pulmonary tuberculosis; (2) grave visceral tuberculosis, of intestines, liver, or kidneys; (3) profound general enfeeblement.

Laparotomy is done in the usual way along the median line, taking special care to avoid wounding the intestines which may be adherent to the peritoneum. Evacuate ascitic fluid, wash out with antiseptic solution or sterilized water at 38° or 40° C. (100.4° to 104° F.) In the fibrinous form adhesions are to be gently broken up on either side. In the ulcerous-caseous form adhesions are to be broken up still more gingerly only for the purpose of getting at and evacuating and cleansing all pus-pockets. Before closing up dust light sprinkle of boric acid or iodoform over the peritoneum. Drainage is not to be used except in cases where pus-pockets have been cleaned out.

How simple opening of the abdomen in these cases cures, the author does not pretend to say. He mentions the guesses advanced—removal of liquid removes micro-organisms and removes pressure from the blood-vessels; it admits air and light; it sets up reactional irritation; reflex excitation of the nervous system produces nutritive changes and consequent regression of the tuberculous products; more or less intense phagocytic reaction is set up, scattering and disintegrating the tubercles as fast as fibrous tissue can surround them to displace the inflammatory.—*Am. Med. Surg.*, Oct. 25, 1898.

RESECTION OF THE OUTER TWO-THIRDS OF THE CLAVICLE FOR MALIGNANT DISEASE—RECOVERY WITH FULL USE OF THE ARM.

Marcel S., 10 years old; no special hereditary history. In April he noticed that the movements of the right arm were painful and difficult; he was unable to join in play with his comrades. Later a tumor involving the shoulder was discovered.

He was examined by Professor Delassus on May 10, when a tumor was detected at the anterior superior segment of the right clavicle. This was about the size of an egg, its long axis in the direction of the shaft of the clavicle.

It was immovable, resistant and painless. There was no invasion of the ganglia, no muscular atrophy nor impediment to the circulation. There was no pain night or day.

The growth was diagnosed sarcoma, involving the outer two-thirds of the clavicle.

The operation for its removal was undertaken on May 17, and was attended with great hemorrhage,

After removal of the bone and tumor with which it was incorporated, the tibia of a freshly-killed rabbit was inserted.

On the 4th of June, 18 days after operation, the boy was able to quit the hospital.

The imbedded rabbit's tibia had produced suppuration and become discharged. Later the wound healed solidly, when the full use of the arm was restored.

The microscopical examination demonstrated the neoplasm to be a spindle-celled sarcoma, which certainly leaves the prognosis very sombre.

Note.—The writer has been long interested in shoulder lesions, and has always maintained that the clavical being absent in the most agile and powerful quadrupeds is probably essential neither for strength nor mobility in many, and hence, since by modern methods its incision is a safe surgical

procedure, in all tumors arising in it the whole shaft should be boldly dislodged in order to obviate the chances of later dissemination.

T. H. M.

INTESTINAL OBSTRUCTION IN THE COURSE OF PYELEPHLEBITIS.

By DR. J. MAGNAU.

The causes of intestinal obstruction are many, but we seldom hear of it resulting from obliterative phlebitis of the portal or mesenteric veins.

It was in 1878 Chuquet for the first time called attention to grave lesions of the small intestine, which may result from pyephebitis, at the time insisting on three points; first, that these cases are more common in the alcoholic, whose blood is reduced in fibrin, and again by the blood changes resulting in cirrhosis, and, finally, he compared the sanguinous infiltration of the intestinal walls to that witnessed in sphacelus of the intestine. In 1888 Dreyfus published three cases, in which he set forth the site of thrombosis. He remarked that the condition of the intestine found much resembled that seen in strangulation. In 1889 Pilliet published two new cases. He described the pathological changes found, and, singularly enough, compares the condition involving the circumvolutions of the bowel, as markedly resembling an annular construction. According to this observer, the initial focus in operation here is germ invasion; next phlebitis and thrombosis.

In 1894 Peron and Baussenat described a case in a pregnant woman who suddenly died after an acute attack of peritonitis, in whom, on autopsy, was found the entire portal system thrombosis. This had led to multiple asphyxia and necrotic perforation of the intestine.

In June, 1897, MM. Letielle and Maygrier reported patient six months pregnant, suddenly sinking from acute peritonitis, in whom, on autopsy, was found phlebitis of the grand mesenteric vein, apoplexy of the jejunal division and a perforation 60 centimetres in length, widely opening the bowel. Later M. Barth has recorded a case, in 1897, of a patient who suddenly sunk from symptoms of intestinal obstruction, in whom he discovered a primary mesenteric phlebitis with extensive thrombi.

The diagnosis of this condition is exceedingly obscure. Of the morbid anatomy we know much, but of the pathology nothing definite. It seems we are in the dark in treatment because the condition develops so insiduously, and mortal changes have set in before we are even suspicious of the actual causes in operation.—*Bulletin du Lyon Medical.*

THE ACTION OF SYMPATHICOTOMY ON THE EXOPHTHALMIA AND TACHYCARDIA IN A CASE OF EXOPHTHALMIC GOITRE.

Combermale and Gaudier (*Gaz. Hebdom de Méd. et de Chir.*, April 24, 1898) report an interesting case in which Jaboulay's operation produced the following results. The patient was a female in whom, for some unknown reason, a goitre began rapidly to increase in size and was accompanied by exophthalmia, tachycardia and all the symptoms of hyperthyroidization. No medicine appeared to have any effect; the heart could not be calmed, and its increasing action threatened the life of the patient. Recourse was had to section of the cervical sympathetic. The results were: 1. An immediate diminution in the exophthalmia. 2. A decrease of the pulse during a week from 200 to 100 per minute and at the same time the disappearance of præcordial pain. 3. Absence of any modification in the goitre itself.

The cessation of palpitation, the lessened dyspnoea and disappearance of angina caused sufficient relief to make the patient satisfied with the operation, while the disappearance of the tachycardia and of the other dangerously threatening symptoms recompensed the operators.

The sudden drop in the pulse the authors would ascribe not to any direct action or to action through the contiguity of these nerves to nerves about the heart; it was delayed in appearing, and did not take place immediately. They agree with Werthimer in believing that the thyroid fibres of the sympathetics after the section of the main trunk cease presiding over the activity of the thyroid secretion which causes the tachycardia, and that the rapid action of the heart ceases because the cause is thus stopped.

The fact that the goitre did not decrease in size would tend to show that the operation had no effect on the colloid matter excreted. In the normal state both vary in the amount physiologically secreted. We see small goitres that produce hyperthyroidization, and it is perfectly admissible to suppose that the section of the sympathetic may prevent the secretion of the toxin without interfering with the secretion of colloid material.

If this is true, the section of the sympathetics in cases where exophthalmia and tachycardia are the menacing symptoms is the operation of choice.—*Am. Journal of the Med. Sciences*, Nov. 98.

THE TREATMENT OF VEGETATIONS ON THE GENITALIA BY RESORCINE.

Silbermintz (*Gazette des Hôpitaux*) employs resorcine in the following manner in destroying vegetations situated in the region of the genital organs. If they are isolated and have pedicles surrounded by normal skin, he paints them with pure resorcine, using a brush slightly moistened and covering them over with dry dressing. The applications are repeated daily till they dry up and drop off. When they are multiple and sessile, situated on the prepuce, the glans, in the balano-preputial groove, the inguinal fold, about the anus or around the vulva, he paints them over with a collodion containing ten per cent. of oil and twenty per cent. of resorcine. The parts should be made perfectly dry and the collodion should extend an eighth of an inch upon the surrounding sound skin. After the first application, the epidermis will be removed with the collodion, and successive layers with each application till finally an ulcer results, pitted where the roots have been removed. Slightly astringent dusting powders will rapidly heal it. Where the skin is dry, as on scrotum or external aspect of the labia majora, the author employs a 50 per cent. resorcine collodion. In all cases a boric acid wash should be ordered in conjunction with the applications.—*Inter. Med. Mag.*, Oct., 98.

THE TREATMENT OF CHRONIC ULCER OF THE LEG.

Charles H. Thompson, M. A., M. D. (*Lancet*, August 27, 1898), has employed strapping with success in forty cases of leg ulcer. Nearly all had had months of hospital treatment up to the time strapping was commenced, but with little or no improvement; in some instances the ulcers extended. Many of the patients had varicose veins, and œdematous legs, and they almost invariably expressed themselves as much relieved soon after treatment was begun. The strappings were made with the ordinary adhesive plaster spread on stout, pliable holland and supplied in 12-yard rolls 16 inches wide. It must be cut into various lengths according to size of leg, each length being about $1\frac{3}{4}$ inch wide, and applied so that the strips overlap by $\frac{1}{3}$ inch. It is best to include the foot, commencing at the base of the toes and carrying the strapping up the leg to three or four inches above the ulcer, which is thus completely covered in. A strong cotton bandage should be applied over all, reaching from the toes to the knee, and this should be changed by the patient

daily or as often as it becomes soiled. If vesicles and excoriations form, an ointment composed of equal parts of zinc ointment and soft paraffine, applied on lint, the whole being covered with strapping and care being taken not to allow the lint to come too close to the ulcer.—*International Medical Magazine, Oct., 98.*

STAB WOUND OF THE THORACIC DUCT.—RECOVERY.

W. H. Lyne, M. D. (*Maryland Med. Jour.*, September 10, 1898), reports the above condition in a negro, 24 years old, of splendid physique. On examination an oblique stab wound about one inch long, depth unknown, was found above and behind the left clavicle and parallel with the outer border of the sterno-cleido-mastoid near its attachment. A longitudinal wound of the thoracic duct was the one therefore possible. The hemorrhage had stopped, but an abundant milky fluid was steadily escaping from the wound. The wound was cleansed with hot carbolyzed solution, and packed with iodoform gauze and bandaged. On removing the dressing about seven hours thereafter, the escaping chyle and oozing had completely stopped, and the dressing was reapplied. The patient was allowed a light diet; his recovery was prompt and uneventful, except for a slight suppuration. The patient was discharged nine days after his admission, complaining only of a slight stiffness of his left arm. He was seen two years afterwards, and was enjoying perfect health, weighing ten pounds more than he ever weighed before the accident. No microscopical or analytical examination of the chyle was made.—*Inter. Med. Jour.*, Oct., 98.

OBSTETRICS.

IN CHARGE OF

H. L. REDDY, M.D., L. R. C. P., London,

Professor of Obstetrics, University of Bishop's College; Physician Accoucheur Women's Hospital; Physician to the Western Hospital.

THE QUESTION OF OBSTETRIC DOUCHING.

Robert Jardine, Physician to the Glasgow Maternity Hospital (*British Medical Journal*), concludes that in an ordinary case ante partum douching is unnecessary, and in fact is as likely to do harm as good. "If an antiseptic like corrosive sublimate is used, it will corrugate the tissues, hinder the descent of the presenting part, and render the tissues far more liable to be lacerated." A douche before delivery is necessary only when there is a purulent or putrid discharge from the vagina, or when any intrauterine operation needs to be done. An immediate and copious post-partum vaginal and uterine douche is indicated in the following conditions:—

1. Post-partum hemorrhage—very hot.
2. Purulent discharge previous to labour.
3. Putrid foetus.
4. Introduction of hands or instruments into the uterus.
5. Considerable laceration of parts or very prolonged

labor.

During the puerperium the writer holds, the douche is quite unnecessary unless the lochia become putrid or when the temperature rises and there is evidently something in the uterus. According to the writer, the best confinement douche is a 1 per cent. Lysol. solution.

NOURISHMENT OF A WOMAN DURING THE PUERPERIUM.

In the *Wierr Med. Blætter*, attention is called to the wrong ideas which many physicians hold in regard to the amount of nourishment which a woman should receive immediately after childbirth. It is a well-known fact that after a surgical operation, nourishment is given to the patient as frequently as it is safe to do so, and in generous quantity. On the other hand, a woman who has borne a child is often kept for days upon a little tea or zweiback or thin gruel when in reality, she should be receiving a very nutritious and abundant diet. This is a bit of ancient tradition which has come to us from the time when puerperal fever was common, and when it was supposed to be dangerous to feed anything to the mother of a newborn child for several days. How unreasonable this idea is has repeatedly been demonstrated clinically,

SORE NIPPLES, THE PREVENTION OF.

The following method has proved unusually successful in the prevention of sore nipples :

R Lanolin (Liebreich), 1 ounce.

Dispense in glass or porcelain screw-cap jar.

Sig. : For external use every night.

The patient is instructed to begin its use from four to six weeks before the expected date of confinement and continue until delivery. Every night at bedtime a small portion of lanolin is thoroughly worked into each nipple with the thumb and fingers, special pains being taken to rub it well into any folds or crevices, especially in the case of depressed and sunken nipples.

In the morning it should be removed by a soft nail-brush, which is well soaked. The nipple should be brushed with luke-warm water, and any mild, pure soap (preferably a white soap), giving it a thorough lathering for three or four minutes. It should afterward be rinsed with fresh water and dried as after ordinary bathing. All these agencies combined develop the cuticle, render it firm, elastic, and resisting, and produce a useful nipple, which may be almost guaranteed against subsequent abrasions and tenderness.—J. Milton Mabbott.

THE TOPICAL USE OF ALCOHOL IN PUERPERAL INFECTION.

Dr. George H. Noble strongly advocates the local application of alcohol to the endometrium in cases of infection confined to the uterine cavity. After thoroughly cleansing this cavity a sterile rubber catheter is introduced having attached to its tip a strip of sterile gauze as wide as the thumb and two yards long. The gauze is packed loosely about the catheter and serves to retain the alcohol (95 per cent.), a few drachms of which are injected through the catheter every quarter or half hour until marked improvement has taken place, then gradually lengthening the intervals. The projecting end of the catheter must be kept thoroughly buried in sterile or antiseptic gauze in the intervals between injections. The writer refers to a number of cases which were not doing well under the ordinary treatment by curettage and bichloride douching, and which responded promptly to the use of alcohol in the manner stated. He explains the beneficial effect of this agent as being due probably to its dehydrating action upon the tissues, thus depriving the germs of that moisture which is necessary to their development.

VOMITING OF PREGNANCY.

Of medicinal agents for the vomiting *per se*, the best combination I have found consists of :

R Cocaine hydrat., gr. j.
 Bismuth subnit., \bar{z} iv,
 Milk magnesia, \bar{z} ij.
 Aq. lanno cerosi,
 Aq. cinnamoni, aa. \bar{z} ij.

M. et Sig. Two teaspoonfuls every hour or two apart.

This may be followed by crushed ice, not only by the mouth, but applied to the cervical vertebra by means of ice bags, to avoid wetting the patient.—*Louisville Med. Mon.*

DRY LABOR—ITS DANGERS AND TREATMENT.

Dr. G. L. Brodhead (*Medical Record*) thinks this subject too little discussed in text-books, and too often overlooked in practice. A dry labor is one in which the membranes rupture before pains have begun or before cervical dilatation has been accomplished. According to Brodhead's experience at Sloane Maternity, 15 per cent. of all cases have dry labors.

In cases of this class there is danger that œdema of the cervix will occur, and the labor is always more tedious. The child is subjected to the chance of asphyxia and meningeal hemorrhage. Especial attention should be directed to the signs indicating the above conditions. When meconium is found on the examining finger or is seen escaping from the vagina, immediate delivery must be accomplished. An effort should be made as soon as membranes have ruptured to hasten labor. Large doses of castor oil and glycerin, followed shortly after by ten grains of quinine sulphate, are recommended. These drugs aid by increasing the strength and number of contractions.

REMEDY FOR RIGID PERINEUM.

In rigid perineum, Dr. Southworth says that he who tries the following will never be without it. He consider it indispensable and infallible.

R Chloroform, \bar{z} ij
 Ether Sulphuricum, \bar{z} j
 Cologne Spts., \bar{z} j
 Misce. Sig. Apply locally.

He further says:—"It acts quickly and well. I have had large heads pass perineums which seemed impossible without extensive rupture, without the beginning of a tear even when this preparation was used.

GRIPPE AS A COMPLICATION OF PREGNANCY AND THE PUERPERAL STATE.

In *L'Obstétrique* Bar and Boullé report their observations upon fifty women who had grippe during pregnancy or the puerperal state.

In pregnancy, grippe affected the nervous system profoundly in one case, the gastro-intestinal tract in two others, while in the majority the respiratory organs were attacked. In one of the intestinal cases, pyelitis developed, caused by infection with the colon bacillus. The majority of pregnant women in whom grippe affected the respiratory organs recovered without especial difficulty. A small number had pneumonia, which proved a serious complication. In one patient otitis and meningitis developed, both caused by the pneumococcus. The sputum of these patients showed abundant pneumococci.

So far as the influence of grippe on the continuation of pregnancy was observed but a very few cases had metrorrhagia. Labor itself was not especially influenced by grippe. In one case in which the delivery was artificial a severe hemorrhage occurred. The placenta in these cases was found to be normal.

In the puerperal condition, grippe sometimes occasioned severe complications. Mixed infection with streptococci occurred in some cases, and in one proved fatal. In several patients pulmonary infection with the pneumococcus and genital infection with the streptococcus were present in the same patient. It was observed that mixed infections were especially severe; thus, in one case of pneumonia in the puerperal state, there was phlebitis of the external jugular and cephalic veins, in another case the pulmonary lesions were accompanied by endocarditis.

PREGNANCY WITH AN UNRUPTURED HYMEN,

Albespy reports the case of a young woman, 23 years of age, who assured him she had only had intercourse once with her lover, which had proved very painful, and had not permitted of penetration. He found the hymen intact, and with a very small orifice capable only of being entered by a sound. Labor began next day, and after the discharge of the amniotic fluid the membrane was incised and a speedy parturition without evil sequelæ followed.

Medical Society Proceedings.

EIGHTH ANNUAL MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, BUFFALO, N. Y.

The Eighth Annual Meeting of The American Electro-Therapeutic Association was held in the rooms of the Society of Natural Sciences, Library building, Buffalo, N. Y., on September 13, 14, and 15, 1898, under the presidency of Dr. Charles Rea Dickson, of Toronto, Ont.

FIRST DAY.

After the meeting had been called to order by the president, at 10 a. m., an opening prayer was offered by Rev. Orin P. Gifford, after which a brief business session was held, the report of the Executive Council presented, and the privileges of the floor accorded to all members of the medical profession and guests.

Dr. Conrad Diehl, Mayor of Buffalo, welcomed the Association to the City; Dr. Francis B. Bishop of Washington, D. C., responded to the address of welcome. The president announced that delegates had been appointed from medical societies as follows:—Medical Association of Central New York, Dr. Wm. C. Krauss, the president; Medical Society of the State of New York also Medical Society of the County of Erie, Dr. Lucien Howe, president of latter; Buffalo Academy of Medicine, Dr. Floyd S. Crego; Ontario Medical Association, Dr. C. Sterling Ryerson, of Toronto. Brief remarks were made by Dr. Henry McClure, of Norwich, England, honorary fellow; Dr. Thomas E. Holland, of Hot Springs, Ark., a guest; Dr. A. D. Rockwell, of New York; Dr. Lucien Howe of Buffalo and others; the president announced that many letters of regret had been received. Dr. Ernest Wende, Buffalo, Chairman of Committee on Arrangements, reported the provisions made for the entertainment of the Association.

Reports of the Standing Committees on Scientific Questions were received; Meters by Dr. Margaret A. Cleaves, of New York; Constant Current Generators and Controllers by Dr. Robert Newman, of New York; Electric Light Apparatus for Diagnosis and Therapy and the Roentgen X-Ray, by Dr. J. J. Carty, E. E., of New York. The following papers were read: Phlebitis, A Clinical Study by Dr. Margaret A. Cleaves, New York; The Diagnostic and Therapeutic Relations of Electricity to Diseases of the Central Nervous System by Dr. A. D. Rockwell, New York. The Association adjourned at 12.30, and was again called to order at 2.00 p. m. by President Dickson. The first paper by an honorary fellow of the Association, Dr. Georges Apostoli, of Paris, France, New Uses of the Undulatory Current in Gynaecology, was read by Dr. G. Betton Massey, of Philadelphia.

Electricity in the Treatment of Uterine Fibromata by Dr. Felice La Torre of Rome, Italy, honorary fellow, was read by Dr. John Gerin, of Auburn, secretary of the Association. Electro-Therapeutics in Gynaecology by Drs. Georges Gautier and J. Larat, honorary fellows, of Paris, France, read by Dr. Dickson, president of the Association.

A paper by Dr. William J. Herdman, of Ann Arbor, Mich., on The Use of Electricity in Gynaecology, read by title, was followed by The Treatment of Uterine Fibroids by Small Currents, Administered Percutaneously, by Dr. Richard J. Nunn, of Savannah, Ga.

Dr. W. H. White, of Boston, read a paper by Dr. Adelstan de Martigny, of Montreal, on Treatment of Menorrhagia by Weak Current and Silver Interval Electrode.

The Association adjourned at 4.30 p. m.

SECOND DAY.

An Executive Session of the Association was held from 9 to 10 a. m., President Charles Rea Dickson, of Toronto, in the chair.

The Report of the Executive Council on the revision of the constitution and by-laws was adopted, making some important changes in the governing rules of the Association.

When the scientific session opened at 10 o'clock, the first paper was presented by Dr. Lucien Howe, of Buffalo. Dr. Howe's subject was The Method for Using Cataphoresis in Certain Forms of Conjunctival Inflammation.

Dr. Howe illustrated his remarks by means of a number of his patients. His paper was received with great interest, and a lengthy discussion followed.

Dr. Robert Newman, of New York, presented an able paper on Electricity in Deafness and Stricture of the Eustachian Tube. In his address, Dr. Newman rehearsed the history of a peculiar case which came under his professional care. He also cited a number of other cases, which had been reported by other physicians.

The discussion which followed Dr. Newman's paper was led by Dr. Howe, followed by Dr. A. D. Rockwell, of New York.

Dr. Howe presented to the Association a message of regret from Dr. John O. Roe, of Rochester, N. Y., who was called out of the country on business, and was therefore unable to present his paper on The Use of Electricity in Diseases of the Nose and Throat.

Dr. Grover W. Wende, of Buffalo, read a paper on Electricity in Acne Vulgaris and Acne Rosacea.

Dr. G. Betton Massey, of Philadelphia, led the discussion of Dr. Wende's paper, followed by Dr. Margaret A. Cleaves, of New York.

Dr. William C. Krauss, of Buffalo, being ill and under a physician's care, hence he was unable to present the paper set down for him, A Case of Lightning Stroke Without Serious Consequences; it was read by title.

Dr. G. Sterling Ryerson, of Toronto, was introduced by President Dickson, and spoke briefly on Cases of Lightning Stroke causing Diseases of the Eye, giving a number of instances of the effect of lightning, in which the results were not permanently serious.

Dr. Francis B. Bishop, of Washington, presented a paper on

High Tension Current in Neuritis, which gave rise to much discussion.

The final paper of the morning session was read by Dr. Charles Rea Dickson on Electricity in the Treatment of Goitre.

At 1 o'clock the Association adjourned until 2 p. m.

Upon re-assembling, President Dickson delivered his Annual Address, a part of which is as follows :

"For many years past the thoughts of those who are interested in the various branches of this wondrous subject, electricity, have turned to Buffalo, and it has been the Mecca of the Electric Pilgrims. On its outskirts the wildest dreams of the Arabian Nights have been outdone. Science, ever triumphing over nature, has harnessed that most beautiful of all nature's handiwork, and as though by the subtle touch of the wand of a magician, the very country has been transformed, and solitary fields have become veritable hives of human industry, the outcome of the mighty power of Niagara transformed and transmitted. Massive factories are seen on every side where but a few years ago were found naught but vacant lots. To us, witnessing it for the first time, it is a milestone of progress, illustrating man's ingenuity, the triumph of his brain. Buffalo is truly the electrical city of the age.

"Surgery," said Dr. Dickson further on in his address, "is being divided and sub-divided until at one time we feared that we were to be confronted with an appendix surgeon. Our patients are reaping the benefit of all this."

After giving briefly a history of the Association, its growth, the reasons for its existence, and the manner in which its work was carried on, Dr. Dickson concluded his exceedingly interesting address as follows :

"A rock we must avoid is that on which many a stronger society than our own has come to grief, the clique. And the furtherance of personal ambition or personal designs must be shunned."

Many suggestions embodied in the address were referred to the Executive Council of the Association.

Many Buffalo physicians attended the afternoon meeting.

The programme was made up of a series of Ten-minute Talks on Electro-Therapy.

In a brief introduction the President explained the purpose and scope of the Talks which had been prepared for the special benefit of the busy practitioner, technicalities and details being avoided as far as possible, it being intended that the Talks should be suggestive rather than exhaustive.

The Effect of Electricity Upon Tissue Metabolism, by Dr. William J. Herdman, of Ann Arbor, Mich., was read by title. The next paper was by Dr. J. H. Kellogg, of Battle Creek, on the same subject, but Dr. Kellogg also was absent ; read by title. Dr. G. Betton Massey, of Philadelphia, presented The Galvanic Current in Gynaecology.

Surgical Uses of Electricity was the subject of a paper by Dr. Charles Rea Dickson, president of the Association.

Next on the programme was a paper by Dr. G. Herbert Burnham, of Toronto, on Combined Use of Medicinal and Electrical Treatment in Some Affections of the Eye ; read by title.

Dr. Robert Newman, of New York, presented Electricity in Genito-Urinary Diseases. Dr. G. Betton Massey spoke on Treatment of Malignant Growths by Means of Electricity.

Dr. Louis A. Weigel, of Rochester, on Orthopaedic Uses of Electricity, was followed by Dr. Rockwell on The Functional Neuroses with Special Reference to Neurasthenia, their Pathology and Treatment.

Dr. Herdman's paper on Electricity in Diseases of the Nervous System was read by title.

The Association adjourned at 4.30 p. m.

A short business session was held from 8 to 9 p. m., at which the following officers were elected :

President—Dr. Francis B. Bishop, of Washington.

First vice-president—Dr. Ernest Wende, of Buffalo.

Second vice-president—Dr. W. H. White, of Boston.

Secretary—Dr. John Gerin, of Auburn.

Treasurer—Dr. Richard J. Nunn, of Savannah, Ga.

Executive Council—Dr. Robert Newman, of New York, and Dr. G. Betton Massey, of Philadelphia, three years; Dr. A. D. Rockwell and Dr. William J. Morton, of New York, two years; Dr. Charles R. Dickson, of Toronto, and Dr. Frederick Schavoir, of Stamford, Conn., one year.

Washington was selected for the Convention next year, to be held September 19-21, 1899.

THIRD DAY.

An Executive Session was held at 9 o'clock. President Dickson in the chair.

A resolution was passed upon urging colleges and medical schools the necessity of establishing chairs for the teaching of electro-therapeutics; or if that is not at once practicable, that more time be devoted to the teaching of this very important branch; and that the matter be more fully urged upon the attention of The Association of Medical Colleges. Many new members were elected, and the customary votes of thanks passed.

The congratulations of the American Electro-Therapeutic Association were extended to the University of Buffalo for its progression in establishing a chair of electro-therapeutics in the medical college.

A general vote of thanks was also adopted, expressing the Association's deep appreciation of the courtesy and hospitality extended to the members during the convention in Buffalo.

At 10 o'clock the Executive Session adjourned, and President Dickson called the Scientific Session to order. The first two papers on the programme were read by title. They were both by Drs. Georges Gautier and J. Larat, of Paris, France, the first on The Hydro-Electric Bath with sinusoidal Current in Disease; the second on The Use of the Hot Air and Light Bath in Disease.

A paper was read by the newly-elected President of the Association, Dr. Francis B. Bishop, of Washington, on Alternating Dynamo Currents.

Dr. Margaret A. Cleaves, of New York, read a paper on The Electric Arc Bath.

A paper by Dr. J. H. Kellogg, of Battle Creek, Mich., on The Electric Light Bath, was read by title. The next paper was by John J. Carty, of New York, a well-known electrical engineer, on Some Suggestions on the Possibilities of Cataphoresis. Mr. Carty gave a short, practical talk, which was very interesting.

Then came a paper by Nikola Tesla. The paper was read by Dr. White, of Boston. The subject was A High Frequency Oscillator for Electro-Therapeutic Purposes. It was received with the closest attention, and was one of the most interesting papers presented during the Convention. Mr. Tesla's paper was the last read before the Association, the remainder of those on the programme being read by title as follows:

The Effect of High Tension Discharges upon Micro-organisms—Drs. J. Inglis Parsons and C. Slater, London, England.

The Action of X-Rays upon Tuberculosis—Drs. J. Bergonie, Bordeaux, and Teissier of Paris, France.

Two Years of Practice in Radiotherapy—Drs. Georges Gautier and J. Larat, Paris, France.

Dr. Newman, of New York, and Dr. Nunn, of Savannah, Ga., were appointed a committee by the President to conduct the President-elect, Dr. Bishop, of Washington, to the chair. Before turning over to his successor the gavel and other insignia of office, Dr. Dickson took occasion to thank the Association for its kindness and courtesy to him during his term of office. His little speech was very graceful and sincere, and was received with hearty demonstrations of approval.

Dr. Bishop spoke of the pleasure it afforded him to take the first place in the Association, at the head of the governing body. He said that he deeply appreciated the honor that had been shown him, and asked for the hearty co-operation and help of all the members.

Shortly after noon, the new President of the Association declared the Eighth Annual Convention of the American Electro-Therapeutic Association closed.

The social side of the meeting was by no means neglected. Dr. Ernest Wende, Health Commissioner of Buffalo, had charge of the local arrangements for the comfort, convenience and entertainment of the visitors, and too much praise cannot be accorded for the manner in which his plans were carried out.

A public reception in honor of the members was held on Tuesday evening, 13th, in Alumni Hall, University of Buffalo building, which was largely attended, many medical men of Buffalo being present.

The duties of Chairman were performed by the President of the Association, Dr. Charles Rea Dickson, of Toronto, who made a few remarks, in which he spoke of the fraternal feeling existing between the two great English-speaking nations at the present time. Dr. Henry R. Hopkins, of Buffalo, a member of the Local Committee on Arrangements, spoke of the earnest work of the medical men in this country. Dr. Robert Newman, of New York, made a brief address, as did Dr. G. Sterling Ryerson, of Toronto.

Rev. O. P. Gifford, D. D., pastor of the Delaware Avenue Baptist church, in the course of a most amusing address said that

he knew of no other professions so closely allied as the ministry and medicine. "When you succeed," said he, "we profit by your success. When you fail, we bury your errors."

On Wednesday afternoon on adjournment, a special car was in waiting at the door of the place of meeting, and accompanied by Mayor Diehl a visit was paid to the power-house of the Buffalo Railway Co.; great interest was manifested in the plant, and in the storage batteries, which are the largest in the world. On completion of the visit, the members returned to headquarters at Hotel Iroquois by special car and Tally-ho coach.

Dr. Lucien Howe entertained the men of the Association in the evening at the conclusion of the business meeting. A smoker was given at Dr. Howe's home, corner of Delaware avenue and Huron street, which was largely attended.

Thursday afternoon was devoted to an excursion and reception, under the direction of the Local Committee of Arrangements, The "Huntress" left the foot of Ferry street at 2.30 o'clock, taking the members of the Association down Niagara river to Navy and Buckhorn Islands and the site of the Pan-American Exhibition, then to the Island-Club, where a reception was held, followed by a dinner. The return trip was arranged to get the members back to Buffalo before 9 o'clock.

On reaching the city the majority of members proceeded to Niagara Falls, N. Y., direct, the International Hotel being headquarters.

On Friday morning the view was obtained from the celebrated Steel Observation Tower; the party next took the Niagara Falls Park and River Railroad, crossing by the new steel arch trolley bridge, the greatest steel arch bridge in the world, going first to Chippewa then to Queenston, crossing by ferry to Lewiston, N. Y., and returning to Niagara Falls by Niagara and Lewiston Railroad.

After lunch the members were conducted over the Power House of the Niagara Falls Power Company, by Coleman Sellers, E. D., President and Chief Engineer, who made the visit most interesting and instructive. On return to the hotel, a meeting was held, and Dr. C. R. Dickson was requested to convey to Dr. Sellers the thanks of the Association for his courtesy. A very enjoyable trip was next taken on the "Maid of the Mist," after which most of the members left for their respective homes. Those who remained visited on Saturday morning Power Station No. 2 of the Niagara Falls Hydraulic Power and Manufacturing Company, and were conducted over it by the chief electrician, who fully explained all the wonderful appliances.

In addition to the many other provisions for the entertainment of their visitors, the Committee on Arrangements provided tally-ho coaches which made tours to Buffalo on Tuesday afternoon and Wednesday morning and afternoon, leaving from the Library building; members were also invited to enjoy bird's-eye views of the city from the roof of the Guarantee Building, Church street, the tallest building in Buffalo; and to visit the collections of the Society of the Natural Sciences, Historical Society and the Gallery of Fine Arts, in the Library building, in which the meetings were held.

Very handsome badges were prepared for the members and

officers by the Local Committee. For members the badges were of bronze, and for officers of gold. A buffalo formed the pin, from which depended by a ribbon a triangular pendant, bearing the name of the Association, the date and the name of the Convention city. The ribbon for officers was yellow, that of members red.

A most interesting exhibition of electrical apparatus for diagnostic, therapeutic and radiographic purposes was held in the room adjoining the Meeting hall, and was a very popular feature of the meeting. The following manufacturers exhibited: Van Houten & Ten Broeck, New York; Chloride of Silver Dry Cell Battery Company, Baltimore Md.; Jerome Kidder Manufacturing Company, New York; Edison Manufacturing Company, New York; Waite & Bartlett Company, New York; Dow Electric Assistant Company, Boston, Mass.; American Electro-Neurotone Company, Niagara Falls, N. Y.; Standard Cold Electric Lamp Company, Washington, D. C.; Spencer Lens Company, Buffalo, N. Y.; Detwiler-Biddle Company, Buffalo, N. Y.; W. J. Shields & Company, New Wilmington, Pa.; Rochester Fluorometer Company, Rochester, N. Y.

The Eighth Annual Meeting was universally conceded the most successful and enjoyable that has been held, and the prospects for the Association were never brighter or more encouraging. Arrangements are already in progress for the Washington meeting.

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Editorial.

THE SIGNIFICANCE OF URIC ACID IN THE NASAL REFLEX NEUROSES.

Walter A. Wells, M.D., of Washington, D.C., in an interesting paper in the *New York Medical Journal*, Nov. 12, 1898, discusses this subject in an instructive manner, and throws some additional light on the role enacted by uric acid. In regard to the pathogenesis of the nasal reflex neurosis, Dr. Wells contends that a diathetic condition obtains, consisting of an instability of the vasomotor sympathetic associated with an increase of eosinophilic white blood-corpuscles during the attacks associated with increased production and excretion of uric acid. The latter occurs in such nasal neuroses as asthma, migraine, neuralgia, epilepsy, angina and exophthalmic goitre; it also occurs in hysterical affections and Raynaud's disease, neurasthenia, etc. Haig's theory is that uric acid is formed in a definite ratio, and its increase in the blood is owing to retarded eliminations, this depending on a diminished alkalinity of the blood. The retained uric acid is then deposited in the arterioles and capillaries of different parts of the body, causing various manifestations according to the locality. Dr. Wells thinks this mechanical action is not sufficient to explain all the phenomena, but the theory of irritation of the sympathetic nervous centre does. The most eminent authorities now

hold that uric acid is the result of decomposition of cellular elements in all parts of the body, and the leucocytes are the chief sources, and it varies in the amount produced according to the percentage of leucocytes in the blood, being increased in all affections where leucocytosis is present. The apparent exception to the rule Dr. Wells explains as follows: Agents in the blood having a chemiotactic influence may cause the leucocytes to be attracted away from the central organs to the peripheral circulation, so that blood examined from this part would indicate leucocytosis when there would be no actual increase from the normal, which is quite different to an increased production of new cells raising the total number. He claims that the more mature and more active multinuclear leucocytes respond more readily to chemiotactic influence than the young uninuclear form, so that the apparent leucocytosis chemiotactically produced would be multinuclear, but when real leucocytosis is present, an increased production of young uninuclear cells from the hæmatopoietic organs obtains, as in leucæmic chlorosis, diabetes and the leucocytosis of digestion. The increase of uric acid follows the increase of the uninuclear cells rather than the older multinuclear. But the increase is present also in cancer and pneumonia when there is a multinuclear leucocytosis; this he explains may result from the possibility that chemiotactic substances which drive the old cells to the periphery, causing a relative leucocytosis, may also stimulate an increased production of young cells while typhoid fever has been given as an instance of the increase of uric acid not dependent upon a leucocytosis, this being one of the very few fevers in which a condition of leucopænia occurs—that is to say, lessened number of the leucocytes. But, if viewed from the standpoint here taken, the apparent inconsistency may disappear. Examinations of the blood in typhoid go to show that, though the multinuclear cells are decreased, at the second or third week there occurs a lymphocytosis. This agrees with the studies recently made in this disease by Behrend and Adler (*National Medical Review*, Washington, April, 1898), according to which the excretion of uric acid rises notably toward the latter part of the disease.

If we should continue to bear in mind, then, the fact that we can only be sure that there has been any actual increase of the leucocytes when we see an increase in the uni-nuclear cells (lymphocytes, splenocytes, myelocytes), we shall understand how we may reconcile the theory of the formation of the uric acid from the disintegration of the leucocytes with the observation that in some cases of leucocytosis there is little or no uric acid while in others it is notably increased.

As this has been the only objection against this theory of the formation of uric acid, we have then, admitting the correctness of the premises, no further difficulty in accepting it, and we are left only to prove that a leucocytosis of young cells occurs in the class of cases which we are studying as nasal reflexes in order to conclude that the uric acid is thence derived.

Leucocytosis he claims does occur in the nasal reflexes in the form of an eosinophilia from sympathetic irritation. A general lymphocytosis is said to occur in convulsive disturbances which may manifest themselves as a nasal neurosis. Striking is the observation of a leucocytosis, chiefly of the lymphocytes, occurring in exophthalmic goitre, as this disease has been reported in rare instances to be cured reflexly by way of the nose.

It appears to us then manifestly illogical to consider, as Haig and his followers do, that uric acid bears a causative relation to these attacks, seeing that we have the best reason to believe that it is formed from the leucocytes, and is therefore only an incidental phenomenon. That it could not be the cause appears still less probable from the fact that frequently enough there may be uric acid increase with no sign of any of those kinds of affections which have been attributed to it.

Some authors, denying to uric acid the position of primary and essential cause in the cases we are discussing, say, however, that the xanthine bases should be so regarded, as, for example, Kolisch, who, finding an increase of xanthine and paraxanthine during attacks of migraine and epilepsy, concludes that these agents directly cause the attack.

When the nuclein of the white blood-corpuscles becomes broken up, substances are formed which if oxidized become uric acid, and if decomposed go to form xanthine bases.

Now, if we follow Neusser and say that xanthine irritates the sympathetic, and by irritation of the sympathetic causes a new production of eosinophilic leucocytes, it is apparent we allow ourselves to fall into a vicious circle.

The xanthine or paraxanthine or allied substances—the so-called alloxuric bodies—ought then just as uric acid to be looked upon as incidental products, and the sympathetic irritant, whatever it may be, be sought elsewhere.

The source in cases of pure nasal reflexes may be found in the existing pathological condition in the nose, whence goes the impulse that sets the sympathetic ganglia in action, demonstrated by the increase in the number of the eosinophilic leucocytes.

As sometimes we have asthma, migraine, and the like arising reflexly from other sources than the nose, especially from diseases of the reproductive organs; these two may be regarded as sources of sympathetic irritation.

The cause of general leucocytosis may sometimes be toxins, the result of intestinal self-intoxication which may act chemiotactically on the leucocytes and irritates the sympathetic.

If uric acid does not produce the symptoms, how is it, it may be asked, that headache is brought about by the administration of substances that cause an increase of uric acid in the blood, and that headache, asthma, etc., seem to be lessened by the exhibition of agents, as contended by Haig, that render the blood alkaline and cause a diminution of the uric acid? As to the former, we can readily understand that the agent given has acted as an irritant to the sympathetic nervous system, and that the uric-acid increase in this case, as in others, is only the result of the leucocytosis which has been caused, and as to the latter there is little reason for knowing that the drugs have the effects which have been attributed to them by Haig. It is probable enough that gouty pains in the limbs, due to the presence, no doubt, of uric acid in the part, may be relieved by

alkalines which effect the solution and removal of the acid, but it is absurd, it appears to us, to imagine nitrate of amyl or nitro-glycerin, which experience has shown to have a decided effect over the course of migraine, epilepsy, and asthma—it is absurd, we say, to imagine that in the minute doses in which they are given they could appreciably affect the solution and excretion of the uric acid in the system.

The action of this class of drugs, known to have a decided action upon the vasomotor sympathetic, is, in fact, one of the strongest arguments in favor of the sympathetic origin of the affections.

All things considered, we believe on this theory only can all the facts and all the circumstances be satisfactorily brought into harmony and explained. Only upon the assumption of the vasomotor sympathetic acting as an intermediary between the varied excitant causes can we understand how asthma, migraine, epilepsy, neuralgia and similar affections may result at some time from nasal disease, sometimes from gastric disturbance, sometimes from diseases of the reproductive organs, or how they may arise from reabsorption of toxines generated within, or how they may appear to assert themselves as mere idiopathic affections.

By condensation when possible and reproduction we have given the full argument of Dr. Wells, which, to those who have followed the extensive investigations of Dr. Haig, will prove a theme for deep reflection. The view here presented places uric acid as the smoke after the battle and as having nothing to do with the causations of the various affections with which it is generally conceded to be in excess, and not to result from changes in the food injected nor directly from flesh foods, but the result of destroyed leucocytes. One is apt to wonder why if true hyperleucocytosis always means the presence of new leucocytes, why they should so readily undergo degeneration. Dr. Wells' theory hardly explains the control which Dr. Haig was able to exercise over headache by clearing the system of uric acid or increasing its amount all within the space of an hour or so, and what he claims for migraine applies also to epilepsy, convulsions, hysteria, paroxysmal hæmoglobinuria, anæmia, etc.

While the theories of Dr. Wells are well put and appear from the point of view of his specialty to be explanatory, more work will have to be done by the most competent observers ere the prevailing conception of the deleterious role uric acid plays in a number of affections will be dropped for a theory that it is simply an innocuous excretory product, the result of nuclein destruction.

OXYTUBERCULINE IN THE TREATMENT OF PULMONARY TUBERCULOSIS.

Through an unfortunate omission the name of the author of this article in our last number, Dr. A. J. Richer, was not given.

CRAIG COLONY PRIZE FOR ORIGINAL RESEARCH IN EPILEPSY.

The President of the Board of Managers of Craig Colony offers a prize of \$100 for the best contribution to the pathology and treatment of epilepsy, originality being the main condition.

The prize is open to universal competition, but all manuscripts must be submitted in English.

All papers will be passed upon by a Committee to consist of three members of the New York Neurological Society, and the award will be made at the annual meeting of the Board of Managers of Craig Colony, October 10, 1899.

Each essay must be accompanied by a sealed envelope containing the name and address of the author and bearing on the outside the motto or device which is inscribed upon the essay.

The successful essay becomes the property of the Craig Colony, for publication in its Annual Medical Report.

Manuscripts should be sent to Dr. Frederick Peterson, 4 West 50th St., New York City, on or before September 1, 1899.

POSTPONEMENT OF THE THIRD PAN-AMERICAN MEDICAL CONGRESS.

INTERNATIONAL EXECUTIVE COMMISSION OF THE PAN-AMERICAN MEDICAL CONGRESS.

OFFICE OF THE SECRETARY.

CINCINNATI, Nov. 5th, 1898.

MY DEAR SIR :

I have the honor to announce that in April, 1898, I received from Dr. José Manuel de los Rios, Chairman of the Committee on Organization of the III Pan-American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899.

The following communication relative to the same subject is just at hand :

CARACAS, September 25, 1898.

DR. CHARLES A. L. REED,

Secretary of the International Executive Commission,
Cincinnati, Ohio.

DEAR SIR :

After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by small-pox which has taken up all our physician's activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government after such calamities as war and epidemic, would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the International Executive Committee, that our Government and this Commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear Doctor,

Yours respectfully,

THE PRESIDENT.

(SIGNED)

DR. JOSE MANUEL DE LOS RIOS.

In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the III Pan-American Medical Congress is hereby postponed to meet in Caracas in December, 1900.

For the International Executive Commission.

CHARLES A. L. REED, Secretary.

Book Reviews.

Practical Uranalysis and Urinary Diagnosis: A Manual for the use of Physicians, Surgeons, and Students.—By Charles W. Purdy, M.D., LL.D. (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of *Diabetes: Its Causes, Symptoms, and Treatment.*" Fourth Revised Edition. With numerous Illustrations, including Photo-engravings and Colored Plates. In one Crown Octavo Volume, 365 pages, bound in extra Cloth, \$2.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia; 117 W. Forty-second Street, New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill. For sale in Great Britain by Sampson Low, Marston & Company, St. Dunstan's House, Fleet Street, London, E. C.

It is only about a year since we gave a careful review of this excellent manual. The present revised edition has had some extended changes, more especially in the chemistry of the urine. Obsolete methods have been omitted, and a number of new illustrations added.

It is one of the most complete books on the urine now available. After general considerations, the composition of the normal urine is taken up; then that of abnormal, urinary and anatomical sediments, gravel and calculus.

Then the diagnosis of diseases of the urinary organs and urinary disorders, and finally the urine in other diseases. An appendix gives a useful *résumé* of how to examine urine in life insurance cases, and in appendix B a consideration of the reagents and apparatus for quantitative and determinate uranalysis. In regard to specific gravity, the author states that only approximately correct results are possible with the urinometer, and considers the use of more accurate methods advisable such as may be carried out with the Westphal or Mohr balance. With the former, the specific gravity may be carried out to the fifth figure or fourth decimal. An illustration of this instrument is given, and the method of taking the sp. gr. detailed; the method with a little practice is found to be simple, rapid and absolutely correct.

The author puts great emphasis on the advantage of the centrifugal method of obtaining urinary sediments for microscopical examination and quantitative analysis, and has still further perfected his electro-centrifuge so that it now covers the entire range of centrifugal work for medical and bacteriological and other purposes. It can be worked on the interrupted incandescent illuminating current or the constant incandescent, storage or galvanic current at any voltage from 10 to 120. It is capable of all grades

of speed from 500 to 10,000 revolutions per minute, the arms having a radius of $4\frac{1}{2}$ inches or $6\frac{3}{4}$ inches. A speed indicator is furnished. He has still further perfected his percentage tubes, and a new device for sedimenting and manipulating micro-organisms has been perfected and adapted to the motor with the hæmatocrit, the whole making a very convenient instrument for rapidly ascertaining the quantities of sediments, bacteria, blood corpuscles, etc., in any liquid. The necessity of knowing the exact number of revolutions per minute and taking note of the number of minutes the process is continued in regard to accurate uniform results is pointed out. In order to follow Dr. Purdy's methods, one of his centrifuges would seem to be essential. The author aims to be practical, and offers the best method to obtain speedy results as free from complicated technique as possible, so that the busy practitioner can get accurate analysis in the smallest space of time.

The Surgical Anatomy of the Lymphatic Glands. By Cecil H. Leaf, M.A., M.B. (Cantab), F.R.C.S. (Eng.), Demonstrator of Anatomy at the London Hospital. Archibald Constable & Co., 2 Whitehall Gardens, Westminster. Price 1os. 6d.

The author has made a special study of the lymphatic glands for some three years, using formalin in the preparation of the specimens. He endeavours to show in a series of colored diagrams the main groups of lymphatic glands. He hopes later on from a clinical point of view to show the areas which the various groups of glands drain. A formalin solution is forced into the veins which if used in large amounts and under a high pressure gets into the lymphatic vessels rendering them sufficiently plain for dissection. He announces the new fact that a communication exists between lymphatic vessels and veins. There are 72 pages and some eighteen full page beautifully colored plates, showing the various groups of glands. The accompanying text describes the groups so well illustrated in these plates. The book is printed in large type, and neatly bound in bluish linen, and makes a valuable supplement to the standard works of anatomy.

American Pocket Medical Dictionary.— Edited by W. A. Newman Darland, A.M., M.D., Assistant Obstetrician to the Hospital of the University of Pennsylvania, Fellow of the American Academy of Medicine, &c. Containing the pronunciation and definition of over 26,000 of the terms used in medicine and the kindred sciences, along with over sixty extension tables. Price \$1.25 net. W. B. Saunders, 925 Walnut st., Philadelphia. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

This is a manual of over five hundred pages, but being printed on this strong paper is only $\frac{5}{8}$ in. in thickness. It is $6\frac{1}{2}$ ins. long and 4 ins. in width. The edges are gilt, and the book is bound strongly in red morocco. It can thus be conveniently carried in the pocket. The words are printed in small but heavy type, the definition in smaller letters, but very legible. The chief terms used in medicines and the allied sciences may be found here, and a very

successful attempt has been made to incorporate the most prominent of the newer terms which yearly are added to our Medical Vocabulary, so that these are well represented. It gives instructions also in regard to pronunciation and accentuation.

A useful feature scattered through the book is the addition of some sixty tables, giving a complete list on each of the subjects so treated, such as of arteries, bruits, canals, columns, ducts, ganglia, murmurs, nerves, rales, signs of disease, tracts, etc.

This convenient and comprehensive Pocket Dictionary and withal so inexpensive should be carried by every student, and would save the practitioner in most instances the necessity of consulting his standard and more cumbersome Reference Medical Dictionary.

Saunders' Question Compend No. 7.—Essentials of Materia, Medica, Therapeutics and Prescription Writing, arranged in the form of questions and answers. Prepared especially for students in medicine. By Henry Morris, M.D., Fellow of the College of Physicians of Philadelphia; Physician to St. Joseph's Hospital, etc. Fifth edition revised and enlarged. W. B. Saunders, 925 Walnut Street., Philadelphia, Pa. Price, \$1.00. J. A. Carveth & Co., Toronto, Ont., Canadian Agents.

This will prove a useful manual for refreshing the memory either for an examination or in the early years of practice. The title indicates the scope of the work. It follows the last edition of the United States Pharmacopœia, no reference being made to the preparations of the B. P. Doses have been expressed in the metrical system of weights and measures, as well as in the apothecaries' weight and wine measure. Drugs are classified according to their actions.

In the form of question and answer all the essential points in this branch of medicine are successively brought out, including prescription writing, influences that modify the effects of medicines and their administration. The book is neatly printed and bound, and is a worthy addition in its revised state to their excellent series of Compend.

PUBLISHERS DEPARTMENT.

SANMETTO RELIEVES QUICKLY IN PROSTATIC TROUBLES.

To say that Sanmetto does all that could be reasonably expected of it, in all troubles of the genito-urinary organs, is not an adequate description of its therapeutic value. For it aids in any congestion more or less, and is therefore an invaluable remedy for all congestions, especially of the prostate gland, affording relief quickly.

DRAKE, MO.

H. A. GROSS, M.D.

1858 Med. Dept. Washington Univ.
(St. Louis Med. Col.), St. Louis, Mo.

SANMETTO.

J. S. Jordan, M.D., of Indianapolis, Ind., writing, says:—"I have been using Sanmetto for a number of years, and with unvarying good results. In cases of prostatitis, prostaticorrhea, cystitis, chronic gonorrhoea, and kindred genito-urinary troubles I find it is one of the most valuable acquisitions to our *Materia Medica*. In irritable conditions of the neck of the bladder, so frequent among females, Sanmetto has proven a God-send. I can also heartily recommend it as the very best aphrodisiac I have ever used."

LITERARY NOTES.

The leading article in *Appletons' Popular Science Monthly* for November will be a discussion of the origin of the peoples which originally settled middle America. Prof E. S. Morse, the author, is well known as a scientist and traveller, and his views on such a subject are of great value and interest.

Prof. Charles Richards Dodge, of the United States Bureau of Statistics, will publish in *Appletons' Popular Science Monthly* for November a very important paper on The Possible Fiber Industries of the United States. The facilities afforded by his official position have resulted in an extremely valuable contribution to the economics of this enormous industry, and the paper is of special interest just now because of our new territory, some of which is very rich in fiber producing plants of great commercial value. It is fully illustrated.

400 PRETTY HOMES AND GARDENS.

How general the use of photography is coming to be adopted by the modern magazine as a means of illustration is shown in the announcement of *The Ladies' Home Journal* that it is about to publish six new, distinct series of articles which will include not less than 400 photographs. The idea of the magazine is to present one hundred of the prettiest country homes in America, to encourage artistic architecture; one hundred of the prettiest gardens, to encourage taste in floriculture; seventy churches decorated for festal occasions of all kinds, such as weddings, Christmas and Easter services, etc.; some forty of the prettiest girls' rooms in this country; twenty-five floral porches and vine-clad houses; and the story of the native wild flowers in America, told in seventy-five photographs. Over 8,000 photographers, in every part of the country, were employed by the magazine to get these pictures, and several thousands of dollars were paid in prize awards for the best photographs. The choice was made out of over 10,000 photographs received by the magazine.

THE SENSIBLE TREATMENT OF "LA GRIPPE" AND ITS WINTER SEQUELÆ.

The following suggestions for the treatment of *La Grippe* will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give a five grain Antikamnia Tablet, crushed, taken with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are Antikamnia and Quinine Tablets, each containing $2\frac{1}{2}$ grains Antikamnia and $2\frac{1}{2}$ grains Quinine. One tablet three or four times a day will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "*The Southern Clinic*," has found much benefit to result from five grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of Influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

THE ALIENIST AND NEUROLOGIST.

The October (1898) number of the Alienist and Neurologist contains:— "Pathology of Epilepsy," by Dr. N. Krainsky; "Incipient Melancholia.— Its Diagnosis, Prognosis and Treatment," by John Punton, M.D., Kansas City, Mo.; "Limited Criminal Responsibility," by Dr. W. F. Becker, Milwaukee, Wis.; "Degeneracy Stigmata as Basis of Morbid Suspicion.— A Study by Byron and Sir Walter Scott," by Jas. G. Kiernan, M. D., Chicago; "The Syphilitic Etiology of Locomotor Ataxia," by Dr. J. Harrison Mettler, Chicago; "Hysteria in Relation to the Sexual Emotions," by Havelock Ellis, London; "Hereditry and Atavism," by Eugene S. Talbot, Chicago; "Crank or Crook," by Dr. C. H. Hughes; besides the usual Selections, Editorials, Reviews, Book Notices, etc. C. H. Hughes, M. D., Editor, 3857 Olive Street, St. Louis, Mo. Subscription: \$5.00 per annum; Single Copies \$1.50.

LATE LITERARY NEWS.

It is not often that a contributor to a magazine spends five millions or so of dollars in fitting himself to write knowingly of a subject. But, if popular report be true, that is, approximately, the sum which JOSEPH LEITER expended in the acquisition of the information necessary to prepare the article which appears over his signature in the November COSMOPOLITAN on "Wheat." This is Mr. LEITER's first appearance in literature, but he handles the pen with a bold, firm hand that shows him a man of resources.

Another COSMOPOLITAN contribution which will appeal to every man and woman is the attempt of HARRY THURSTON PECK to analyze the component parts of the modern Woman of Fascination. By what does woman fascinate? Is it beauty? grace? spirit? charm of manner? what? Evasive question! But Mr. PECK goes at it as a man who has studied and has had experience

LONGFELLOW TO BE ILLUSTRATED.

Last year Charles Dana Gibson illustrated "The People of Dickens" for *The Ladies' Home Journal*. The pictures were so successful that this year, and during next year, W. L. Taylor, the New England artist who has made such rapid strides in his art, will illustrate "The People of Longfellow"—also for *The Ladies' Home Journal*. The poems selected are "The Psalm of Life," "Hiawatha," "Evangeline," "The Courtship of Miles Standish," "The Children's Hour," "The Village Blacksmith," and others.