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EDITORS AND PROPRIETORS:

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

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

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

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TORONTO, APRIL, 1886.

Original Communications.

**RECENT ADVANCES MADE IN THE
THERAPEUTICS OF DERMATOLOGY.**

BY J. E. GRAHAM, M.D.

My object in reading this paper is to bring before the notice of members of the society some of the more important discoveries and improvements made in the treatment of skin diseases.

It is not my intention to give a list of all the suggestions in treatment, and I may perhaps omit some of its more important ones. I will dwell more particularly upon those of which I have had some experience. For the sake of convenience I will divide the remedies and appliances under three heads.

(1.) Instruments and appliances of a mechanical nature.

(2.) New remedies, vegetable and mineral.

(3.) New methods of applying various remedies to the skin.

(1.) The first and most important discovery which I shall mention under the head of instruments, is the method of removing superfluous hairs by electrolysis. This was first introduced by Dr. Hardaway, of St. Louis, and taken up by Dr. G. H. Fox, of New York. It is the only reliable method of permanently removing hairs. The former means employed, such as depilatories, the use of the triangular-shaped needle of Bulkley, etc., were found of little use. The

needles and holder, which I can show you, are similar to those used by Dr. Fox. The operation is performed as follows:—The operator with a forceps seizes the hair, and with the other hand passes the needle, which is attached to the negative pole of a galvanic battery, down into the hair follicle until the point reaches the papilla. The circuit is then completed by the patient seizing the sponge attached to the positive electrode. At the same time the operator retains hold of the hair with the forceps, and gently withdraws it as it is loosened by the electrolytic action. The operation is a tedious one, and is often very painful. The operator, however, acquires a great amount of skill in the use of the needle, so that the process is rendered much simpler. Even after this method, about twenty-five per cent. of the hairs grow again, and require a second operation. The credit of this discovery belongs entirely to America. The English and Continental dermatologists are very slow to acknowledge its value.

The next instrument of which I shall speak is the dermal curette. It was introduced some ten or twelve years ago, principally for the treatment of lupus and psoriasis. It has since been used in other diseases. In psoriasis, when the accumulation of epidermis is excessive, the crusts are removed mechanically by the curette, thus saving much time, as their removal by maceration would be a matter of some days. In lupus the softened diseased tissue is removed by the curette before caustic is applied.

In rodent ulcer I have found it of great service. The diseased tissue is first thoroughly

Removed while the patient is under ether and pyrogallic acid afterwards applied.

Other instruments might be mentioned, such as those for removing comedones, the bun and hook of the dentists recommended by Dr. Fox in the treatment of lupus.

Unna's needle for scarification of lupus, and Martin's rubber bandage for the treatment of chronic eczema of the leg.

Dr. Sherwell's method of treating acne in the male, by the introduction of sounds through the urethra, might here be spoken of. His theory is that acne is in most cases the result of irritation of the genital organs.

The treatment of naevus by electrolysis gives the best results in the removal of this very obstinate condition.

We will now pass on to the second division of my subject, viz., New remedies. Among the more important might be mentioned crysophanic, pyrogallic, and salicylic acids, naphthol, ichthyol, resorcin, cocaine, ethylate of sodium, hot water, antimony, and calcium sulphide.

It is perhaps not correct to call crysophanic acid a new remedy, as it has now come into such general use. It is no doubt the best single remedy which has yet been discovered for the external treatment of psoriasis. It is also a valuable paraciticide, and is one of the surest remedies in the treatment of the various forms of tinea. It should be applied with care to some cases, as it frequently causes an erythematous eruption which, if severe, may prove serious. I am confident that I once saw a fatal result from the free use of crysophanic acid. A decided objection to this remedy is the fact of its staining linen indelibly. This may be prevented, as will be shown further on, by using it with flexible collodion or in plaster.

Pyrogallic acid is also a valuable remedy in the exterior treatment of psoriasis. It is not as good a remedy as crysophanic acid, and has the disadvantage of producing deleterious, even poisonous effects when applied over too large a surface. Pyrogallic acid is, no doubt, of greatest use in the treatment of lupus and rodent ulcers. I do not know any other single remedy which produces such good effects in this condition.

Salicylic acid has come into very general use in the external treatment of skin troubles. It is

of most service when there is much scaling, or when there is thickening from exudation. In seborrhœa it is very useful when combined with white precipitate ointment. It is a good germicide, and has also a sedative action in cases of pruritus. Morrison recommends Pick's 5 per cent. salicyl. acid gelatin.

Naphthol was introduced by Kaposi some four years ago. He found it of value in the local treatment of psoriasis, and in the vegetable and animal parasitic disease. Dr. Van Harlingen used this remedy very extensively. He considered it of great value in scabies, but much less useful in psoriasis than crysophanic acid. It is used in form of ointment. Naphthol 15 parts, chalk 10, green soap 50, lard 100. It may be used as a lotion—45 naphth., 100 water, 200 alcohol.

Ammonium sulph. ichthyolat is a remedy very highly spoken of by Dr. Unna, of Hamburg. It contains a large amount of sulphur. It is of most use in the cure of acne, as a local application, 2-5 per cent. It is also of use in these conditions as pityriasis, ichthyosis, etc., in which sulphur is indicated. It has also been given internally in small doses, in eczema of nervous origin.

Resorcin has been recommended in eczema, erysipelas, ulcers, wounds, and epitheliomata. It is used as an external application: one or two parts to ten of vaseline. It has been specially recommended by Unna for eczema of nose, mouth, scrotum or anus, which is accompanied by deep, painful fissures.

Cocaine is of service in eczema accompanied by painful fissures, such as that of the nipples or near the anus.

Ethylate of sodium has now for some years been used as a caustic in cure of lupus and epithelioma. In order that it may be effective it must be used quite fresh, and unless you can have it prepared on the spot by a chemist it is not reliable. My own experience with this agent has not been favorable. I did not find that it possessed any advantage over many other caustics.

Although the use of hot water has been recommended for many years in the treatment of acne, it did not come into such general use until the last few years. Hot water when used

as gynecologists use it has a very good action on the skin in chronic inflammation. It is soothing and tends to reduce the inflamed condition. In order to be of use the water must be hot, but at the same time not hot enough to scald.

I have not mentioned the oleate, as upon extensive trial they have been found of little therapeutic value, oleates of mercury and lead excepted. These latter are, of course, very old preparations.

Calcium sulphide has come into extensive use during the last ten years. In small doses it no doubt has much influence as an anti-suppurative agent. I have found it of service in acne, in impetigo, and furunculi. The usual dose is one-tenth of a grain.

Under the third head I shall take up new and improved methods of making application to the skin. Perhaps greater advances have been made in this than in any other department. Formerly applications were made in the form of powders, lotions, and ointments, but we now have many other methods. Among these might be mentioned Prof. Pick's glycerin gelatin preparations, Dr. Unna's plaster, traumaticism introduced by Dr. Auspitz, elasticin and the use of sprays.

Prof. Pick, of Prague, introduced four or five years ago his glycerin gelatin preparation. They are of two classes, those containing a very small amount of glycerin, and those containing a larger amount. If you wish, for instance, to employ zinc oxide in this way, it is thoroughly mixed with the gelatin (previously melted), and a small amount of glycerin. It is applied in a fluid state, with a brush. When the gelatin dries it forms a thin crust in which the medicine is incorporated. I have used these preparations to some extent. They are convenient in many ways, more especially have they the advantage over ointments in being more cleanly. They are, however, troublesome to apply, as the gelatin must be heated over hot water before it can be applied. Many agents can be used in this way. Dr. Morrison, of Baltimore, speaks very briefly of a five per cent. preparation of salicylic acid for erythema. Dr. Morrow recommends very highly the following in obstinate eczema of the leg when there is much irritation :

R Glycerin 250 pts.
Gelatin 1,000 "
Water 2,000 "

Medicated with ten per cent. of oxide of zinc and one per cent. of carbolic acid.

Four or five years ago, Prof. Unna, of Hamburg, brought into use the various kinds of plasters which are now called Unna's plasters. The method of manufacture has not been published, so that they can only be obtained in Hamburg. He applies in this way such remedies as salicylic acid, crysophanic acid, etc. He can thus readily make an application of any one of these agents to the skin. He simply cuts a piece sufficiently large to cover the diseased patch, and places it on the skin. Owing to its great adhesive power, it will remain where it is placed. Those which have been found of greatest service are the salicylic and crysophanic acid plasters.

Tronnaticine was first extensively used by Dr. Auspitz, although it had previously been employed by others. Tronnaticine is a solution of gum elastic in chloroform. When applied to the skin it forms a thin adhesive coating. Any of the ordinary remedies can be combined with tronnaticine. I have used oxide of zinc, white precipitate, and crysophanic acid in this way.

Elasticin, a solution of gum elastic and benzol, may be used in a similar way.

These methods of application are only serviceable under certain circumstances, and cannot come into such general use as the ointment.

REPORT OF A CASE OF FOREIGN BODY IN THE LARYNX.

BY T. T. S. HARRISON, M.D.

(Read at Meeting of Ontario Medical Association, London, June 5th, 1885.)

I do not write this paper with the intention of showing you my acuteness in diagnosis or skill in my practice, but because I find that I have often learned more from my blunders than from my most brilliant successes, and because I think if our mistakes were more generally recorded it would be better for the profession.

When I attended lectures very little was said

about foreign bodies in the larynx or the method of dealing with them, the text-books were very meagre or silent on the subject, and my ideas on it were very hazy. A few years after leaving college, a farmer, living seven or eight miles away, asked for a cough mixture for a small child, his mother, who had had large experience with children, suggesting paregoric and squills. I questioned him and found the child presented all the symptoms of croup. I gave him the mixture with my opinion as to its uselessness, and as I was passing the house next day called. I found the child with well-marked symptoms of croup, as croupy cough, labored, noisy, hurried breathing, etc., and treated the case accordingly for some days, without the slightest favorable results, and the child—either as the result of the vigorous treatment, or the disease—was evidently growing weaker, when I proposed tracheotomy. I may say I did it very reluctantly. I had never seen the operation performed. I knew the text-books, while not saying the operation was particularly dangerous, gave very elaborate directions as to the means of avoiding blood-vessels and controlling hæmorrhage; and the journals teemed with descriptions and figures of new and impossible instruments that could be relied upon to reach the trachea and miss the vessels, or, by being used red-hot, cauterize those it divided—facts not reassuring to the tyro, especially with a patient about two-and-a-half years old, nearly as broad as long, with a neck as short and thick as it could well be.

The father was willing to have the operation performed, and I went home to get the necessary instruments, while the father went to procure the assistance of Dr. Shirk, of Cheapside. I met the doctor on the road, and, taking him with me, reached the house before the father's return. We were waiting for him, and the child was lying quietly in the cradle when it suddenly sprang up and ran across the room, threw up its arms and was in the act of falling when I caught it in my arm. It seemed entirely dead. Dr. Shirk was so certain it was dead that after watching it for some time, he closed its eyes, and I laid it in the cradle, when, after what seemed many minutes, it gasped and gradually commenced breathing again.

I am aware that I deserve no credit for my inaction under the circumstances, but I am not writing in my own praise: I am merely giving an honest history of the case.

I left directions to have the child kept quiet and watched, and on thinking the case over I did not feel satisfied with my diagnosis, and began to suspect that some foreign body in the larynx might be the cause of the trouble. I now did what I should have done at first—went thoroughly into the history of the case. I found the child was taken suddenly soon after breakfast; that its breathing was about as bad when first noticed as at any time afterwards; there was no history of any previous cold or fever, and the child, except when exhausted by the exertion of breathing, played about the room the same as ever. I made up my mind that my suspicions were correct, and explained to the parents that I thought the symptoms were caused by a thin flat object—perhaps a button—in the larynx, which, when presenting its thin edge, allowed the air to pass, but when turned down flatwise acted as a valve.

The child was watched for a few days when another paroxysm took place with the same result, and the parents were anxious for an operation. Dr. Howell, of Jarvis, was called to assist, and, after examining the patient, he pronounced my first diagnosis correct, and said he could see the false membrane of croup near the epiglottis, and felt sure that the child would recover under suitable treatment, as the real cause of the paroxysm was spasm, which would relax before death. I followed the doctor's advice for a few days when the child very suddenly died of suffocation.

About sixteen hours after his death I removed the larynx, and found in the ventricle entirely enveloped in mucus a large portion of one-half a plumstone; and what seemed to me remarkable was, that although the angles of the fragment were extremely sharp, the mucous membrane showed very slight signs of irritation.

Since then I have performed tracheotomy, and assisted to remove foreign bodies from both larynx and trachea, and have seen how easy it is to pass an instrument from the opening in trachea into the fauces, and have always regretted my want of knowledge on the subject and its fatal result.

CASE OF COMPOUND COMMUNUTED FRACTURE OF THE PATELLA.

BY DR. YEOMANS, MT. FOREST.

(Read at the Ontario Medical Association.)

Compound comminuted fractures of the patella are rare injuries. They are always considered dangerous, threatening destruction of the knee-joint and also frequently of life itself.

Doubtless many unsuccessful cases are not reported. Of those which have been reported the results appear to be unsatisfactory. For instance, it is recorded by Poland that out of 85 cases 20 proved fatal. Suppuration occurred in 63, and 31 terminated in ankylosis.

The dangerous results apprehended are violent inflammation of the joint, with ulceration of the cartilages, irritative fever, secondary abscesses and pyæmia. Cases are reported of atrophy of the limb, or painful and adherent cicatrices, having resulted from this injury. When the patient is in poor health or possessed of a scrofulous diathesis, all the dangers are intensified.

The following case occurred in the fall of 1882, under my own observation :

A. T., aged 45, of good constitution and fair general health was driving home in a light waggon when his horse began to kick furiously. Realizing the danger he suddenly rose with the intention of jumping out. While in this act of springing out of the waggon, and when the knee was partly bent with the rectus-femoris in a state of tension, the patella received the full force of a kick from the horse. Not aware of the injury he sprang out, alighting on the road upon his feet. The injured knee bent under him, and he fell to the ground. Having been conveyed home an examination of the wound was made in an hour after the accident had occurred, the patient being under the influence of chloroform.

Externally there appeared nothing but a wound, about two inches in length, extending transversely across the upper third of the patella. Inserting my fingers into this external wound, I found that the whole of the upper third of the patella had been broken in several fragments, some partially and others almost entirely detached. Internally the wound extended around the fragmentary portions of the bone by a radius

of about three inches on either side and above. At the time when he alighted on the ground, after the fracture had occurred, the quadriceps extensor, contracting powerfully, had drawn the fragments of bone upwards and lacerated the tissues around the joint. In this manner occurred this extensive internal wound. Considerable oozing of blood had taken place in consequence of the lacerations and of the effort to move about after the accident. Thus the cavity contained effused blood and loose fragments of bone. An incision was made, commencing at the external angle of the wound (over the patella) downwards and backwards about 2½ inches. The internal surface was thus freely exposed, and all the fragments were removed, including those partially detached. The cavity was then carefully sponged out with carbolized water, and the surface of the wound thoroughly cleansed. The edges of the wound were now loosely stitched together, and carbolized dressing applied externally. No attempt was made by retentive apparatus, splints or other contrivance to secure ligamentous union, and the wound was allowed to heal by the first intention.

The patient made a rapid recovery, and in a short time was able to walk about with a cane. Now he can walk without his cane and complains only of a slight weakness of the joint in going about. There is no ankylosis. The power to lift the leg when in a position with the knee bent, is not lost, and otherwise he has a very useful limb.

In this case the only points to which we wish to refer are :

1. The results of this injury were rendered more satisfactory by removing all source of irritation, and endeavoring to secure rapid healing without the use of any retentive apparatus such as commonly used in simple fractures of the patella.

2. The free incision at the *external angle* of the wound, permitting the removal and free escape of all effused fluids, prevented infiltration of the surrounding tissues, and greatly assisted in restoring the usefulness of the joint.

3. By closely stitching the external wound caused by the blow, and by confining loose fragments, effusions, and pent-up discharges, greater injury to joint structures would have occurred and greater separation of the parts.

Selections.

ON A NEW PROCEDURE FOR THE REMOVAL OF SMALL CALCULI FROM THE BLADDER, IN MALE CHILDREN.

BY THOMAS ANNANDALE, F.R.S.E.,

Regius Professor of Clinical Surgery in the University of Edinburgh.

. . . . It has been my wish to discover some method which would be more simple, and cause less injury to the urethral and vesical structures in the case of male children, than the ordinary operation of lateral lithotomy, more particularly when the stone to be removed is limited in size.

In the following case, I practised what I believe to be a new procedure, and have hopes that it may prove to be an useful addition to our means of treatment in connection with this department of surgery.

CASE.—A boy, aged $4\frac{1}{2}$, was sent to me by my friend Dr. Hunter, of Linlithgow, on account of symptoms of stone in the bladder which had existed for about a year. The usual symptoms were present and well marked, and, upon sounding him, I detected a small and light stone.

On December 10th, I put him under the influence of chloroform, and dilated his urethra by passing Nos. 6, 7, 8 and 9 silver catheters in succession. The first three passed readily, but No. 9 was slightly grasped in its passage along the urethra. Before removing this last catheter, four ounces of antiseptic fluid (corrosive sublimate 1 to 4,000) were injected through it into the bladder. This catheter being withdrawn, a small lithotrite, having a diameter about equal to a No. 8 bougie, was introduced along the urethra into the bladder. After a little careful manipulation, the stone was seized, and fixed between the blades of the instrument. It was then found that, by depressing the handle of the lithotrite, its vesical extremity, together with the stone, could be readily felt through the abdominal wall immediately above the pubes. The lithotrite being held in this position, a small incision, an inch in length, was made in the middle line of the abdominal

wall over the pubes, and for a short distance above it. The various tissues were divided, until the wall of the bladder was exposed at the point against which the blades of the lithotrite and the enclosed stone were pressing. A little further depression of the handle of the lithotrite caused the extremity of its blades covered by the stretched wall of the bladder to protrude through the wound in the abdominal wall; and a small incision having been made through the wall of the bladder by cutting upon the extremity of the lithotrite, the blades of the lithotrite, together with the stone, were pushed through the wound. The stone was here extracted from between the blades of the lithotrite; and the open extremity of a No. 7 India-rubber catheter was seized, and drawn into the bladder and along the urethra as the lithotrite was removed, thus leaving a drain for the urine to escape from the bladder. The wound in the abdominal wall was closed by means of two horse-hair stitches, and a drainage tube introduced into it so as to aid the escape of any urine which might flow from the bladder-wound. Irrigation with corrosive sublimate solution (1 to 2,000) was employed during the operation, and the wound and parts around were covered with a dressing of corrosive sublimate wool. The stone removed was about the size of a horse-bean, of uric acid formation. For the first thirty-six hours after the operation, the urine was slightly tinged with blood, passed principally by the abdominal wound; but, after this, it flowed through the catheter, which had been secured in the bladder.

Forty-eight hours after the operation both drainage-tube and catheter were removed, the patient not having had the slightest bad symptoms. For twelve hours after the removal of the drainage-tube and catheter, the urine came by the abdominal wound; but, after this, it passed almost entirely by the urethra, and the patient was running about the ward, perfectly well, on the tenth day after the operation.

It may be said that this is simply a supra-pubic lithotomy, and so it is, but I maintain it is a much less serious proceeding than the ordinary suprapubic operation, as the bladder is scarcely disturbed, and the wound made in it very limited. Its advantages over lateral lith-

otomy are :—1. That the urethra, prostate, and neck of the bladder are left uninjured ; 2. That it is a much more simple proceeding, and does away with the principal risks which have occasionally been encountered in performing the operation on children.

I confess that it requires a little manipulative dexterity to seize a small stone in a male child's bladder ; but no greater dexterity is required in doing so than what every surgeon, professing to be an operating surgeon, should possess.

It is possible that in certain cases the same principle might be carried out, by bringing the stone to the neck of the bladder, opening the prostatic part of the urethra, and thrusting the blades of the lithotrite and contained stone into the perineal wound ; but in the case of children there can, I think, be no doubt that the suprapubic method is preferable.—*British Med. Journal.*

BACTERIAL THERAPEUTICS.

The theory of the survival of the fittest, and consequently that in the struggle for existence the weakest must go to the wall, has led Dr. Cantani to apply these principles in the case of one particular germ—the bacillus tuberculosis, or that which causes consumption—to be opposed by another species of germ. His idea is that of encouraging the natural warfare of the germs already noted. The battle-field here is the human lung. The combatants are the bacillus just mentioned and a certain other germ known as the bacterium termo. Both combatants are well known in the field of microscopic inquiry, and the hoped for result of the battle is the rout of bacillus by bacterium ; in other words, the clearance of the lung of the former and disease-producing germ by one which is not disease producing, and which, in the struggle for existence, will kill of its opponent. The bacterium termo is found in the ordinary processes of decay. Making sure in the first instance of his ground, Dr. Cantani, by experiments upon animals, proved that the termo could not produce disease. Next came the actual application of the remedy and the opposing of the harmless bacterium to the noxious

bacillus in the lung. A consumptive patient was selected for this interesting experiment. That the case was one of true phthisis was proved in the accustomed fashion. Animals inoculated with the matter brought up from the patient's lungs developed consumption, and died of the disease in a few weeks' time. The bacterium cure is now prepared. This germ has been cultivated in a suitable medium—liquefied gelatine and meat-broth. The patient is made to inhale this culture of the bacterium daily. The results are, to say the least, curious. The cough and expectoration diminish. The bacilli grow fewer and fewer, until they are no longer to be detected in the expectoration. In less than a month after commencing the inhalation the disease germs can no longer be seen, and, most satisfactory result of all, the matter from the lungs no longer produces consumption in animals inoculated therewith. In the struggle for existence the, to man, harmless germ has replaced and killed off the germ of the fell disorder.

Cantani's method has been followed out by other physicians. A Dr. Salama, of Pisa, has experimented in similar fashion. On July 17 last, the inhalations of the bacterium were commenced in the case of a consumptive patient in whom all the symptoms of the disease were unmistakably present. On August 2 the bacillus had disappeared, and the patient, as in the other case, gained strength and flesh rapidly. No one can for a moment pretend to believe that at last a sure remedy has been found for consumption, nor is this Dr. Cantani's contention. His aim is to illustrate and to apply practically a principle in biological science to the cure of disease. It may be that other harmless germs will be found in the already long lists of microscopists, which will serve the purpose of soldiers fighting for health against disease even better than the bacterium termo itself. It is something gained in the fight against disease to know that there is a possibility of opposing successfully one germ against another. The future of medicine may include possibilities of the kind such as may throw vaccination and its concomitant practices completely into the shade. At the very least it is noteworthy to observe how, from the very

domain of science, which has flooded us with the knowledge of disease germs and their terrible power over human life, there comes a hopeful echo of ways and means for counterbalancing the malign influences these microscopic particles exercise on our physical well-being.—*Jour. Am. Med. Association.*

NOTE ON VIBURNUM PRUNIFOLIUM IN ABORTION.

BY W. MACFIE CAMPBELL, M.D., LIVERPOOL.

Since the publication of Dr. Wilson's paper in the *Liverpool Medico-Chirurgical Journal* of January, 1885, I have had the opportunity of testing the use of viburnum prunifolium, so much vaunted in America, in several cases of threatened miscarriage, and I can entirely endorse the good opinion he has formed of it. Nothing, probably, in midwifery is more disappointing than the ordinary routine treatment of miscarriage by opium or Indian hemp on the one hand, or ergot on the other. For these drugs as often act in the way contrary to the prescriber's intention as in accordance with it. How often has a dose of Battley's solution, administered to arrest uterine action, and give rest and ease from pain, been followed by immediate and severe expulsive pains, while the attempt to empty the uterus by a dose of ergot has resulted in a perfect calm, and a disappearance of symptoms.

It is a comfort thus to have some hope of success in dealing with such a condition as miscarriage; and although I have so far only the notes of six cases, of which five were successful, yet, these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to the viburnum. The case of failure was my first.

CASE I.—Mrs. B., two months pregnant, had discharge of blood, with uterine action. She was treated in the usual manner, with opium and rest for two days, when extract of viburnum, in two-grain doses, three times a day, was ordered. There seemed no effect upon the pains, the os continued to dilate, and the uterus

was soon empty. Perhaps the dose was too small; at any rate, I had lost two days, which I take to be the reason of the failure.

CASE II.—Mrs. H., pregnant for the seventh time, two months and a half, was awakened by a gush of water early one morning, followed by a bloody discharge. On examination, the os was soft and dilatable. She was kept in bed, and given at once three grains of extract of viburnum every four hours. There was no return of bright blood, and the discharge gradually ceased. The relief to the pain after the first dose was in this case very marked.

CASE III.—Mrs. B., in her sixth pregnancy, one night during the fifth month was wakened by the "breaking of the waters," the escape being sufficient to saturate her night-dress and bedclothes. This was followed by pains. I saw her in the early forenoon, and gave three grains of the extract three times a day, and there were no further symptoms.

CASE IV.—Mrs. G., in the fifth month of her second pregnancy, had a bloody discharge with uterine pains. The same dose was used, and with the same good result.

CASE V.—Mrs. W., in the second month of her sixth pregnancy, had already had two miscarriages. Two grains of extract of viburnum, three times a day, gave relief, as also a month afterwards, when the same threatening symptoms appeared.

CASE VI.—Mrs. S., first pregnancy, fourth month. This case was particularly interesting from the fact that miscarriage had been imminent in her case at each monthly period. The first and second attacks occurred in America, when she was given viburnum, and her medical man provided her with a large store of the liquid extract, which he told her was unknown in England. She had an attack at sea, and in due time in Liverpool, and was pleased to discover that the drug could be taken in pills, and was equally efficacious, as the liquid extract is very nauseous. While I was from home she had another attack, in which she was attended by Dr. Westby, who considers she was only saved from miscarriage by the viburnum. During this last attack, she took her pills five or six times a day; in fact, her faith was such that she would have taken too many. Bromide of

potassium was also given to allay her nervous excitement.

Two other cases turned up during my absence, both of which completed their miscarriage; and I cannot help feeling that, if they had been treated with viburnum, the result would have been different. One sent for Dr. Westby on the third day, the other was treated by another doctor with opium and morphia hypodermically.

It does not do to build too much upon the result of these few cases; but I have been so constantly foiled in my endeavors heretofore to prevent miscarriage, that I hope to have found in viburnum the sure arrester of uterine action, which we certainly at present do not possess.

As recommended by Dr. Wilson, I prescribe the solid extract prepared by Messrs. Clay and Abraham, of Liverpool, from the liquid extract. —*Brit. Med. Journal.*

A NOTE ON LEWININ, THE NEW LOCAL ANÆSTHETIC.

In the editorial columns of the *Medical News* of February 13, 1886, there is given a brief account of the physiological properties of a semi-fluid resin obtained from the root of *Piper methysticum*.

In the method employed in obtaining it (extraction by petroleum-ether) two resinous bodies are obtained, the resin of lesser density only being efficient. To this body Lewin, its discoverer, applies in his original communication the rather cumbrous title of "Alpha Kawa Resin," for which I have ventured to substitute the name lewinin, as above.

Although I have not been able to obtain, in my experiments with the extract in question, results as marked as those presented by Lewin, several points of clinical interest have arisen, which will, I think, be of interest.

When the semi-fluid lewinin is placed upon the tongue, there is a momentary burning sensation with increased salivary secretion, followed by a local numbness, which, while extremely superficial, is recognizable for more than an hour. Some pallor of the mucous membrane at the point of application is noticeable. I have several times swallowed about five grains of the extract thus placed upon my tongue

without appreciable results other than those noted.

Lewinin is too painfully irritating to apply in practice to the human conjunctiva, but it is my belief that, by the previous application of cocaine, the lewinin in solution could be instilled into the conjunctival sac, and produce its characteristic effect of prolonged local anæsthesia before the more temporary effect of the former drug had passed off.

The extract will probably be of service in dental practice, as its application certainly mitigates the discomfort of operations on the teeth of those suffering from sensitive dentine.

The most marked practical benefit, however, to be expected from the use of the drug is in cases where only a relatively superficial anæsthesia is desirable. Thus, as would have been expected, the drug is of value in rhinological practice.

Dr. Harrison Allen, to whom I handed a fifty per cent. alcoholic solution of lewinin, kindly reports that, in practice, he has found a number of cases of nasal trouble in which the drug could not only be availably substituted for cocaine, but in which its action was more satisfactory.

The extract just discussed was prepared for me something over a month ago by Mr. Llewellyn, of this city, and was, I believe, the first specimen of the drug produced in this country. —*N. A. Randolph, M.D., in Medical News.*

SYPHILITIC TEETH.—M. Edward Blanc concludes a critical study as follows:—

1. There exists no dental alteration pathognomonic of hereditary syphilis.

2. Hutchinson's teeth, far from being a criterion, are sometimes met with without any specific influence.

3. The semeiological value of this alteration is then very much less considerable than certain authors believe. It may, it is true, bring in certain doubtful cases a useful point in the retrospective diagnosis of hereditary syphilis, by putting one on the track, but it should never be more than a simple presumption.

4. Hereditary syphilis may influence the first dentition; it often retards their evolution. At other times it determines manifest erosions

which differ in noways from those produced by scrofula, rickets, etc.

5. Erosion is a common lesion, susceptible of arising from multiple causes, and which syphilis often appropriates.

6. In an etiological view, great account should be taken of scrofula, rickets, eclampsia, and especially of defective alimentation and conditions of bad hygiene during infancy. To these last may be attributed those cases of dental erosion which are apparently inexplicable.

7. Sometimes, however, all pathogenic conditions are at fault, and the cause of the erosion remains absolutely unknown.

8. Finally, there are, properly speaking, no syphilitic teeth. The term *cachectic teeth* would apply more justly to the majority of cases.—*Lyon Med.*

R. B. N.

TREATMENT OF DIPHThERIA WITH BALSAM OF PERU AND OIL OF TURPENTINE.—By ROBERT OFNER.—In the "*Centrabblatt für die gesammte Therapie*" I read a notice concerning the treatment of diphtheria by means of oil of turpentine. There were, however, only four cases reported by Dr. Bromkowsky and four by Dr. Jozefomicz. In No. 25 of *Illustrierte Zeitung* of Berlin is the same subject treated of, and in a fuller manner than one usually finds in a paper published for entertainment. These encouraged me to give the results in more than sixty cases that I have treated in an almost similar manner since the year 1878.

At that time I was physician to a factory and general practitioner in Pohrlitz, a village in Southern Maehren. In this section occurred every possible disease and also the universally known and feared diphtheria, of which Seitz in his profound work says, that it overruns everything, high up in the splendid, aromatic mountain air as well as in the marshy valley, in the proud palace as well as in the rickety log hut.

My father was also a physician, and I remember that he treated wounds almost exclusively with balsam Peru, at least where it succeeded, and I do the same, though I sometimes have to change to iodoform. The tonsils in diphtheria are also wounds, and all of the medicaments generally used in treating it have no decided effect—so I took to balsam of Peru.

To use for mopping the throat it is too thick, so I thin it with alcohol and add oil of turpentine.

As I am, in my leisure hours, a painter also, and painters have balsam Peru and turpentine on hand, so I had too a brush with which I could pencil energetically.

The results were truly surprising. Cases over which the doctor usually shakes his head thoughtfully, recovered in three or four days without pressing symptoms, and mild cases healed not seldom after one or two moppings. I mention the house of Vogt, a rich merchant, in which diphtheria kept confusion for months, and where I made the observation that every eight days a new candidate for a mopping was brought to me. A four year old girl had the worst case, the whole throat being covered with membrane, and parts which were well cleared in the evening would by morning be white. After subsidence of the disease, squinting appeared for a short while. The disease lasted fourteen days.

A two year old girl, very stout, daughter of a teacher, Mr. Kubanek, was taken with symptoms of croup. On the second day there were dirty looking spots in the throat. It died in spite of the greatest care and attention. Shortly after I was called to a house in which was a little girl of three years, who had already been sick three days without having had anything done for her. On entering the room quite a penetrating odor greeted me. I found the whole throat breaking down. I mopped it four times a day and the child lived eight days. These two were the only patients that died. Since then I have seen only two cases in which the throat and larynx were simultaneously affected and both recovered. I do not always give medicine internally at all. If the child can gargle, which ought to be taught to every child, give chlorates of potassa as a mouth wash. Chlorate of potassa furthers the expulsion of masses of mucus, otherwise it accomplishes almost nothing.

When the membrane is tolerably large, the patient very delicate, or I see that I must prescribe something, I give the following :

R Vitelli ovi No.j.
 Aquæ q. s.
 Pulv. Emulsionis,
 Ol. Terebinth. gtt. x ad 2.0.

Sig. One spoonful every two hours.

I am fond of prescribing turpentine in this way, and give it not only in diphtheria but also in pneumonia, gastro intestinal catarrh, etc.

That diphtheria under this treatment will become dangerless I do not affirm, but I can say that balsam of Peru is an antidote.—*St. Louis Courier of Medicine.*

PURIFYING POLLUTED WATERS.—Probably the best material for domestic filters is spongy iron, being superior to animal charcoal, and Bischof, a good authority, lately informed us that filtration through the iron destroys bacterial life, and that water so filtered is incapable of inducing putrefaction in animal matters. Frankland, in his recent investigations, arrives at the same conclusion, and is much in favor of the use of spongy iron for the purification of polluted waters. Then, if polluted water must be used, it should by all means be filtered, and, if there is any suspicion of disease germs, for domestic purposes it should be boiled from one to two hours and put in closed earthen or glass vessels in a cool spot for several hours before drinking. The flatness of taste can easily be removed by repeatedly pouring it from one vessel to another until sufficiently aerated. A fresh supply should be prepared every twenty-four hours.—*Vander Veer, in N. Y. Med. Journal.*

THE HISTORY OF AN EPIDEMIC OF TYPHOID FEVER.—Dr. Benjamin Lee, of Philadelphia, Secretary of the State Board of Health, in a paper entitled "The Debit and Credit Account of the Plymouth Epidemic," has given an extremely interesting and valuable account of this epidemic, tracing its origin very clearly to an outbreak in a certain house in Philadelphia, whose sanitary arrangements were defective. A man was visiting at this house late in 1884, and contracted typhoid fever there, other persons in the house having had the disease. He returned to his home in Plymouth, Pennsylvania, in January, 1885, and was ill several weeks. The town of Plymouth receives its water supply from a mountain-stream, across which several dams have been made for the

purpose of collecting the water into reservoirs. The house in which this patient lived was situated between two of these reservoirs, and within forty feet of the bank. His excreta during his illness were thrown either upon the snow toward the water supply, or into an out-house, the contents of which fell upon the surface of the ground. After March 25th, during a thaw, the snow melted, and the water from it ran into the reservoir. Ten days afterwards, or in the usual time allowed for the incubation of typhoid fever, the epidemic made its appearance among the population supplied with the public water. The conclusion that here was a definite cause, was made still more evident by the fact that people obtaining their water from wells were not attacked. The number of deaths resulting was 114, and the total number of cases over 1,000. The actual pecuniary loss to the population in lost time, expenses of attendance on the sick, and other expenses, were estimated at over \$100,000; and no better argument could have existed for the formation of a State Board of Health for Pennsylvania, which was organized during the following season. This case is one of peculiar interest to all communities having public water supplies, as well as to the owners of private wells, and may be compared with the well-known and instructive history of the Caterham epidemic. A series of epidemics of this kind are reported and tabulated in a paper read by Mr. Ernest Hart at the Society of Arts, on May 16th, 1879.—*Brit. Med. Journal.*

POISONING BY CHLOROFORM.

In the evidence given last week before the coroner in reference to the mysterious death of a gentleman, he is stated to have died in consequence of having swallowed some chloroform. Without offering any opinion on this case, which is *sub judice*, it may not be amiss to call attention to the comparatively innocent character of chloroform when taken by the mouth, even in what would by most practitioners be considered large doses. It has recently been recommended for the treatment of tapeworm, in doses of from one half to two drachms; but Dr. Davidson Scott, of Washington, U.S., in advising its use

in cases of "congestive chills," etc., says he frequently gives it in doses of a drachm upwards, repeating the dose every two or three hours, if necessary, the only effect being to produce a pleasant and natural slumber. Indeed, in one case, a confirmed old inebriate who was under this treatment, contrived to secure possession of the chloroform bottle, and actually took about twenty-five fluid-drachms of its contents during a period of twelve hours, without any but the best result. In Taylor's *Medical Jurisprudence*, one fluid-drachm is stated to have caused death in a child; but, if the observations of Dr. Scott and others be correct, our ideas on the toxic effect of chloroform administered by the mouth must undergo modification.—*British Med. Jour.*

THE INTERNAL ADMINISTRATION OF ANTISEPTICS.

The administration of antiseptic drugs, either as prophylactics or as remedies, has been frequently resorted to in the treatment of infective diseases, but not hitherto with an amount of success which has encouraged the profession at large to adopt the method. Some experiments, however, which Dr. Theodore Cash is now conducting for the Local Government Board, appear to justify the hope that this line of treatment may eventually be useful. In a communication recently made to the Physiological Society, he stated that he had been led to test the influence of perchloride of mercury, because it was retained in the body for some days after its administration had ceased, and because it was still a powerful germicide even when very greatly diluted. He found, in an experiment on a rabbit, that, after a quantity of perchloride of mercury, equal to about 8 milligrammes per kilogramme of body-weight, had been injected hypodermically, in divided and highly diluted doses in the course of seven days, the animal only suffered a passing disorder after inoculation with a virus of anthrax which killed another rabbit in forty-four hours. The animal, moreover, was found to be protected against further inoculations with virulent anthrax. A smaller dose (equal to about 5 milligrammes per kilogramme of body-weight) was found to delay, but not to prevent, the onset of the disease.

The number of bacilli found in the blood after death in such a case was very small, but it was found that their virulence had not been diminished, the blood of the animal producing an unmitigated and unmodified attack of anthrax in other animals.—*British Med. Jour.*

DISINFECTION OF SLEEPING APARTMENTS.—Professor König, of Göttingen, while practicing medicine in Hanau, rid his bedroom of bugs by fumigating the apartment with corrosive sublimate. The same means was afterwards found effectual in destroying the infectious elements of contagious diseases in private houses after scarlet fever or measles, and in hospitals after erysipelas or pyæmia. About two ounces of corrosive sublimate is put on a chafing-dish, the windows and doors of the room being closed. After four hours the apartment is thoroughly aired. The person entering the room should take the precaution to hold a sponge or a cloth over the mouth and nose in order not to inhale the vapor. The following day the windows are again closed, and some sulphur is burned in order to neutralize any of the mercurial fumes which may still linger about the furniture and other articles. The room is to be again aired and cleaned, and will then be ready for occupancy.—*N. Y. Medical Record.*

ON THE HYPODERMIC INJECTION OF CARBOLIC ACID IN THE TREATMENT OF PULMONARY PHTHISIS.

On the 23rd of November last, at a meeting of the Société of Medico-pratique, Dr. Fileau read a paper on the treatment of phthisis by carbolic acid hypodermically. Dr. Fileau is a firm believer in the parasitic (bacillary) origin of phthisis, and enthusiastically enforces his views, a synopsis of which we append from the columns of the *Journal de Médecine de Paris*.

Previous experiments have proved to me that carbolic acid chemically pure can be given hypodermically in large doses without danger of accident, local or general. Paul Bert established the fact that carbolic acid is eliminated by the lungs as well as by the kidneys. May we not find in this fact an indication for the

use of phenic acid in pulmonary tuberculosis, so that meeting with suppurating foci it may at first act as a simple antiseptic dressing. Iodoform and corrosive sublimate cannot be used hypodermically in doses large enough to have a decided therapeutic effect.

DOSES AND METHOD OF APPLICATION.

The phenic acid should be pure, in white crystals under the form called in commerce *état neigeux* (snowy). When impure it becomes gradually colored until it becomes reddish brown. It then contains rosaline and rosacilique acid, which may be injurious by their coagulating action on albumen.

I use in administration of phenic acid in tuberculosis two methods,—the hypodermic, and that by the stomach. The hypodermic method should be resorted to always when we wish to follow up the microbe, whatever it may be, into its last entrenchments. The injections are innocuous; they cause neither abscess, inflammation, nor even nodes; are little painful, and the patients in no case have objected to them. The following is the solution used:—

R Distilled water. 95 grammes.
Neutral glycerin q. s.
Crystallized phenic acid . . 1 gramme.

The quantity of phenic acid can be carried without inconvenience to two grammes.

These injections are made in the dose of 100 drops by means of a syringe of 5 grammes capacity. They can be given daily, every other day, three times a week, according to indication. The needle is inserted as near the seat of disease as possible. In giving phenic acid internally I use neutral carbolyzed glycerine, which is well borne by the stomach.

R Glycerin (neutral) 400 grammes.
Crystallized phenic acid . . 2 grammes.

This gives 15 centigrammes in each spoonful. The dose can be raised from one to four spoonfuls during the day, according to tolerance. Symptoms of poisoning—colored urine, vertigo, vomiting, tremor—always come on gradually, and never by surprise.

The author here gives four cases treated as above with marked benefit. They appear to be undoubted cases of phthisis, some of them in

the advanced stage of cavities, etc. He says, "These observations establish in an irrefutable manner the tolerance of phenic acid hypodermically administered, or given internally during many months (and success can only be attained in this manner). When the patient reaches the verge of poisoning we are always warned in time, and never taken by surprise. Relief from oppression is one of the most marked benefits." Dr. Fileau particularly insists on prolonged perseverance in the treatment. R. Z.

TREATMENT OF ACUTE PROSTATITIS.—M. Paul Rectus a year ago extolled use of injections of warm water in acute prostatitis. The following cases support his recommendation. A physician aged 31 was attacked with sudden dysuria, the sequel of a gonorrhœa. The prostate was enormously enlarged, smooth, hard, with two large pulsating arteries felt on its surface; pains during and especially after micturition were intolerable. Hot water fomentations to the perineum, and rectal injections at a temperature of 55° C., retained as long as possible, were prescribed. The pain, rectal and vesical tenesmus and dysuria, immediately disappeared, the swelling diminished, and in three days cure was complete. A professor aged 55 was attacked with frequent desire to micturate, especially at night; there was tenesmus of bladder and rectum and acute pain; the prostate was found to be swollen, painful, and the arteries felt pulsating violently. He was treated precisely as the case related above, with immediate relief, and in three days was cured not only of the prostatitis, but of the feeling of weight in the perineum, and frequent micturition which had lasted eleven months.—*Lyon Médicale*. R. Z.

NEW METHOD OF TREATING FRACTURE OF THE PATELLA.—Dr. Thos. G. Mottion has employed a new method of treating fracture of the patella, which he thinks will afford bony union. His apparatus consists of a slender drill in a movable handle (very much like Brainerd's drill). With this the fragments, after being placed in position, are transfixed from below upwards, parallel with the axis of

the limb, until the extremity emerges from the skin, above the joint. A steel cap is then slipped on the end and fastened with a screw, so as to prevent the bones from becoming separated. The joint is then enveloped in an anodyne lotion, and elevated as before. The results have been excellent. There is no inflammatory reaction, there is not even redness, and not a drop of pus; the fragments are in perfect apposition, so that one can scarcely, after careful examination, tell where the line of fracture was. The idea is that the increased supply of blood attracted towards the part by the screw is of advantage in bringing about union. No bandages are required. The patient's temperature (in Dr. Morton's case, a man of 50) has not been above normal. In order to insert this drill no anæsthetic was needed, as it gave very little pain. Of course the joint must be kept quiet, and extended on a splint. There appears to be no more risk with this instrument than with Malgaigne's hooks, and thus far he has been better pleased with it than with the hooks. It is a very much easier instrument to apply than any other form of apparatus. The screw should be applied, as a rule, within a few days after the fracture, because the exudation which is thrown out between the fragments may prevent perfect apposition and thus hinder union. In order to get firm osseous union the bone must be adjusted as accurately as possible. If considerable swelling exist, the surgeon must wait until it subsides.—*Philadelphia Medical Times.*

PASTEUR ON THE SYMPTOMS OF RABIES.—

A correspondent in Paris states that a person, bitten by a favourite dog recently, brought the animal to the Veterinary School at Alfort, to be examined, and carefully watched for some days; but, after the examination took place, the owner was informed that he could not receive an immediate answer to some questions he put, in conformity with the rules. He would have to come next day, and if the dog then presented no symptoms of rabies, he would have to take it away. This not suiting him, he wrote to M. Pasteur, stating his case, and asked to be treat-

ed by him. M. Pasteur wrote back to him. As the hydrophobia scare appears to be spreading over the world, M. Pasteur's letter cannot fail to be read with universal interest: "Sir,—Do not trouble yourself to call on me, because it would be useless. Every dog, whether it eats or not, that is attacked with rabies, dies in a few days. When it eats, death is delayed a short time, but that is all. It cannot live for more than ten days, and will probably die on the eighth. During the interval, rabid symptoms will be shown. Lock up your dog, therefore, and chain it. Be careful, in feeding it and in cleaning away its litter, not to go within biting distance. If it survive the tenth day, you may have an easy mind. Meanwhile, attend to your wound; it should on no account be neglected. The saliva of a perfectly healthy dog may contain microbes which would cause an abscess. In very rare cases, the bites of such dogs have caused septic blood-poisoning. If you find rabid symptoms in the dog, come at once to my laboratory, and I will be happy to treat you for rabies.—I am, etc., PASTEUR."—*Brit. Med. Journal.*

GASTRO-ENTEROSTOMY.—A woman was recently admitted into University College Hospital, suffering from symptoms of pyloric obstruction. As a very mobile tumour could be felt in the situation of the pylorus, an exploratory laparotomy was performed by Mr. Arthur E. Barker. The new growth was found to extend too far along the lesser curvature to permit excision of the whole tumour and pylorus, and a palliative operation was therefore performed. A loop of the jejunum was picked up, and an opening one and a half inches long made in it; an opening of similar dimensions was then made in the stomach, and the two stitched together. In this way a short cut was provided by which the chyme could pass from the stomach into the jejunum without traversing the diseased structures. The patient bore the operation well, and was able to take food by the mouth five days after the operation. Fourteen days after the operation she was completely convalescent, and expressed herself as greatly relieved.—*Brit. Med. Journal.*

PATHOGNOMONIC SIGN OF FRACTURE OF THE NECK OF THE FEMUR.—Prof. Bezzi, at the Milan Hospital, uses a method of traction where fracture of the femur is suspected, to examine the short space between the great trochanter and the crest of the ilium. In place of the considerable resistance met with in a sound limb by the tension of the tensor vaginal femoris, we find, when there is fracture, a deep depression, evidently due to diminution of tension in this muscle, on account of its two points of attachment approaching each other.—*Spallanzani*.

CYSTIC ALBUMINURIA.—Dr. Pavy has recently contributed to the *Lancet* some further observations upon this rare but interesting form of albuminuria, which confirm the remarks he made at the last meeting of the British Medical Association, namely, that every now and again cases are met with in young persons where albumen appears every day in the urine shortly after rising from bed, and after a few hours again disappears. Furthermore, its appearance is not influenced by taking or abstaining from food, and does not show itself until the individual gets out of bed, even though he postpone doing so till late in the day. He has had some of these persons under observation for a number of months, and in none of them was there manifested any of the usual serious symptoms of Bright's disease. He therefore considers the affection as altogether distinct from the latter, and, as far as he is at present able to judge, is indicative of no material impairment of the general health.

TREATMENT OF ANGINA PECTORIS.—Huchard by his novel treatment, based upon his undoubtedly correct pathological views, records a greater number of cures of true angina than any other clinician has ever obtained previously (twenty cures). His treatment consists principally in the exhibition of iodides, which, as is well known, are alone able to cure the affections of the arterial system, even those of a non-syphilitic nature. The iodide of potassium, or better, of sodium, given without intermission for months, and even years, in a daily dose of 1 to

2 grammes (15 to 30 grs.), will with certainty at first diminish the frequency and intensity of the anginal paroxysms, and finally bring about their definite and complete disappearance.

The curative effects of the iodides of sodium and potassium in aneurism of the aorta and various other arterial affections show the powerful influence of the iodine treatment on pathological conditions of the vascular apparatus.

In aortitis, both of the acute and chronic type, we find most frequently dilatation of the aorta and elevation of the subclavian artery. Under the influence of the iodine treatment both symptoms can be relieved promptly and permanently.

The most refractory cases in regard to this treatment are those in which the aortitis and the arterio-sclerosis approach their termination, for the iodides, however powerful they are, cannot suppress an arterial atheroma. In general, it can be said with propriety that "the iodides are the digitalis of the arteries." Huchard's routine formula is:—

R Sodii iodidi gr. cl.
Aque destil. fʒl.
Fiat sol.

Sig.—Two to four teaspoonfuls daily, to be taken in a cup of tea.—*Therap. Gazette*.

ASCITES IN ABDOMINAL TUMORS.—In a case of ovarian tumor, M. Quénu accounted for the ascites by the presence of vegetations on the external surface of the tumor, constituting real mucous glands, whose contents, instead of being emptied into the sac, were poured into the peritoneal cavity. Mr. Ferrier long ago remarked that ovarian cysts were accompanied by ascites only when vegetations were more or less extensively developed externally. The secretions discharged into the peritoneum by these pseudo-glands constituted a coiloid material which set up in the peritoneum osmosis, whence arose the constant increase of peritoneal fluid—that is, ascites. Besides, this fluid, according to M. Méhu, contains a much greater quantity of solids than the ascitic fluid of cardiac or hepatic disease—66 to 71 grammes instead of 59 per kilogrammes of fluid. Under the microscope, epithelial cells are seen in this fluid, but this is

not a sign of malignancy of the tumor. Rarely found in uterine tumors, frequently in solid neoplasms of the ovary, ascites again becomes infrequent in simple cysts of the ovary, unless they have vegetations on their exterior. Ascites is the rule in papillomatous tumors of the ovary, and is then due to the special secretion of the vegetations and to the action this secretion exerts on the peritoneal serous membrane, an action wholly physical, as M. Quénu attributes it to osmosis.—*Société de Chirurgie—L'Union Médicale.*

MOUNTAIN AND SEA-AIR.—Highly nervous persons, the victims of hypochondria, those suffering from excessive brain-work—above all, those in whom these conditions are found in conjunction—should not, as a general rule, be advised to try the sea-side. A quiet inland locality, or some mountainous spot of moderate elevation, will be found to suit their cases better. The monotonous aspect of the sea and the ceaseless beat of its waves are mentally depressing, while the highly strung neurotic patient is irritated instead of braced by the stimulating effects of the sea-air. Those who are just recovering from a serious illness, such as pneumonia or typhoid fever, should not be sent prematurely to the seaside, as an accession of febrile symptoms is frequently the untoward result. An inland locality is more suitable during early convalescence; but, later on, nothing conduces more to complete cure than a resort to the sea-side. The marvellously restorative effects of sea-air in cases of slight general debility, in persons of strumous habit, and in those with family predisposition to phthisis, are well understood, and must not be regarded as being in any degree impugned by the opinions expressed in the present article.—*British Medical Journal.*

ANTISEPTIC GAUZE.—Dr. R. F. Weir, at the last meeting of the Surgical Society of New York, recommended the following as a decided improvement over Billroth's composition for applying to gauze: Resin 10, castor oil 6, alcohol 15, and iodoform 10 parts.

MANAGEMENT OF THE PLACENTAL PERIOD.

The conduct of the third stage of labor still invites new observations and excites new controversies. Most practitioners had settled upon the Dublin or upon the Credé method, when, in some parts of Germany at least, warm advocates of the expectant treatment appeared, who attributed to the other methods more or less serious consequences. Felsenreich, in the January number of the *Wiener Klinik*, gives, as the result of the expectant plan followed in 13,904 cases, a puerperal morbidity of 6.78 per cent., and a puerperal mortality of 0.44 per cent.

In regard to the way in which the placenta is separated from the uterus, he adopts the views of Ahlfeld. The essential factor in this detachment is the reduction of the uterine surface to which the placenta is attached; the separation begins at the central part of the placenta, for there the connection is weaker than at the periphery, and by this central separation a cavity is formed which is filled with blood through aspiration. This retro-placental blood accumulation, by its pressure, causes detachment of the placental periphery, and also partly of the membranes, while this same pressure forces that part of the organ towards the uterine cavity. This process has been observed in a case of Porro operation. The blood which accumulates between the uterus and the placenta is claimed to act also as a tampon, and to prevent further bleeding.

This method of placental detachment is not now described for the first time, as it is many years since Desormeaux and Dubois gave essentially the same explanation, restricting it, however, to those cases in which the placenta was attached to the fundus of the uterus, as at least the usual method of detachment. They state that, as the result of the separation of the central portion of the placenta, there is formed "a lenticular cavity, limited circularly by the adherence of the border of the placenta, a cavity in which a mass of blood constantly accumulating concurs to complete the detachment."

These authors, however, held that if the placenta was attached to the walls of the body of

the uterus, the separation might begin at its centre, or at its upper or lower border. Of course if, as taught by Ahlfeld, Felsenreich, and others, central detachment is the rule, the placenta will, in almost all cases, present at the os uteri by its fetal surface, and not, as especially insisted upon by Matthews Duncan, by its margin, for it necessarily results that the portion of the placenta forced furthest down in the uterine cavity during detachment, will be that portion of the fetal surface corresponding with the centre of the uterine surface where the blood accumulation has taken place; so too in this mechanism, a turning out of the membranes from the fetal surface of the after birth occurs, so that their delivery is last. Certainly new observations are necessary to disprove or to confirm the carefully conducted experiments of Duncan. His views have been adopted by many obstetricians, especially by Credé and Fehling; on the other hand, they have been doubted by Tarnier, and the observations of Pinard and of Ribemont-Dessaignes proved that in seventy-seven cases the placenta presented its fetal surface sixty-three times.

As to when the detachment of the placenta takes place, Ahlfeld's opinion differs from that generally held, for he states that in presentation of the head the placenta comes to the mouth of the womb when the hips leave it; while Jacquemier, on the other hand, held, as indeed have most obstetricians up to the present, that this separation did not begin until after the expulsion of the fetus, or, at most, not until the last parts had been expelled from the genital organs.

Ahlfeld states an interesting fact as to the relative amounts of blood lost with the detachment and the expulsion of the placenta, when a woman is lying upon her side or upon her back; this loss being one-fifth greater in the former than in the latter position, a fact which certainly is a strong argument for having the third stage of labor accomplished with the patient in the dorsal position.

Of course, accepting the theory of placental separation held by this author, there is necessarily hemorrhage in the placental period of labour. On the other hand, it should be remembered that Duncan has maintained that

the absence of hemorrhage is the rule in the normal delivery of the placenta.

Felsenreich describes, in the concluding part of the contribution, his method, which seems very far from being a strictly expectant one after the birth of the child. The uterus stands high at the arch of the ribs; the placenta is not yet expelled, but is already detached, and lies with retroplacental hæmatoma in the vagina vault and in the under uterine segment. Emptying the bladder, bringing the uterus in the median line, irritation of the fundus, and a gentle pressure during contraction, will often result in the expulsion of the placenta. In other cases in which the placenta is still in the uterus, even half an hour or an hour after the birth of the child, he recommends persevering and suitable irritation, and massage of the uterus, and if failure occurs, then Credé's method.

We think our readers will conclude that such expectant treatment, as followed by Felsenreich, is scarcely deserving the name.—*Medical News*.

PASTEUR ON HYDROPHOBIA.—The total number of cases that have now been treated for the prevention of hydrophobia amounts to 350. The first 200 of the cases appear to have been submitted to the preventive inoculations more than two months ago. M. Pasteur asserts that statistics prove that in the majority of cases of hydrophobia in man, the disease develops within sixty days of the receipt of the bite of a rabid animal. Consequently he claims that his treatment has been most successful, seeing that not a single case submitted to him, within a reasonable time after the bite, has developed any signs of hydrophobia. We confess that such a conclusion is in every way reasonable. It is reasonable, not so much from the statements as to time, as from the circumstance that so large a number is dealt with. It appears to be inconceivable that of 200 cases of certified bites from rabid dogs not one should be followed by hydrophobia if the treatment be not assigned as the cause of the immunity. We could explain away the immunity if only a few cases were concerned, but hardly, we think, where so large a number of individuals have

been bitten more than sixty days ago, and yet without any becoming the subject of hydrophobia. Only one case, which Pasteur unwillingly treated, has succumbed to the disease. This was the case of a girl who had been bitten thirty-seven days before he saw her. Symptoms of the disease appeared ten days later, and, if the case proves anything, it goes to support M. Pasteur's opinion, for the fatal result occurred well within the period above-mentioned as the most probable time for the appearance of the disease. In science, and especially in medical science, caution at all points must be exercised; but if the success hitherto achieved by the Professor be maintained and strengthened by the further experience of a few more months, the method will prove a boon to humanity, a gain to science, and justly merits the applause of the human race. M. Pasteur has announced his intention of endeavoring to overcome diphtheria by measures similar to those adopted against small-pox and hydrophobia.—*Lancet*.

CHRONIC CHLOROFORM INTOXICATION.—James McNaught relates two cases which came under his own observation. The first was a chemist, 42 years of age, who was healthy up to his 39th year, when he became addicted to morphia on account of pain in the inguinal region. As very large doses of morphia latterly were required to produce relief he began to inhale chloroform, and used as much as a wine bottle full in the twenty-four hours. The results were ill-humour, irritability, weakness of memory and of the remaining mental functions, loss of appetite, wasting, turning grey of the hair, œdema, enlargement of the liver, jaundice, feeble pulse and impotence. All his sufferings were removed after deprivation of the drug, but the patient soon returned to it, and after a second cure by deprivation he became addicted to alcohol, and exhibited psychical disturbances such as show themselves in the beginning of progressive paralysis. The second case was a lady of 70 years of age, who for thirty years had used, besides much alcohol and ether, chloroform both internally and by inhalation. The quantity she used was not ascertained. In her 70th year she became afflicted with severe de-

lirium, which disappeared after some time. Since then she has taken no more chloroform, but so much larger quantities of alcohol and ether. The author is of opinion, on the ground of the symptoms of the disease, that chloroform acts destructively on the red blood corpuscles as well as on the brain and nerve substance, as has been surmised from a physiological point of view. In all the cases of chloroform intoxication reported hitherto, psychical disturbances have been observed.—*Med. Chron.*

TWO CASES OF BACKWARD DISLOCATION OF THE HUMERUS.—*Case 1.* A lad, 17 years of age, carrying a heavy load on his back, fell in such a way and that his arm was rotated violently inwards drawn upwards. Subsequent examination showed marked flexion of the elbow, which was also carried forwards and inwards. The lower part of the scapula projected forwards, and the head of the humerus could be clearly felt beneath the spine of the scapula. Shortening of the arm to the extent of half an inch. Infra-spinous or sub-spinous dislocation diagnosed. Reduction successfully performed by rotating the arm outwards with a direct forward pressure on the head of the humerus. *Case 2.* A man, 26 years of age, had the right hand stretched backwards while a cart in which he sat tilted and a part of the load fell down on his shoulder. Immediately there was severe pain and swelling of the shoulder joint. After ten days the arm could be actively moved. Examination revealed lengthening of the limb to about three quarters of inch, elbow flexed and directed inwards and forwards. Head of humerus immediately behind the acromion. The arm was capable of being moved forwards and inwards: other movements impossible. Diagnosis: Subacromial luxation of the humerus. Unsuccessful attempt at reduction under anaesthesia.—*Med Chron.*

CHAPPED HANDS.—Dr. Carl Seiler recommends tincture of benzoine for chapped hands and frosted feet. It is applied with a camel's hair pencil, and oil rubbed over to prevent the stocking sticking to the feet.

TREATMENT IN INTERSTITIAL NEPHRITIS.—In chronic interstitial nephritis curative treatment is scarcely possible. At the same time, patients thus affected may be placed under such conditions that their lives may be prolonged indefinitely. Dietetic measures are more important than medicinal, and of dietetic treatment a modified milk-diet is the best. I do not say that this will cure any case, or that it is the best treatment in any case; but I say, speaking generally, the patient is more likely, under it, to escape the symptoms which cause annoyance and threaten his life than under any other. At the same time, there are often many reasons why this cannot be adopted. It is not necessary that the milk should be exclusive, and I generally permit bread and butter and weak tea. Coffee is not advisable, for its tendency is too much to lock up the wastes of the economy. If the milk-treatment be not adopted, the diet should consist of such food as contains the least amount of albuminous animal constituents, especially red meats. The white meat of poultry, fish and oysters, may be used in preference to the red meat and blood. The objection to meat is that it produces a large amount of urea, and the kidneys are so damaged that they cannot remove it from the blood. Eggs are objectionable for a like reason.

The hygienic measures to be recommended include proper warm clothing, the avoidance of exposure to cold and wet, and care to avoid sudden checking of the perspiration.

There are certain remedies which should not be used. I am satisfied from my own experience that iron is a bad remedy to be used in this form of Bright's disease. In this affection the secretions should be free, the bowels should not be bound, and it is desirable to have rather a poor blood than to have a rich blood. The use of iron tends to increase the fulness of the blood-vessels of the head and predisposes to apoplexy.

Cold bathing should also be avoided, for this drives the blood to the internal organs and increases the risk of rupture of a blood-vessel. Sea-bathing is dangerous in all forms of Bright's disease, but particularly so in chronic interstitial nephritis.—*James Tyson, in Philadelphia Medical Times.*

ELIMINATION OF ARSENIC BY THE BREASTS.—In a case of attempted suicide of a nurse in which the child died with symptoms of choleric-form diarrhœa, Dr. Bronardel extracted 5 milligrammes of arsenious acid from the body of the child. M. Pouchet found in the milk of nurses of the St. Louis Hospital, who took daily for a week 8 milligrammes of arsenic, one milligramme of arsenic to 100 grammes of milk.—*L'Union Médicale.*

HAMAMELIS VIRGINICA IN THE TREATMENT OF PROSTATIC DISEASE, AND OF BUCCAL CANCER.—Two cases that have recently come under my care seem to me interesting in connection with the use of hamamelis virginica.

One is a case of enlarged prostate requiring the use of the catheter, in which periodical hemorrhages have occurred simultaneously from the urinary passages and the rectum, no doubt from a congested condition of the veins of both parts. In this case, washing out the bladder with a solution containing one drachm of tincture of hamamelis, and one half drachm of carbolic acid, in about twenty-five ounces of warm water, has had an excellent effect in arresting the bleeding, and also in allaying the irritability of the parts. Since the use of the injection, the urine has been passed without the catheter; but that is probably due to relief of congestion by the bleeding. The other means found most useful have been leeches to the perinæum, and saline purgatives.

The other case is one of cancer beginning in a rare seat—the right tonsil, and subsequently involving the tongue. In the diagnosis of this case I had the assistance of Dr. Hodgkinson, of Manchester. A short time ago, a smart hemorrhage occurred, and tincture of hamamelis in ordinary medicinal doses was prescribed. The bleeding was arrested; but the medicine was found to have such an excellent effect in preventing the formation of sticky secretion on the ulcerated surface, and in adding to the comfort of the patient, that it was adopted as a permanent mode of treatment.

The above are comparatively simple cases, and the effects of treatment can only be palliative; but it seems to me that an account of them, as a contribution to the knowledge of the therapeutics of a new drug, may be of some use.—*Duncan J. Mackenzie, M.D., in Brit. Med. Jour.*

PATHOGENESIS OF THE RENAL ALTERATIONS IN DIABETES.—Albertoni and Pisenti find experimentally that, when acetone is given for any time, albuminuria results, and this when small doses, 2 cubic centimetres of acetone in 10 of water, are given, as well as large doses (5 to 6 cubic centimetres). Certain well marked changes are found in the kidneys, depending more on the time for which the acetone has been given than on the quantity administered. These changes affect chiefly the cortical substance, and especially the convoluted tubules as they leave the capsule of Bowman, while they are not observed in the ascending and descending portions of the loops of Henle; the straight tubules are also unaffected. The epithelium of the convoluted tubules becomes granular, and finally necrosed and destroyed. The epithelial remains may be seen as cylinders in the tubules, and are then passed in the urine as casts. The Malpighian glomeruli are never affected. These alterations produced by acetone assume great importance, from the fact that acetone is found in the urine in diabetes and febrile diseases. The lesions described by Ebstein, as found in individuals dying in diabetic coma, and in whose urine acetone had been for some time present, were identical. The development, then, of an acetone nephritis and albuminuria is possible in cases in which acetone is eliminated persistently in the urine. The renal alterations are due to the elimination of unaltered acetone, the acetone is not filtered through the glomeruli, but, like urea, is separated and secreted by the epithelium of the convoluted tubules. Ebstein has shown the importance of nephritis in diabetes, as a cause of fatal coma. It is possible that the poisonous effect of acetone may have been exaggerated, but its power to cause renal lesions, and so to lead indirectly to a fatal conclusion, must not be ignored. — *London Medical Record.*

TREATMENT OF DIPHThERIA BY THE GALVANO-CAUTERY.—Your correspondent was asked to assist at the first case of diphtheria treated in Berlin by galvano-cauterization. Following the instructions of Dr. Bloebaum, of Koblenz, Prof. Henoch was willing to give the new treatment a trial, and on the 9th of February applied the galvano-

cautery to tonsils and pharynx of a diphtheritic child. "Though I think favourably of the cauterization plan," said Prof. Henoch to your correspondent, "I think Dr. Bloebaum's views require some restriction. In the first place, we are fully aware of the impossibility of executing this cauterization without chloroform, and then I can regard this cauterization only serviceable if executed during the first or first two days after the diphtheritic infection is established. If the pathogenetic microbes have once found their way to the circulation, and have there caused a deterioration or decomposition, I cannot see that even the local pharyngeal improvement—and this, of course, we obtain at all events—would save the child's life."

The child, about seven years of age, was put completely under the influence of chloroform (ether is almost never used in Germany), the jaws separated by a screw-dilator, and the cauterizer applied three times—once on each tonsil and once on the pharynx.

The child cauterized in the first week of February by Prof. Henoch for diphtheria is at present, ten days after the cauterization, in an improving condition. The aspect of the pharynx presented to your correspondent only a traumatic nature, without a trace of any septic process. Unfortunately, a phlegmonous condition of a submaxillary gland keeps the fever high, so that it is as yet impossible to predict the termination of the case, though a favorable one is rather to be anticipated. The case does not seem to have been very suitable for the cauterization, as about six days had elapsed before the child was presented for treatment. It is probable, however, that only during the first few days of the diphtheritic infection can definite favorable results be expected from the galvanic cauterization.—*From Berlin correspondence of Therapeutic Gazette.*

HICCOUGH.—Nitroglycerine has been used successfully in an obstinate case of hiccough occurring in a phthisical patient. It had lasted ten days and resisted all remedies. It relieved him at once, and by the twelfth day the hiccough ceased entirely. Dose one drop of one per cent. solution.—*N. Y. Med. Journal.*

Therapeutical Notes.

(Translated by R. Z.)

BORACIC ACID OINTMENT.—

Boracic acid 1 part.
 Yellow wax 1 “
 Benzoated lard 6 parts.

Reduce the acid to an impalpable powder by trituration with a few drops of rectified spirit, add the wax and lard, previously melted together, rubbing them to a smooth ointment. When applied this ointment allows the discharge from a wound to escape; moreover it comes off clean, leaving none adhering to the skin.

NEW HÆMOSTATIC AGENT.—Dr. Spaak (*Journal de Médecine de Bruxelles*) has used for several months as a hæmstatic, chloroform water. (1) It acts with wonderful rapidity; (2) it is pleasant to the taste; (3) it has no escharotic action; (4) it is always easily obtained; (5) it is inexpensive; (6) it does not interfere with any surgical procedure. The following is the formula:

Chloroform 2 gr.
 Water 100 gr.

—Dr. A. Oger, in *L'Union Médicale*.

PROSTATIC ENLARGEMENT.—Dr. Mackenzie, in the *British Medical Journal*, says, that irrigation of the bladder with a mixture of a drachm of tincture of hamamelis, half a drachm of carbolic acid, and about twenty-five ounces of warm water, arrested periodical hemorrhages from the urinary passages and the rectum in a case of prostatic enlargement under his care, and so reduced the congestion as to enable him to discontinue the use of the catheter.

FOR NASAL CATARRH.—Sulphate of soda, carbonate of soda, sulphate of potash, gum arabic and tartaric acid, of each equal parts. Dry and mix. Dose, ten grains to a quart of warm water; spray through the nose or throat as desired, twice a day.

URETHRAL INJECTIONS.—In an article in the *Lyon Medical* on injections in gonorrhœa, Dr. P. Aubert gives some good practical hints. He says that the syringes usually employed are

too large. “Four or five grammes of fluid for an adult, and five to seven for persons of more advanced age, are sufficient to fill the anterior urethra. With this quantity we can forcibly inject to the bottom without danger of passing the urethral sphincter. A more accurate method consists in introducing a thin supple rubber tube 12 to 14 centimetres long, and of No. 10 Charrière scale. The tube should not be oiled, but simply dipped in the injection fluid and passed gently to the bottom of the anterior urethra. It is to be passed 1 or 2 centimetres, a syringe attached and the injection made, the meatus being left open. The fluid necessarily reaches the bottom of the anterior urethra, and returns freely by the meatus, and no part of the canal escapes its action.”

SUDDEN CARDIAC PARALYSIS AFTER HYPODERMICS OF MORPHIA.—M. Klamann reports a case of sudden death after hypodermic injections of morphia. The patient, an alcoholic, subject to violent angina pectoris, epistaxis and hemorrhages, had taken an injection of morphia during a violent paroxysm, and on the arrival of M. Klamann demanded another, which was given. He suddenly turned pale and died. The advanced age of the patient, alcoholism, and repeated hemorrhages, were evident contraindications to the use of morphia.—*L'Union Médicale*.

FOR GLOSSITIS.—

R. Acid chromic. . . . 60 cent.
 Distilled water . . . 30 grammes.

To be applied to the tongue in cases of chronic superficial glossitis of smokers and drinkers. This method is not applicable to acute superficial non-specific glossitis, which should be treated with emollients and glycerole of boracic acid. The chronic acid solution is equally efficacious in certain cases of secondary syphilis, such as ulcers, mucous tubercles and condylomata. On the other hand, it is useless in tertiary syphilitics: gummata, deep ulcerations, tubercular syphilides. In certain cases the dose is increased. Usually its pain is slight, amounting to merely slight smarting.—*L'Union Médicale*.

CARBOLIC ACID IN INDIGESTION.—In some cases of indigestion accompanied by acidity, flatulence and cramps, small doses of pure carbolic acid give marked relief. This remedy is also useful in the dyspepsias of tea-drinkers. Dr. E. Berdoe uses the following formula:—

R Pure crystallized carbolic acid, 1 part.
Glycerine. 4 “

Dose, 5 to 10 drops in half a glass of peppermint water. If there be much pain in the stomach, 5 to 10 drops of laudanum, or an equivalent dose of any other preparation of opium, may be added. Tincture of nux vomica is indicated when it is desirable to increase peristaltic action.

MODIFYING EFFECT OF THE EXCIPIENT OF CARBOLIC ACID.—Ointments of carbolic acid, and carbolic oil 10 per cent., are far less irritating than aqueous or alcoholic solutions of 1 in 5, or even 1 in 100. A glycerine solution of carbolic acid, 1 in 50, has no irritant effect on the skin. It is not so, however, with a salve made with vaseline which causes redness of the skin in the strength of one in 20. The anti-septic properties of carbolic acid seem in no wise weakened by mixing with fats. How can this modification of irritant action be explained? It is evidently not a question of solubility, since alcohol dissolves an almost equal quantity.—*Lyon Medical.*

CHLORAL HYDRATE IN VOMITING OF PREGNANCY.—Dr. Fred. Léon relates a case of intractable vomiting of pregnancy, at the fourth month, which had resisted all therapeutic measures. The patient was so weakened that her life was despaired of. Injections of hydrate of chloral, 2.50 grammes in mucilage of tragacanth, into the rectum resulted in calm sleep from which she awoke without vomiting and could retain food.—*Gaceta Méd. Catalana.*

R. B. N.

Prof. Da Costa directed, in a case of impacted colon of one week's duration, that an injection should be used, of turpentine ℥ss, beat up with the white of an egg and mixed with a pint of hot water, to be followed by simple hot water and salt. In case this treatment failed, warm

sweet oil was to be used. Internally was given—

R. Magnesii sulph. ℥j
Acid sulphurici dil. gtt.ij
Elixir simplic.
Aquæ āā ℥ss. ℥.

Sig.—To be given every half hour.

At the next clinic the patient returned well, the cure having been accomplished by the injections of sweet oil and a pill of aloes, belladonna and colocynth, on the third day of the treatment.

Tsuchiakabi.—This drug is the fruit capsule of an orchid indigenous in Japan, and used there for a long time past. The capsules possess an acid and bitter taste, and contain a substance which is largely soluble in water. By treatment with spirit, an extract can be obtained which has a sharp but not unpleasant taste. It is composed of a resin, acid, and glucoside, to which are probably to be attributed its medical properties. The urinary bladder and passages are the parts of the body on which the medicament exerts its special action. The Japanese employ a watery extract of this drug, which would be administered in those cases for which cubebs and copaiba are prescribed, with the advantage of the absence of the disagreeable odour of the last-named drug.—*Lancet.*

WATER PURIFIED BY ALUM.—A small quantity of alum added to water removes all impurities. The simplest way is to take an ordinary drain pipe and plug one end with cotton 2 or 3 inches thick. This may be kept in place by a ring of wood. Make a solution of $\frac{1}{2}$ oz. of alum in a cup of boiling water, pour this into a quart measure and fill with cold water. Fifty-four drops of this contains $2\frac{3}{8}$ th grains of alum, the quantity required for a gallon of water. It is not important to be exact, twice the quantity being harmless. Next, by filtering, even organic matter is removed.

In the *Prager Medicinische Wochenschrift*, Dr. Lurtz reports four cases of lupus successfully treated by the application of lactic acid. It produces but little pain. The healthy tissue is protected by smearing it with ointment.

BELLADONNA AND IODIDE OF POTASH.—M. Aubert states that in certain individuals in whom small doses of the iodide of potash produce violent reaction in the naso-pharyngeal mucosa, that extract of belladonna, in daily doses of 5 centigrammes, continued for a few days, will allow the iodide to be used without untoward symptoms.—*Cronica Med. Quirurgica de Habana.*

HEMORRHOIDS.—Duval gives, in the *Centralblatt fuer die gesammte Therapie*, the following formula for an application to hemorrhoids:—

R Unguenti camphorati ʒi.
 Pulveris gallarium grs. 15.
 Plumbi acetatis grs. 15.
 Extracti belladonnæ grs 8.

M.

Sig.—Rub on the hemorrhoids four times a day.

A REMEDY FOR WHOOPING COUGH.—Dr. Hammond places reliance on the following:—

R Ammon. bromid. ʒ i.
 Tr. lobelia gtt. xx.
 Tr. stramonii gtt. vi.
 Eucal. oil gt. vi.
 Syrupi pruni virg. ʒ i.
 Elise cort. ʒ is.
 Aquæ ʒ i.

M. Sig.—Ten to twelve drops every four hours.

ICHTHYOL.—Dr. Lorenz recommends ichthyol in a variety of cases. In a 30 per cent. solution, it relieves the severe itching of senile prurigo; for pruritus, a weaker solution is used, namely, 10 per cent. As an application to slowly granulating burns and ulcers, he has had excellent results; and internally, in doses of four tablespoonfuls of a 1 per cent. solution in the day, he has relieved the symptoms—vomiting, etc.—of catarrh of the stomach.

It is reported that Dr. A. McLane, Hamilton, lately cured a case of hystero-catalepsy in a male patient by squeezing his testicles. We can easily imagine that a good hard squeeze by a male attendant would have an excellent effect in such cases.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TO SUBSCRIBERS.—Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 68 Gerrard St. East.

TORONTO, APRIL, 1886.

LECTURE ON SYPHILIS.

At the commencement of his second lecture, Mr. Hutchinson discusses the question of secondary and tertiary symptoms. The result of his observations may be given in the following quotation: "Speaking loosely and in a general way, it is still true that visceral affections, gummata, deep ulceration, and periostitis, belong to the tertiary stage. It is only when these facts are brought forward as if they were constant, and sufficient in themselves to form the basis of classification, that we are compelled to make protest."

He then relates a case in which tertiary lesions were present before the healing up of the hard chancre.

Rupia, in Mr. Hutchinson's opinion, belongs to the secondary rather than the tertiary stage. He has seen cases in which it existed in the primary stage.

Between syphilitic lupus and the true lupus vulgaris there is no relationship whatever. There is, however, a syphilitic form of the true lesion in the same way as in psoriasis.

Mr. Hutchinson's views on syphilitic disease of the palm are most instructive, and ought to be noted by those interested in syphilis. We will give the paragraph in full:—

"Perhaps I could not adduce better illustrations of the difference between secondary and tertiary affections of the same parts than by reminding you of what happens in the case of the palm of the hand. In the secondary stage, and simultaneously with the general eruption of the skin, the palm of the hand often suffers from psoriasis. It is always both palms which

are affected, not one only; and there are usually in each a number of separate patches, which, although of various sizes, are alike in being circular, and covered up with broken epidermis. Most obviously, such symmetrical and multiple affections are due to blood infection. This form of secondary palmar psoriasis is generally cured very easily by the use of mercury; it vanishes when the rest of the skin eruption leaves, and it seldom returns in the same form. If, at a later period, the palm be affected, it will probably be a patch of considerable size, which has a spreading edge, and which affects one hand only. The hand most likely to be affected is that which the patient irritates most, whether by the use of tools in his employment, or by carrying an umbrella or walking-stick. The later the affection occurs, the more definite will be the characters mentioned. The condition will be cured by the internal use of mercury, but it will often be found to yield more quickly to the local employment either of that drug or iodoform."

We have had under observation at least a half-dozen of cases of the latter condition, and have found them very obstinate in yielding to mercury or iodide of potassium.

Mr. Hutchinson has strong faith in the efficacy of mercury as an antidote to syphilis. He is of opinion that it will not only cause eruptions to disappear, but that it will prevent the manifestation of further lesions. The form in which he prefers to give it is that of grey powder, and the dose one grain. This dose he gives from three to six times a day, according to circumstances, and seldom for a shorter time than six months. "If this dose be given to a patient with an indurated sore, but in whom as yet no secondary symptoms have appeared, the result will usually be that none will occur."

In the latter part of the second lecture, Mr. Hutchinson relates the following interesting case:—

"There is a very severe form of rupia, in which the ulcerations coalesce over large surfaces, and the crusts thus lose the typical limpet-shell form. Of this I have seen but very few examples, and the two which have made the most impression on my memory were almost exactly alike. The violence and

the suddenness of the second outbreak were, in each case, most marked. The first occurred to me at the London Hospital, nearly twenty years ago, in the person of a young man named K—. I had treated him for a mild attack of secondary symptoms with the usual papular eruptions, and he had got, apparently, quite well. He desisted from treatment, and I lost sight of him for some months. At the end of this time, he came back with a vesicular and bulbous eruption just beginning on his face. In conformity with the opinion of those days that mercury ought to be avoided for such eruptions, I gave him the iodide of potassium. The eruption blazed up with extraordinary quickness, and in the course of a week his whole face was covered with crusts; there were many also on his limbs. He became extremely ill, was confined to bed for several months, and was so much emaciated that we thought he would die. At first a mixed treatment of iodide of potassium and mercury was used, and for a while it seemed powerless. Ultimately, under the influence of mercury alone, the man recovered, but with a lamentable amount of scarring. Almost the whole of his face was involved in scars, and his lower eyelids were displaced downwards."

This case was to us exceedingly interesting, as we have had under observation one almost identical. The patient came suffering from an eruption of the face similar to that mentioned. He had already been taking small doses of potass iodide. He was put on larger doses of that drug, and the result was that the eruption became very much worse. The face was swollen, the eyes closed, and immense crusts formed on the surface. The patient also exhibited considerable pyrexia. The iodide of potass was stopped, and the patient was put on small doses of the hydrarg perchlor with excellent effect. The eruption disappeared in about four or five weeks. We were of opinion at the time that, owing to an idiosyncrasy of the patient, the iodide of potassium increased the virulence of the attack. At any rate, when that drug was no longer administered, improvement was at once noticed.

Several graduates desire a *locum tenens* or assistantship. See advt.

AUSTIN FLINT, M.D., LL.D.

We regret to announce the decease of this eminent physician and pathologist. On the day previous to his death he had attended to his ordinary professional duties. About midnight of March 12th he uttered a cry and fell on his bed unconscious. He remained in this unconscious state for fourteen hours, when he died. Austin Flint was born at Peterston, Mass., in the year 1812. His literary education he received at Amherst, and graduated in Medicine at Harvard when he was twenty-one years of age. He spent the first three years of his professional life in Northampton and Boston. He then went to Buffalo and remained there eight years, from 1836 to 1844. In the latter year he was appointed to the chair of Institute and Practice of Medicine in Rush Medical College, Chicago, which he occupied for one year. He then returned to Buffalo, where he established the *Medical Journal* in 1846, and conducted it for ten years. In 1847 he and two others founded the Buffalo Medical College, and he occupied the chair of Practice of Medicine in it until 1852. He then went to Louisville University, where he held the same position as in Buffalo. In 1856 he returned to Buffalo and was made Professor of Pathology and Clinical Medicine. While holding this position he spent the winters of 1858, '59 and '60 in New Orleans, where he was Professor of Clinical Medical School and visiting physician to Charity Hospital. About the close of 1860 he went to New York, and the next year he became visiting physician to Bellevue Hospital and was appointed to two professorships, one in Bellevue Hospital Medical College and the other in the Long Island College, Brooklyn. The latter he resigned after a few years, but the former he occupied until the time of his death.

In 1876 he was one of the members of the International Medical Congress in Philadelphia, where he delivered the address on Medicine, and was chosen President of the next International Congress, to be held in Washington in 1877. He was also invited to deliver the address on Medicine at the next meeting of the British Medical Association, an unprecedented honor. Dr. Flint is best known as an author. There are very few practitioners throughout this pro-

vince who have not read his book on Practice of Medicine. It has been the standard textbook for years. This work was first published in 1866, and has run through seven editions. It would be superfluous for us to speak of the excellence of this book. Among the other writings of Dr. Flint might be mentioned "Clinical Study on Heart Sounds in Health and Disease," "Phthisis," "Manual of Percussion," etc.

Dr. Flint was a very successful teacher. Some of the older practitioners of this province, who had the privilege of attending his classes in the Buffalo Medical College, speak in the highest terms of the able and clear manner in which he demonstrated the various physical signs of chest disease. He was also an excellent practitioner. His freedom from narrowness of all kinds was, no doubt, partly due to his excellent training, and his having lived in so many cities where he had the advantage of seeing disease in all its phases.

The history of his life presents many lessons. It demonstrates how, by careful economy of time, a large amount of literary work may be done by one engaged in active practice. His life also shows that in order to make a world-wide reputation in medicine it is necessary to live to a good old age. If Dr. Flint had died when fifty years of age, his "Practice of Medicine" would never have been published, and his reputation would only have had a very limited area. This is a truth which ambitious young men ought to ponder. They may, by excessive work and by over-anxiety to rapidly mount the ladder of fame, injure their health and thus completely destroy every prospect of attaining the coveted position. The highest prizes in the medical profession are nearly always obtained by those who work regularly, honestly and steadily, giving the proper time to rest and recreation. It must be remembered, too, that there is a great difference in capacity for work in different individuals, and that one person may endure an amount of labor which would destroy the health of another.

Dr. Robert Barnes, of London, claims to have been the first to perform Emmet's operation, or trachelorrhaphy, in England.

ANTISEPTICISM IN ABDOMINAL SURGERY.

Modern surgery has taught us that we can take considerable liberties with the peritoncum if we show ordinary skill, leave its cavity dry, and adopt perfect cleanliness in carrying out all the necessary details. In this connection we hear a good deal about surgical cleanliness, and the distinction between surgical and ordinary cleanliness may be worthy of consideration. In a clinical lecture delivered by Dr. Goodell, of Philadelphia, on a case of suspected malignant colloid cyst of the ovary, as reported in the *Weekly Medical Review*, we find the following: "Now, my duty here is to make an exploratory incision, empty the sac, and remove it if I can. This operation I will perform on Sunday morning at 10 o'clock, and I select this day and hour for a purpose. You must realize that surgical and ordinary cleanliness are two entirely different conditions. On Sunday morning I will have had a general bath; I will not yet have seen my patients; my assistant will not yet have visited the wards; I will have my Sunday-go-to-meetings on; and, in a word, I will be surgically clean. I dislike to work on Sunday, and try to do as little as possible on that day, but still I consider it the best time to perform an operation that calls for extra cleanliness on the part of the operator."

These remarks may throw some light on the subject, but are not sufficiently explicit. If the Dr. means that a surgeon is ordinarily clean before his weekly bath, and surgically clean after it, the contention may be open to question as to the former part. We have a suspicion that there is after all too much importance attached to the distinction between ordinary and surgical cleanliness. The elements of "Sunday-go-to-meetings" adds considerable interest to these remarks. It furnishes another example of the spirit with which modern surgeons are imbued when one of their number is willing to sacrifice even his "Sunday-go-to-meetings" in the interests of his patient. There is, however, always room for advancement; and it might be well for surgeons, who are the fortunate possessors of "Sunday-go-to-meetings," to always wear them at serious operations, and an extra general bath thrown in would do no harm.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The fourteenth annual meeting of the American Public Health Association will be held in Toronto during the first week in October of this year. This is a large and strong Association, being composed of gentlemen occupying prominent positions in the army, navy, and marine medical departments of the United States Government, of eminent sanitarians from every State in the Union, and of officers of the Dominion and Provincial health authorities of Canada. Eminent European sanitarians from Europe are also expected to attend, and there is every probability that the meeting will be a large and successful one.

We are glad to know that a large and influential local committee is being formed and arrangements are being made to give the visitors a cordial and hearty welcome.

THE MANAGEMENT OF BREECH PRESENTATIONS.

As a general rule cases of breech presentation present no serious difficulties nor any special interference. Others, however, cause considerable anxiety and require careful and judicious treatment. The subject was discussed at a recent meeting of the section of obstetrics in the New York Academy of Medicine, when Dr. Robert A. Murray read a paper on the subject as reported in the *N. Y. Medical Journal*. Dr. Murray followed the teaching of Barnes and claimed, that after rupture of the membranes, when the breech became engaged to the pelvis and its advance was seriously impeded, particularly in those cases where the legs of the child were extended so as to bring feet close to face, the proper treatment was to decompose the wedge by passing up the hand in front of the breech, seizing one foot by the instep, and bringing it down. Traction, if necessary, can then be made on the leg, due care being taken to protect the cord. The process should be available to deliver the head if required.

We are inclined to think that, in the majority of such difficult cases, this is the best plan of treatment, but it is well to keep in view other

methods which may be employed. Among these the blunt hook may simply be mentioned as an instrument too dangerous for use in any case. The fillet, or finger hooked in the posterior groin is sometimes efficacious. The application of the forceps had few advocates in the meeting. Lusk, of New York, however, strongly recommends the instrument, and Cameron and Carson, of Toronto, favor its use in some cases. These men and others have lately proved beyond doubt that the forceps may frequently accomplish delivery without injury to mother or child, but we think there is always a possibility, if not a probability, of serious danger, especially to the babe.

INTUBATION OF THE LARYNX.

Dr. F. E. Waxham read his inaugural Thesis before the Medical Society of Chicago, on this subject, which is given in full in the *Chicago Medical Journal and Examiner*. The operation, although formerly attempted in France, and afterwards abandoned, has been revived by Dr. O'Dwyer, of New York, with great success. The following are considered its advantages over tracheotomy, which operation it is intended to supersede:

1. No opposition is met with on the part of parents and friends; quite a contrast to the difficulty with which we usually meet in obtaining the consent to tracheotomy.

2. It relieves the urgent dyspnoea as promptly and as effectually as tracheotomy, and if the child dies there is no regret that the operation was performed, and no discredit attached to the physician.

3. There is less irritation from the laryngeal tube than from the tracheal canula. As the tube is considerably smaller than the trachea, it does not press upon it firmly at any portion, excepting at the chink of the glottis.

4. Expectoration occurs more readily than through the tracheal tube.

5. As the tube terminates in the throat, the air that enters the lungs is warm and moist from its course through the upper air-passages, and there is less danger of pneumonia.

6. It is a bloodless operation.

7. It is more quickly performed, and with less danger.

8. There is no open wound that may be the source of constitutional infection.

9. Convalescence is more rapid, as there is no ghastly wound to heal by slow granulations.

10. The patient does not require the unremitting care of the physician, as in tracheotomy.

11. I believe it to be a more successful method of treating croup, either diphtheritic or membranous, than tracheotomy.

The only objection to the operation seems to be the difficulty of performing it, and again the difficulty of removing the tube, and this is to be overcome by practice on the cadaver.

Dr. Waxham gives a report of 17 cases in which he operated. The ages varied from 16 months to 5 years. Out of this number eight made perfect recoveries. The cases were all serious and in imminent danger at the time of the operation, and shreds of false membrane were ejected, showing that they were cases of diphtheritic or membranous laryngitis. Tracheotomy, even with the most skilful operators, has not given such favorable results when performed at similar stages of the disease.

Dr. Strong, of Rush Medical College, gives in the same journal the instruments used by Dr. O'Dwyer, and how they are used.

"The set, complete, consists of five tubes with obturators, an introducing instrument, an extracting one, a gag, and a scale which indicates the tube to be used at a given age. The tubes vary in length from one and one-half to two and one-half inches, suitable for cases from a few months to ten years of age. They are quite heavy, flattened from side to side, plated with gold, having a collar at one end to prevent slipping through the glottis, and a large bulge a little above the middle, that passes below the vocal cords and so prevents its easy expectoration. The tube in the larynx interferes to a surprisingly small degree with the functions of the epiglottis. By means of the thread attached to the tube, the operator removes it easily from the oesophagus or larynx. The obturator, slipped into the threaded tube, is screwed to the introducing instrument. By means of a simple device the obturator is removed when the tube is in position. The extracting instrument has a jointed point that fits loosely into

the upper end of the tube, and is made to expand, when the tube can be easily removed."

The manner of inserting the tube and removing it, Dr. Strong reports in one case as follows:

"The child was seated on the lap of an assistant, facing the operator; another assistant held the child's head, bending its neck well back. The gag was placed in the left angle of the mouth; the index finger of the left hand held the epiglottis forward and at the same time guided the threaded tube into the larynx. The obturator and gag were at once removed. In a few moments the gag was re-introduced, the index finger placed on the collar of the tube and the thread removed.

"To remove the tube, the child was placed in the same position as on introducing it. The point of the extracting instrument was guided by the finger into the orifice of the tube. This was the most difficult part of the whole procedure. No anæsthetic was given."

We are pleased to note that the training school for nurses in connection with the Toronto General Hospital, which was organized in April, 1881, with a staff of fifteen nurses, has, under the present management, greatly increased in numbers, so that now thirty-five nurses are in attendance. The course of instruction is very thorough, and compares most favorably with that given in larger, older, and more thoroughly equipped training schools. Physicians throughout the Province who desire to obtain the services of a nurse can do so by making application to the Superintendent.

A PAINLESS ESCHAROTIC.—When nitric acid is to be applied as a caustic, to a venereal sore for example, or to a nasal hypertrophy, it is a common practice now to first apply freely a solution of cocaine to the part. A better method is said to be the saturating of the acid with cocaine just before it is used. Pain by this plan is prevented, the inflammatory reaction is lessened and the usefulness of the application is not impaired.

The University of Buffalo will establish a School of Pharmacy.

SENATE ELECTION FOR UNIVERSITY OF TORONTO.—An election for three members of the Senate of Toronto University will shortly take place. The retiring members are Messrs. McQuesten, Falconbridge and Foster. Mr. McQuesten will not be a candidate for re-election. We recommend medical graduates to vote for the following:—W. G. Falconbridge, M.A., W. A. Foster, LL.B., A. H. Wright, B.A., M.B.

Obituaries.

Dr. Angus Macdonald, a distinguished obstetrician of Edinburgh, died in February, after a short illness, at the age of 50 years.

The death of Mr. Cooper Foster, the distinguished surgeon of Guy's Hospital, and ex-President of the Royal College of Surgeons, is announced. He died of typhoid fever. He was sixty-three years of age.

Dr. Gaspar Griswold, of New York, died March 4th after a short illness of peritonitis. He was demonstrator of anatomy in Bellevue Hospital Medical College, a well-known member of several medical societies, and one of the editors of the *N.Y. Medical Journal*. The death of so promising a physician, at the early age of 29 years, is seriously felt.

Dr. Vander Poel died, March 11th, at Washington, while on his way to the South from New York. He was one of the best known and most highly respected among the physicians of New York State. He settled in Albany in general practice in 1850. In 1872 he went to New York, where he was health officer of the port of New York for eight years.

HEREDITY.—The late Professor Laycock was very fond of drawing attention to hereditary peculiarities. One time in the middle of a lengthened exposition of the features in common of a mother and child, the woman, perhaps a little uneasy, stopped him, saying, "A weel! I'm no the bairn's mither, I'm just his step-mither."—*Birmingham Med. Review*.

Book Notices.

A Manual of Operative Surgery. By LOUIS A. STIMSON, B.A., M.D., New York. Second edition. Philadelphia: Lea Brothers & Co.; Toronto: Vannavar & Co.

We are somewhat disappointed in this work, and can hardly understand the reasons for its publication. It is not sufficiently complete to be of any great benefit to practitioners; and, as far as students are concerned, it contains nothing which they do not already find in their ordinary text-books on surgery, gynecology, and obstetrics.

A Guide to the Examination of the Nose, with remarks on the Diagnosis of Diseases of the Nasal Cavities. By E. CRESSWELL BABER, M.B., London. H. K. Lewis, London, 1886.

This is the title of a little work which might be read with great benefit by the large majority of general practitioners. The work does not bring out any new points, but merely seeks to show how many physicians who are in the habit of neglecting the nose as a seat of disease, or leaving it to specialists, may, with a very little practice, examine that organ satisfactorily for themselves, and this Dr. Baber does very concisely and thoroughly.

Manuel de Technique des Autopsies, par Bourneville & P. Bricon. Paris, 1885, Librairie du Progrès Médical.

This is a reprint of a series of lectures published in the *Progrès Médical*, and gives in detail full directions for making *post-mortems*, the weight and dimensions of various structures and organs, methods of removing them from the body, and further examination, means of preserving, and formulæ for solutions, etc. A valuable bibliographical index, comprising between thirty and forty works, chiefly in German, French and Italian is added. We notice but one English pamphlet referred to—by Woodhead, of Edinburgh—*Practical Pathology*, p. 1-20. The omission of Delafield's work from the catalogue is certainly an oversight. This little work contains much useful and reliable information, and when translated ought to find a ready sale as a companion book, but not to replace Virchow's admirable little *brochure*.

Fractures and Dislocations. By T. PICKERING PICK, F.R.C.S., Surgeon to and Lecturer on Surgery at St. George's Hospital, London, etc. Philadelphia: Lea Bros. & Co.

This is one of a series of excellent Clinical Manuals recently published in England, and is in no way inferior to its fellows. Although it claims only the humble title of a "Manual," it deserves rather to be considered as a complete treatise in the important subject of Fractures and Dislocations. All varieties of these accidents are treated thoroughly and practically. The method of writing is clear, concise, and, to some extent, dogmatic, limitations as to space showing their effects in these particulars. Upon the whole this work is an admirable one, especially considering the small price which is asked for it, and we can with confidence recommend it to both students and practitioners.

A Treatise on the Diseases of Infancy and Childhood. By J. LEWIS SMITH, M.D., Clinical Professor of the Diseases of Children in Bellevue Hospital Medical College, New York. Octavo, 867 pages, 40 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia: Lea Brothers & Co. Toronto: Vannevar & Co. 1886.

In comparing this with former editions, we find the work of revision has been so thorough as to make the book, to a large extent, a new one. We have always admired the author's descriptions of the diseases of infancy and childhood and his methods of treatment. The almost uniformly favorable verdict of this continent as to the excellence of this work has long since been recorded, and no words of ours can add much to its well-deserved popularity. Such a book is an actual necessity to all practitioners; and among those available, including many of rare excellence, we have no hesitation in saying that we consider that of J. Lewis Smith decidedly the best.

Basic Aural Dysorasia and Vascular Deafness. A new system of Aural Therapeutics and Pathology; also Notes on the Deafnesses. By ROBERT T. COOPER, M.A., M.D., University Dublin. Baillière, Tindall & Cox, London, 1886.

This work consists of a series of articles first published in the *Dublin Journal of Medical Science*. In it Dr. Cooper advocates with great

force an interference with the circulation of the blood through the aural apparatus as a heretofore unrecognized cause of the tinitus, and also of the deafness in many cases of ear trouble. This interference may consist either in a defective condition of the lining of the blood vessel, or in a depressed state of the blood itself. In the vast majority of those cases in which there was constant tinitus he was able to detect a bruit in the cervical venous system, while there were arterial bruits in those cases with pulsative singing. He further goes on to show how these bruits are indicative of a tendency to atheroma of the aural blood-vessels. The ideas are a new and reasonable explanation of hitherto ill-understood conditions.

Manual of Hygiene for Schools and Colleges.—

Prepared by the PROVINCIAL BOARD OF HEALTH, and authorised by the Minister of Education. Toronto: Wm. Briggs.

In the last number of the PRACTITIONER we alluded very briefly to this work, and expressed our intention of reviewing it in this issue.

What first strikes us in opening the book and glancing through it, is a peculiar arrangement by which its value to the student is greatly increased. The commencing words of each section are printed in conspicuous type, and the arrangement is such that these words give the key to the contents of the section. In reviewing, this will be of great advantage.

The first chapter points out the objects of sanitary science and sanitary art. It draws from the vital statistics of our own and other countries convincing arguments for the necessity of better attention to sanitary requirements, and gives definite statements and figures to show what has already been accomplished in this direction. To those of the city fathers in Toronto and London, who are so economical that they cannot afford to cease polluting the water fronts of their cities with sewage, we would recommend a perusal of the table on page 15, comparing the mortality from typhoid fever in Toronto, Hamilton, and London with those of certain European cities both before and after a proper disposal of sewage in these latter.

Chapter VII., on Climatology, treats of the influences of latitude, altitude, differences in

temperature, winds, vegetation, sunlight, etc. It gives some good practical hints on the character of soils. Chapter VIII. deals with the principles which should be observed in the disposal of refuse. Chapter X. is full of useful information for householders, teachers, and municipal officers in combating the spread of infectious diseases.

With most of the illustrations we are well pleased. Some of the original suggestions or combinations portrayed in them are very good, and also many of the diagrams in the chapters on sewerage. The full-page colored plates do credit to the lithographers, Messrs. Copp, Clark, & Co.; and no less can be said of the entire work of the publishers. We congratulate the Minister of Education and the public on the result of this undertaking.

Personal.

Dr. Thomas Addis Emmet was the first resident assistant in the Woman's Hospital of New York.

We are glad to learn that Dr. N. S. Davis, of Chicago, who had an attack of hemiplegia last month, has recovered. He is 70 years of age.

Mr. Christopher Heath and Professor Ray Lankester have been elected Life-Governors of University College, London.

We are happy to announce that Dr. G. L. Milne, a graduate of Toronto School of Medicine, has been appointed health officer of the city of Victoria, B.C.

Dr. H. J. Bigelow, of Boston, has resigned his position as surgeon of the Massachusetts General Hospital. He is now Emeritus Surgeon, with five beds at his disposal.

Dr. Wm. Osler, of Philadelphia, delivered the "Cartwright Lectures" (three in number) in New York, March 23rd, 27th, and 30th, the subject being "Certain Problems in the Physiology of the Blood."

Dr. Adam Wright has been requested to present himself for the next election of the Senate of Toronto University. We trust our many friends will cast their votes in his favor.

Miscellaneous.

The title of Sir Henry Thompson's new novel will be "All But."

There are 2,500 physicians in Philadelphia, and 2,900 in New York.

They want a "post-graduate" course for medical men in London, England.

There were 468 students registered in the Toronto General Hospital during the last session.

The operating theatre in the Toronto General Hospital will be enlarged and improved within the next six weeks. The seating capacity will be increased by two hundred.

LADY (to applicant).—"What wages will you expect as nurse?"

APPLICANT.—"Howould is the baby, mum?"

L.—"Seven months."

A.—"Widout laudinum, mum, two dollars an' a half a wake; wid laudinum, two dollars."

Some of the American newspapers are poking fun at the people who were so alarmed about the hydrophobia scare in Newark. They say that the dogs that were bitten by the supposed mad dog, that bit the children sent to M. Pasteur, are in good health.

The horrible accident at the execution of one Robert Goodale should result in some alteration in method of punishment. The weight of the victim's body caused the head to be completely torn away. Goodale stood 5 ft. 11 in. high and weighed 200 lbs. The executioner had allowed a drop of six feet.

Prof. Gross recently called attention to a new French method of treating tubercular glands. When the gland is broken down, a small incision is made in the lowest portion, the material pressed out, and into the cavity injected melted paraffin, which is then solidified with the ether spray; then the whole sac can easily be dissected out.

Let a fisherman forsake his boat, or a blacksmith his anvil, or a carpenter his bench, or a shoemaker his shop, and proclaim that he has made the wonderful discovery that he is full of magnetism and can cure all diseases, and be he ever so ignorant and uncouth, he is likely to have in a very short space of time a *clientèle* of educated ladies and gentlemen.

MEMORIAL TO MISS ELEN PRIDEAUX.—A large sum of money has been raised to commemorate the late Miss Prideaux, who became a Bachelor of Medicine in the University of London after taking a high stand at the various examinations. She died last year from diphtheria on the eve of presenting herself for the final M.D. At a meeting of members of the profession, with Sir William Gull as chairman, it was decided that the income from the fund should be given as a scholarship open to women in the second or third year of their course.

The late Professor Syme, of Edinburgh, was not very fond of medical visitors to his wards in the Royal Infirmary, and did not hesitate to hand them over to his house surgeon with little ceremony. Syme was very proud of the number of times he had ligatured the femoral artery. At his death we believe he had performed this operation 75 times in all. One day when showing a Frenchman round his wards he had occasion to draw his attention to a recent case of this kind, and asked his visitor with pardonable pride, how many times he thought he had tied that vessel. "Oh! t'ousands!" said the Frenchman, an answer which very speedily sent Syme to his carriage in no small dudgeon.—*Birmingham Med. News.*

THE DIAGNOSIS OF SEX BEFORE BIRTH.—Dr. Juan Bidart (*Deutsche Med. Zeitung*), has endeavored to settle the question as to whether the sex of the fœtus might be determined before birth by the frequency of the fœtal pulse, and with that end in view publishes a note of one hundred cases in which he counted the fœtal pulse beat at the end of pregnancy. He concludes that when the pulse of the fœtus is under 135 in the minute, in all probability it is of the male sex; while when between 135

and 145 it is a female. He claims that he has been able to foretell the sex of the child ninety-two times out of one hundred. It is evident that, if these results are reliable, they must be of the greatest importance in deciding a number of questions, such as to whether premature labor should be induced.

At a recent banquet, Sir Spencer Wells told a story from his personal experience as a young man, which has in it a lesson for the older men of to-day. He had been called in the absence of Dr. Braithwaite, the family physician, to see a girl whom he found lying insensible on the bed. Not knowing what to do, he gave some brandy-and-water. Dr. Braithwaite then arrived, and, after examining the case, ordered two teaspoonfuls more of the mixture, but as soon as he was alone with Wells, said, "It was very wrong to give her brandy-and-water. It is the first stage of some eruptive fever. But a teaspoonful won't make any difference, and it will show that I did not differ from you. If I had," he added with a kind smile, "perhaps they would not believe either of us." There was something in this way of treating a junior—so much good feeling mixed with so much knowledge of human nature—which so impressed the future Sir Spencer as to influence him in his consultations with his juniors.—*Medical Age*.

THE LADIES' TIPPLE.—The *Medical Record* says: That popular abomination known as "Beef, Iron, and Wine," which is now sold so extensively, not only by druggists but by tradesmen of various kinds, deserves a little special attention from the medical profession. It is an agreeable mixture to the sight and taste: its name is a triple combination of seductive mononyms; while taken into the stomach it acts as a gentle "pick-up" to the worn and over-sensitive nerves of the ladies. It has in consequence become a popular if not fashionable tipple, and is indiscriminately used to an extent that is, we believe, not entirely free from danger. Every medical man knows that the amount of actual beef or food in these various preparations is insignificant, and that it is the wine, after all, that makes them liked, and that leads so many persons to purchase their second bottle.

There is no good reason why this mixture is allowed to be sold by those unlicensed to sell wines, and if the law supports the practice, it is the duty of physicians at least to try and lessen it. Inebriety can result from these tipples.

THE QUEEN AND THE MEDICAL PROFESSION.

—We announced last week that Her Majesty had signified her intention of laying the foundation-stone of the new building about to be erected for examination purposes on the Thames Embankment. There will be a peculiar fitness in the performance of this royal function at the present conjuncture, because it will serve to mark with royal favor the endeavor of the Royal Colleges to achieve by self-help a large measure of that reform which has been denied to them by successive Parliaments. Looking to the history of medicine, it is manifest that the art of healing and the enterprise of its professors have uniformly owed more—far more—to royal favor than to parliamentary aid or patronage. The first English writer on medicine was Richardus Anglicus, who flourished at Oxford about 1230; but contemporary with him, dying in 1241, was Nicolas de Ferucham, and this physician King Henry III. called to his court and made his domestic counsellor, with a large salary. From that time down to the present year of grace, the most distinguished physicians and surgeons of the day have almost uniformly been employed by the Sovereign, and practised under royal favor. We all know how much the illustrious Harvey owed to the encouragement extended to him by Charles I., who was personally interested in some of his experiments. Since the days of Linacre, who was successively physician to Henry VII., Henry VIII., Edward VI., and the Princess Mary, and who, with the aid of Cardinal Wolsey, and by favour of Henry VIII., in 1518, founded the College of Physicians, that body has enjoyed royal favor, and now, when its President is the favored physician of Victoria, Queen of these realms, in 1886, there is an especial interest, which the whole profession will feel, in the august commencement of new and appropriate buildings for the use of the joint colleges. We trust no pains will be spared to make the occasion worthy of its significance and place in the annals of English Medicine.—*Lancet*.