

Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

- Additional comments /
Commentaires supplémentaires:

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

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression

- Includes supplementary materials /
Comprend du matériel supplémentaire

- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

TRINITY MEDICAL COLLEGE
READING ROOM.

THE

Fowle

CANADIAN PRACTITIONER,

(Formerly "The Canadian Journal of Medical Science.")

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS:-

A. H. WRIGHT, B.A., M.B., M.R.C.S. ENGLAND; J. E. GRAHAM, M.D., L.R.C.P. LONDON;
W. H. B. AIKINS, M.D., L.R.C.P. LONDON.

VOLUME XIII.

JANUARY, 1888, TO DECEMBER, 1888.

TORONTO:

J. E. BRYANT & CO., PUBLISHERS,
64 BAY STREET.

1888.

7946

THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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

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

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

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

TORONTO, JANUARY, 1888.

Original Communications.

POISONING BY HYOSCYAMIN.

BY A. J. JOHNSON, M.D., TORONTO.

(Read before the Toronto Medical Society.)

The frequency of cases of partial poisoning by hyoscyamin is a sufficient excuse for my proposing to give you the details of a case of this kind which recently occurred in my practice. I am the more urged to do this, as I hear that other medical men in this city have suffered very much as I did. My patient did not die, though his symptoms were for a time so alarming that his life was despaired of.

The case is shortly this: On September 8th, 1887, I was consulted by a gentleman from a neighboring town, who was suffering with symptoms of gastric trouble, probably beginning ulcer. After carefully explaining the nature of the trouble, and advising him as to his diet, etc., I prescribed a powder containing five grains of carbonate of bismuth and one-twelfth of a grain of hyoscyamin—a powder which I have ordered scores of times before in similar cases. The powder was made up by one of the oldest and most reliable firms of druggists in this city. The hyoscyamin used was made by Merc, and was quite fresh, as it was the first used out of a certain bottle.

The effect of the first and only powder taken by my patient will be perhaps best described in his own words, as he has very kindly forwarded me an account of his symptoms. He says:—

"1. I took the powder about half-past five o'clock on the evening of the 9th of September last, and immediately after sat down to my tea.

"2. I had scarcely eaten half a dozen mouthfuls before I felt a very strange feeling come over me. The said feeling was, I did not care to hold up my head, and felt like letting it drop in the plate before me. This feeling seemed to pass upwards, out of the top of my head, and went away.

"3. This feeling returned in a few seconds with increased force. I then mentioned to my wife that there was something the matter with me, and that I had better go down stairs, and probably this feeling would pass away.

"4. As I got up from the chair at the table I felt like flying up to the ceiling of the room, and, as I stepped forward, staggered against the doorway, and, as I straightened myself up again, fell against the other side of the doorway.

"5. I then laid down on a sofa for about one minute, and in getting up fell . . . and then laid down again for about one minute longer.

"6. As I got up again a second strange feeling passed over me, like a creeping or crawling sensation, which started at the ends of my toes and ends of my fingers, and went over my entire body, and passed out of my head and was gone. I then said to my wife, 'I am poisoned; get a doctor at once.'

"7. A messenger was sent after a doctor, and in the meantime I took a very large tumblerful of mustard and warm water, and to my surprise it refused to act. I then repeated the same of salt and warm water, which seemed to have no

effect, but in about a minute it made me vomit a very small quantity I thought about what I had eaten for my tea.

"8. Immediately after, my eyes appeared to get very large (although my wife says they were so from the start). I did not notice them so. I could not see well; everything appeared to run into one; did not know where the tables or chairs were placed in the room. I had a terrible strain at the back of my eyes, which appeared to be pushing them out of my head, and my head at the same time appeared to be getting correspondingly large, and appeared to have a rim out round my head eight or nine inches.

"9. My throat appeared to get very small and my tongue enormously large, and at times you would scarcely understand what I was saying, although I had to take off my collar and unbutton my shirt-band.

"10. By this time Dr. J. S. W. Williams (of Oakville) had arrived, which was about 10 or 15 minutes after I had taken the powder. He immediately gave me sulphate of zinc, with about one quart of warm water, and kept repeating it for about one hour. I then laid down on my bed, and in a few minutes knew no more until about five o'clock on the following Sunday morning." (That was 36 hours after the powder had been taken).

When I saw my patient it was as nearly as possible 24 hours after the powder had been taken. At that time it struck me that he had the symptoms of one poisoned with atropine, and this opinion was also held by the doctors who were in attendance. He was lying in a semi-comatose condition, complaining in an incoherent manner of thirst, and became very excited when roused. His pupils were widely dilated, and there was great confusion of thought. The pulse was small, thready, and not by any means definite. As the symptoms seemed to be improving, there was no necessity to suggest any treatment, and in the course of a few days my patient was again as well as ever. When, on my return to town, I saw the bottle from which the hyoscyamin had been taken that these powders contained, and found it to be marked "Hyoscyamin"—"Merc." When further I had had some of the powders analyzed by a public analyst, and had his certificate to the effect that

no powder contained more than one-twelfth of a grain of hyoscyamin and no other alkaloid, the question at once presented itself, "Why had this man such peculiar symptoms after taking the same dose that hundreds of others had taken most beneficially? For, as I have before said, I have for years been in the habit of giving hyoscyamin in doses of one-twelfth to one-quarter of a grain every hour for the purpose of allaying the pain of gastralgia, and with the best possible result. I first saw it prescribed many years ago by Dr. Winstanley, and seeing the effect in that case, have ever since used it. The reason that unlooked for symptoms have resulted after the administration of hyoscyamin, exists chiefly in the fact that instead of there being only one hyoscyamin, and that a drug of definite strength, we unfortunately at present have two—probably three preparations, all passing under the same name, but differing tremendously in their strength. Every manufacturer of drugs makes a hyoscyamin differing from all others, especially in its strength. But they all call it simply hyoscyamin, whether it is a pure alkaloid, or a resinous material obtained from a solution of the crude drug in spirit by precipitation by water.

Hence we have hyoscyamin recommended by some writers in doses of $\frac{1}{120}$ of a grain, and yet I find that Keith & Co., of New York, under exactly the same heading, give the dose of their preparation as $\frac{1}{2}$ to one grain.

McKessin & Robins, however, make a granule of the *alkaloid* in $\frac{1}{270}$ and $\frac{1}{30}$ of a grain, and also a granule of the *resinoid* in $\frac{1}{2}$ grain doses.

Turning now to the various authorities on drugs, I find the most complete and useful epitome of the preparation, uses, literature, etc., of and relating to hyoscyamin, to be that given by Martindale and Westcott, of London, and cannot too highly recommend their little book to every member of this Association. They say, "The pure alkaloid (hyoscyamin) is in snow-white masses of minute crystals, without odor, soluble, 1 in 120 of water, freely soluble in spirit, and is alkaline to test papers, but in this respect with less than half the neutralizing power of atropine." According to Ladenburg, hyoscyamin is identical with "light atropine," and "light daturine," as well as duboisine. As a mydriatic it acts like atropine, but with greater intensity,

while the duration of effect is about equal. The dose of this alkaloid is $\frac{1}{150}$ to $\frac{1}{40}$ of a grain, increased to $\frac{1}{10}$ or $\frac{1}{8}$. There is also uncrystallized hyoscyamin, a dark brown, extract-like preparation, with a strong, disagreeable odor. This is given in doses of $\frac{1}{10}$ to $\frac{1}{8}$ of a grain. We have also the American preparation of sulphate of hyoscyamin, and the sulphate of amorphous hyoscyamin. Both of these are white powders, the former in crystals, the latter a deliquescent powder. The hyoscyamin used for hypodermic injection is the sulphate.

In commerce a kind of atropine is sometimes met with, obtained from belladonna, which consists, according to Ladenburg, principally of pure hyoscyamin. This writer's researches prove that the three mydriatic, pure alkaloids—atropine, hyoscyamin, and hyoscyne—are contained in plants as follows: *Atropine* occurs in atropa belladonna and in datura stramonium. *Hyoscyamin* occurs in atropa belladonna, in datura stramonium, in hyoscyamus niger, in duboisia myoporoides. *Hyoscyne* occurs only in hyoscyamus niger.

Hyoscyamin has chiefly been used for the relief of neuralgic pains—has cured mercurial tremor, senile trembling, and paralysis agitans. Has been used also in mania with very good effect in large doses. The number of cases reported in which this drug has been used is not very great, but sufficient to enable me to mention a few, from which we may judge of its utility.

In THE PRACTITIONER I find a case of mania controlled by one grain doses of the amorphous hyoscyamin. Another case in which *one grain of the crystallized alkaloid* was given at a dose, and only had the effect of producing sleep. Also cases of puerperal mania and delirium tremens, in which $\frac{1}{30}$ of a grain of the crystallized alkaloid were used. In the *Lancet* of 1876, I find a case in which the resemblance to atropine in action is mentioned.

The points, then, gentlemen, in this paper to which I would particularly draw your attention may be summarized as follows:—

1. That poisoning by hyoscyamin resembles, and may be easily mistaken for, poisoning by atropine.

2. That hyoscyamin is identical with "light atropine," "light daturine," and "duboisine."

3. That there are various preparations known as "hyoscyamin."

4. That these preparations differ exceedingly in their strength.

5. That there is a pure alkaloid hyoscyamin which should not be given, at first, in more than $\frac{1}{100}$ of a grain doses, and—

6. That there is a resinoid hyoscyamin, commonly dispensed as "hyoscyamin," which may be given in doses of $\frac{1}{4}$ to one grain.

7. That it is advisable for the safety of our patients, when prescribing hyoscyamin, to name the manufacturer whose drug we wished used.

THE APOSTOLI-TREATMENT OF UTERINE FIBROIDS AND HYPERTROPHIES.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

HISTORY AND LITERATURE.*

In 1884 Dr. G. Apostoli presented a communication to the Academy of Medicine of Paris, on "The Treatment of Fibrous Tumors of the Uterus by electrolysis," which may be summarized as follows:—

The galvanic current is applied to the uterus without interruption. The application is made intra-uterine by means of a platinum sound, and the whole mucous surface is acted upon. Where this is impossible, a preliminary puncture is made, and the fibroid is attacked by the negative pole through this artificial channel. On the con-

* LITERATURE.—*Du Traitement Electrique des Tumeurs Fibreuses de l'Uterus* (d'après la Méthode du Dr. Apostoli). Par le Docteur LUCIEN CARLET. Paris: Octave Doin. 1884.

Sur un Nouveau Traitement de la Métrite chronique, et en particulier de l'Endométrite, par la Galvano-caustique Chimique Intra-Utérine. Par le Docteur G. APOSTOLI. Paris: Octave Doin. 1887.

Treatment of Fibroid Tumors of the Uterus by Electrolysis, with a Description of Apostoli's Method. By FRANKLIN H. MARTIN, M.D., Etc., Etc. (*Jour. Med. Association*, April, 1887.)

A Modification of Apostoli's Method. By F. H. MARTIN, M.D. (*N. Y. Medical Record*, Dec. 17, 1887.)

The Use of Electricity in Gynecological Practice,

trary, when there is hemorrhage or leucorrhœa, the positive pole is used. Very strong currents are used, say from 50 to 300 milliamperes, and the current continued from 5 to 8 minutes. The applications are made about twice a week, and may be made even during active hemorrhage. A very large abdominal electrode is used, which disperses the current and renders very strong currents possible and even painless.*

The Apostoli treatment was taken up promptly in the United States by Dr. F. H. Martin, of Chicago, and by Dr. G. J. Engelmann, of St. Louis. The former read a paper on the subject before the American Medical Association in May, 1886, and the latter read a paper before the American Gynecological Society in September, 1886. In England attention was first directed to the subject by Dr. Woodham Webb, now residing in Paris. In the autumn of 1886, at the request of Sir Spencer Wells, Dr. Woodham Webb made the acquaintance of Dr. Apostoli, and after six months' regular attendance at his *clinique*, commenced a series of letters in the *British Medical Journal*, in which he fully described the Apostoli method and the results that have been attained. In his first communication—May 7th, 1887—he concludes his letter as follows:—

“The upshot of all this is that I am perfectly satisfied much good has been done; many women have been gradually, and without suffering,

by GEORGE J. ENGELMANN, M.D., and *Electrolysis in Gynecological Surgery*, by WM. H. BAKER, M.D. (*Transactions of the American Gynecological Society*, Vol. 2, 1886.)

Electricity in Gynecology. By A. D. ROCKWELL, M.D. (*A System of Gynecology*, by American Authors.)

Also correspondence in *British Medical Journal* from Woodham Webb, W. S. Playfair, George Elder, R. A. Gibbons, Julius Aulthaus, Lawson Tait, Skene Keith, Jas. H. Aveling, Milne Murray, Dr. Steavenson and others.

*The electrolysis of uterine fibroids seems to have been suggested almost simultaneously (in 1867) by Dr. Julius Althaus, of London, and Dr. Robert Newman, of New York. In 1878, Dr. Cutter, of Boston, reports fifty cases operated upon by his own method, with the following result: Cured, 11; arrested, 25; relieved, 3; no change, 7; fatal, 4. His method differs from that of Apostoli in that the tumour was punctured with electrolytic needles through the abdominal walls.

set up in health, who would, under ordinary circumstances, have been condemned to the risks of some cutting operation. The evidence that, by the treatment of Dr. Apostoli, all the symptoms caused by these tumors can be relieved; that the tumors can be reduced in size; that patients can be made to regain their usual health, powers, and enjoyment of life, is clear, indisputable, and convincing.

“Seeing what I have seen, and knowing what I know of the galvano-caustic treatment of uterine fibroids and hypertrophies, I should deem myself wanting in philosophic self-denial and Christian charity if, finding myself face to face with a woman suffering from such disease, I were to menace her with an operation of excision, either of her tumor or appendages. There is an alternative to propose, which is not, like myomotomy, capped with a chance of two to one against success (latest table compiled in Paris, 1886), and which is not mutilating or sterilising like oöphorectomy. Even if the tumor be not eradicated, a woman enduring symptoms calling for operative interference would think herself happy, after a little patience, and no more pain than is the accompaniment of her disease, to find that she had changed for the same condition of ease and freedom she might have with a pregnancy of a few months.”

With a view of giving an idea of the actual work done at Dr. Apostoli's *clinique*, I will here insert a letter to the *British Medical Journal*, June 11th, from Geo. Eider, M.D., surgeon to Samaritan Hospital for Women, Nottingham:

“For some time past my attention has been directed to the treatment more especially of uterine myoma by electrolysis, and most of the literature on this subject is known to me; but the manner of its use seemed not only so imperfect and uncertain, and also dangerous, that I hesitated to adopt the practice until the reading of a recent pamphlet on the treatment of endometritis by the galvano-caustic, as perfected by Apostoli, threw a new and more hopeful light upon the subject.

“Dr. Webb's letter in your issue of May 7th stimulated my curiosity still further, and accordingly I went to Paris, and attended Dr. Apostoli's *clinique* on two days, and will very briefly state what I saw:

“1. Case of a woman, aged 41 years, who

had been under treatment for a rapidly-growing soft myoma, which condensed and diminished in size after four galvano-positive applications. The floodings and pelvic pains had also ceased, and now the patient is under treatment for a form of heart disease.

"2. First visit of a woman with a myoma, who had had metrorrhagia continuously for four months. The uterine cavity measured four inches. Galvano-positive cauterisation was applied for five minutes, and two days afterward she stated that the hemorrhage had ceased the same evening.

"3. A patient who had been under treatment for some time with an interstitial myoma in the posterior wall with the usual symptoms, and which had diminished quite two-thirds. Several galvano-punctures into the growth from the vagina had been made, and whereas, prior to beginning the treatment, she had been unable to work, and, as she expressed herself, only existed; now, and even the day after a puncture, she follows her occupation of a washerwoman, and lives.

"4. A case of myoma reaching up to the umbilicus in a woman aged 31 years, and who has had since November, 1886, nine galvano-negative punctures. The last had caused some degree of suppuration and feverishness, but not sufficient to lay the patient up. The growth is diminishing, and the local discomforts ceasing, whilst *pari passu* there has been improved general health.

"5. An instance of endometritis with metrorrhagia of two months' duration, under treatment since May 12th. The first galvano-positive cauterisation had relieved her, and now, after the third *seance*, there remains only a slight brownish staining of the discharge.

"6. A case which originally had been under treatment for right parametritis, and which galvano-negative puncturing had cured. Now she comes complaining of what seems to be an enlarged and cystic ovary, but as it is not the seat of much discomfort, nothing is done.

"7. A case of perimetritic exudation, which had been punctured thrice, with the result of resolving most of the thickening, but as there is still a considerable amount of pain, faradisation is now being used for its relief successfully.

"8. A patient who had been under treatment four years ago with a myoma accompanied by much hemorrhage. The tumor had, under treatment, all but disappeared, and the menstrual flow is now normal.

"9. Examined a case where there had been general parametritis fixing uterus. Eight galvano-negative punctures had effected resolution of this mass.

"The only case in which anaesthesia was used, was that of a woman aged 51 years, suffering from a large myoma. A galvano-negative puncture was made into the growth, and a current with the intensity of 220 milliamperes used for five minutes.

"11. A new case of a young woman with a soft rapidly-growing interstitial myoma, brought by her medical attendant. A galvano-negative puncture was made, and an intensity of 100 milliamperes used for five minutes, which is the average duration.

"12. An instance of a bleeding myoma in a woman aged 49 years, who before coming to the *clinique* had had the usual treatment by drugs for eighteen months without effect, and been unable to work; has had six punctures. Hemorrhage began to abate after the first. Now the flow is regular, lasting only two days, and she is able to work as a washerwoman.

"13. A case of right ovaralgia, who had been under other treatment for fourteen months without benefit, is being cured by faradisation.

"14. A case of metritis with constant bloody discharges for two months after an abortion, when three galvano-positive cauterisations had stopped hemorrhage, and now she comes from time to time to verify condition.

"The above, although not including all the cases Dr. Apostoli showed me, gives an accurate idea of the kind of cases under treatment and benefitting by its application. What impressed me most favorably was the extreme care taken to record faithfully the histories and nature of the cases, with the subsequent results of the treatment upon them, and in all of the patients an opportunity was given of verifying the diagnosis. With the exception of the instance above noted, no anaesthetic was used; in fact, nothing but a very transient discomfort seemed to be felt by the patients, even when a puncture was made;

and the majority of them, after waiting a few minutes, dressed and left the dispensary, evidently unaffected by the application.

“Dr. Apostoli stated that in no case had any serious consequences followed the method—a result, I think, to be attributed partly to his attention to thorough antisepsis, and also to his making the tolerance of the patient the measure of the strength of the application. To my mind this treatment opens up a hitherto neglected and very hopeful era in the therapeutics of uterine diseases, which is now only beginning to receive a full measure of recognition by gynecologists. Dr. Apostoli has had a considerable number of American visitors, some of whom, since their return to their own country, have carried out the treatment with gratifying success; and during my own visit Mr. Skene Keith and Dr. Philip, of Edinburgh, shared with me in the valuable lessons the cases taught.

“My thanks are due, first, to Dr. Apostoli for the courtesy which he showed me; and, secondly, to Dr. Webb, through whom my visit to Paris was made.”

Dr. W. S. Playfair also visited the *clinique* of Dr. Apostoli in May last, and reports as follows: “Of this method of treatment I saw quite enough to convince me that it was one of great power, and capable, in skilled hands, of producing very striking results. I was specially impressed with certain cases I examined of bleeding fibroids. In more than one of these the patients assured me that they had been completely prostrated with continuous hemorrhages, which had deprived them of all power of following their usual avocations, and which had lasted for long periods, and that after not more than four or five applications of positive electrocauterisation of the uterine cavity, the hemorrhages had entirely ceased, and that they were now able to work as if in perfect health, and with not more than the usual monthly loss. In some of these I am quite confident that in this country laparotomy, or the removal of the uterine appendages, would have been performed; and in more than one of them I felt sure that, under the existing conditions, I should myself have advised the latter operation as the only possible means of cure. I also investigated several cases of chronic peri-metric inflammation

with intense pelvic pains of many years' duration, in which I am equally sure the removal of the uterine appendages would, amongst us, have been either considered or practised. If, therefore, a means exists in which, even in a few cases, a cure can be effected without a mutilating operation, which, even when sanctioning or performing it with a conviction of its necessity, must always be a source of deep regret, then surely a great advance is being made, and I trust the subject will receive careful study.”

In July Dr. Woodham Webb writes as follows:

“Finally, and as the result of eight months' incessant observation, and of my own experience in the treatment of cases in conjunction with Dr. Apostoli, I can unhesitatingly assure those who are interested in the question, operators or operatees, that the conclusions at which I arrived at an early period of my investigations as to the value of the therapeutic influence of electricity in cases of uterine fibroids, used after the manner I have described, with a view to introduce it to the notice of English surgeons, are more than confirmed by my longer acquaintance with the subject. It is also worth mentioning that they have met with the assent of all, including such authorities as Sir Spencer Wells, Keith, and Dr. Playfair, who have been induced by what I have written to visit the *clinique*, and examine the evidence for themselves. Some, indeed, have at once resolved to adopt the practice, and others, who are not disposed to undertake a task which requires so much quiet perseverance and familiarity with technical details, have confided their patients to our care. These cases I shall hereafter publish, when time has proved that the benefits received are as permanent as those recorded of his own patients by Dr. Apostoli.”

OPERATIVE PROCEDURE.

The Apostoli treatment has also been fully endorsed by T. A. Reamy, W. H. Baker, R. S. Sutton, J. B. Hunter, and M. D. Mann, of the United States; Semeleder, of Mexico; Gardner and Laphorn Smith, of Montreal; as well as by Engelmann, of St. Louis, and Martin, of Chicago, already referred to.

(To be continued.)

COMPLETE ADHESION OF THE SOFT PALATE TO THE POSTERIOR PHARYNGEAL WALL, WITH CONSEQUENT PARTITION OF THE POST NASAL CAVITY FROM THE MOUTH.

BY J. H. DUNCAN, M.D., CHATHAM.

"F. C., presented himself for examination on the 12th of April, to Dr. G. A. Tye, by whose kindness he was at once transferred to my care. The following are the notes of the case then taken:—

F. C. a young man of generally healthy appearance, age twenty-one years; occupation, a mill hand; married, has one healthy child. Previous health good, with the exception that three years ago extensive ulceration of the pharynx took place. This, after long treatment, healed; but resulted in the gradual and finally complete closure of the opening between the post nasal chamber and the mouth.

Present Condition.—The patient is well nourished and stoutly built. Suffers from frontal headache; the sense of smell almost absent; hearing slightly impaired; articulation thick and lacking in tone; an offensive mucous discharge from the nose occurs when the head is thrown forward, otherwise the discharge accumulates in the nostrils causing great annoyance. Examination by the mouth reveals complete adhesion of the velum palate to the posterior and lateral walls of the pharynx. The upper part of the uvula is lost in the adhesions, the point projecting like a bud from the back of the throat. Careful search with a small probe shews the utter absence of opening between the posterior nares and the mouth. Examination through the nostrils with a long slightly curved probe, reveals dense hard masses and bands of tissue against the posterior pharyngeal wall and along the floor of the chamber.

Only at one point, slightly to the left of the median line, and a few lines back of the edge of the hard palate, can the least impression be made by pressure with the probe from above, so as to reveal its presence by the mouth.

After careful consideration, operation was decided on. The nasal cavity was first washed out, and cocaine solution applied to the palate above and below. The laryngeal probe was

passed along the left nostril, the soft region found, the probe carried back here as far back as indentation could be made, firm pressure applied, and the palate incised on the probe point, allowing it to escape into the mouth. A long, sharp-pointed, curved bistoury was used for cutting; lateral extension of this opening was made partly with the bistoury, partly with a pair of long, sharp-pointed, curved uterine scissors. The incision was now about half an inch in length, and, though the tissues were very rigid and dense, admitted of some dilatation. After washing the parts freely from above and below, and proving that respiration could take place through both nostrils, I passed a thread through the opening by means of a long curved needle, mounted on a handle such as is used in abdominal surgery. To the thread a piece of rubber tubing was attached, and by this a piece of wire, bent so as to form a loop above and two divergent forward curving ends below, was carried into the opening, and fixed by tying the slightly-stretched tubing to a small roll of lint in front of the nostril. The objects aimed at by the use of this hook was to draw the edges of the incision as far as possible apart, and, by its frequent movement, to prevent union; this was worn for about a week. Regarding syphilis, though denied, as the most likely cause of the original ulceration, I kept the patient on iodide of potash during the time of healing, and kept the parts thoroughly cleansed from above and below by the use of "Dobell's Solution." In spite of occasional dilatation, a strong tendency to contract was naturally manifested by the artificial opening. I therefore had the blades of a pair of blunt-pointed scissors bent at a right angle, their points slightly curved forward to avoid the roof of the pharynx, and their outer edges converted into cutting blades. After again using cocaine, I introduced these, first carefully examining by probe to test the probable range of their safe use, and by firmly opening them at once, made my incision over an inch long. This opening has been kept from reuniting by using the scissors, their blades lightly wrapped with batting, as dilators, and occasionally severing the commencing adhesions at the angles of the wound with the naked instrument.

On examining the patient early in November,

I found the edges of the opening smoothly healed, respiration through the nose easy during the day, though said to be often impeded by accumulated mucus during sleep; this can, however, be readily removed by blowing, especially after the use of an atomizer. The sense of smell has in great measure returned; hearing is perfect; articulation clear and good, though very slightly nasal when the opening is very free of mucus. The patient enjoys comfort, which has not yet ceased to be a matter of pleasant surprise to him.

I report this case simply because it is a rare one, and only slightly touched on in most works on surgery; because the methods and means used for its relief are attainable by every practitioner, and because the result justifies an operation, which is generally regarded with doubt, and by many with absolute disapprobation.

For further information on the subject, I would refer the reader to an interesting article by Dr. George B. Hope in the *Quarterly Bulletin* of the Clinical Society of the New York Post-Graduate Medical School and Hospital. Vol. II. No. 1.

CASE OF FIBROID TUMOR OF UTERUS TREATED WITH ELECTRICITY, APOSTOLI'S METHOD.

BY A. LAPHORN SMITH, B.A., M.D., M.R.C.S. ENGLAND, F.O.S. LONDON,

Lecturer on Gynecology in Bishop's University, Montreal.

CASE.—Miss N. W., housemaid, colored, single, aged 40, was sent to me by Dr. Reddy, on the 13th August, 1887.

Family history.—Good, but of no especial interest.

Previous history.—Menstruation commenced at the age of fifteen, and was always painful. Six years ago her belly began to be sore, and walking and other exertion caused severe pain in hypogastric region. Five years ago she had typhoid fever, for which she was attended by Dr. Shepherd, at the General Hospital. One year ago she noticed a lump coming in her belly just above the pubis, and at the same time her abdomen became so tender that she could not bear the weight of her clothes, which she had to let out, as they became too small for her ever-increasing size. She suffered more and more,

until she was hardly able to walk, and could not go up and down stairs. She was unable to pass water oftener than every two days, and the evacuation of her bowels occurred seldom and was very painful. The os uteri began to project beyond the vulva about an inch or more. At the same time her general health became much impaired; she lost her appetite and became thin and haggard. Her condition became so alarming that Dr. Reddy, Professor of Midwifery, was called in, who diagnosed a fibroid tumor, completely filling up the pelvis and pressing on the urethra and rectum. He took her to the Woman's Hospital, where, at a consultation of several of the staff, his diagnosis was concurred in, and where it was unanimously agreed that total extirpation was the only operation, and that that was too dangerous to be thought of in this case, owing to the fixedness of the tumor in the pelvis.

About the 13th of August Dr. Reddy learned that I was prepared to carry out Apostoli's method, and sent her to me.

Present Condition.—Cervix long and conical, projecting about an inch and a half from vulva, and it cannot be pushed up. The finger can be introduced with difficulty by the side or under it; but it is prevented from going more than an inch or two in any direction by coming in contact with a large round hard mass, which closely fits the wall of the pelvis, just as the fetal head does during labor. It is either adherent or jammed into the pelvis, for it is immovable. Bimanual palpation reveals this mass half way up between the pelvis and umbilicus. The abdominal wall is very thin and tense. There is a profuse discharge from the vagina and cervix, which latter has a hard and woody feel. Sound enters $5\frac{1}{2}$ inches with difficulty, as the internal os is constricted, but it does not require to be curved, as the canal is perfectly straight. She says that she has not had a whole night's sleep since a year, and menstruation is very painful, and lasts eight days.

Treatment.—In order to test Apostoli's method thoroughly, I determined to employ no other remedy than electricity throughout. As my galvanic battery was not quite ready, I contented myself with examining her and giving her several sedative applications of the faradic current

of tension in the vagina with a long fine wire. This was not well borne, bringing on the menstruation, without diminishing its severity, two weeks too soon. On the 25th August I had the honor of a visit of two days from Apostoli, and I availed myself of his presence to have his opinion on this and several other cases of hyperplasia uteri. He thought her especially suitable for his treatment, and prophesied a cure.

On the 13th September, my apparatus being complete, I placed her in dorsal position, carefully washed my hands and scrubbed my nails with $\frac{1}{1000}$ sublimate solution, and washed the cervix and vulva with the same. The warmed cake of clay was placed on the abdomen and connected with the battery; the platinum sound was disinfected by being plunged in pure carbolic acid, connected with the positive pole, and introduced to the fundus, the vaginal portion being protected with a glass insulator. The current was then gradually turned on, and all went well up to five cells, and the galvanometer showing 50° (milliampères), when the patient felt a sudden shock and gave a scream, and the needle returned to zero. I afterwards discovered that my servant having broken No. 5 cell, had replaced it with a spare glass and then filled it with water, not knowing muriate of ammonia was necessary. In the meantime I threw these five cells out of the circuit and introduced Nos. 6 to 11, by which I obtained a smooth positive current of 50 milliampères for five minutes, the patient only experiencing a burning feeling in the abdomen.

15th Sept. States that she slept the whole night through after the application for the first time since a year, passing water freely and frequently in the normal position, and her bowels have been opened every day without pain. She had severe colic at the pit of her stomach, which lasted two hours after the first application, which made her feel weak and sick. Gave her the second positive galvanization. Being courageous, and anxious to get well, she told me she could bear more, so I raised the current to 100 milliampères. She complained of burning in the abdomen again, and I was about to lower the current, when the patient removed her hands from the clay for a moment, and the needle fell to fifty. It gave her a shock which broke the

brass conducting pole where it was badly soldered to the zinc of the clay electrode. The needle fell to zero, and the patient received another shock. She felt very faint—almost collapsed—but declined any brandy. The colics, afterwards, were also severe, and she had to lie on the sofa for a quarter of an hour. These were the only two accidents I had with this patient, and I mention them merely to show how particular one must be in attending to all Apostoli's directions. If I had tried my apparatus immediately before using it, as he directs, instead of the day before, as I did, these little accidents would not have happened. However, the patient was so delighted with the result, all pain being removed, that she was nothing daunted, and returned on the

18th Sept., when I gave her the third application, 100 milliampères (positive) current for eight minutes. There was no discomfort this time, except a slight feeling of faintness for a few minutes.

21st Sept. Says she has been absolutely free from pain ever since the second application. The appetite is good, and she is able, not only to do her own work, as housemaid, but also that of the cook, who was taken sick and went to the hospital. Gave her 4th + galvanization 100° for eight minutes. She hardly felt any burning during the application, and not only does not feel weak, but actually feels well after it.

25th Sept. 5th + 125, seven minutes. Felt faint, and had to lie down for ten minutes after it.

28th Sept. 6th + 100, five minutes.

Menstruation came on after this application, four days before the time, and lasted till the 5th of October—seven days. Had no pain with it, but was more profuse than formerly.

9th Oct. 7th + 100 milliampères, five minutes.

12th Oct. 8th + 100 " " "

16th Oct. 9th + 100 " eight "

19th Oct. 10th + 100 " " "

Sound enters $5\frac{1}{4}$ inches. Her dresses, which were before daily becoming tighter and tighter were now becoming looser. She passes water freely without pain, and her bowels are regular. The tumor is movable in the pelvis although the finger cannot pass between it and the bones.

The os uteri is no longer visible outside of the vulva, but is to be found just inside. The abdominal wall is no longer thin and tense, but is getting thicker and softer. The general condition is very good.

23rd Oct. I shall now give her ten applications of the negative current, which has a more absorbent action, and will diminish the contraction at the internal os.

11th Nov. (negative) galvanization 100 milliamperes five minutes. Menstruation came on two days before the time, but only lasted five days, and, for the first time in her life, was free from pain.

Nov. 23rd. The patient is now, what Apostoli would call, symptomatically cured, that is to say, that she suffers *no pain*, she is getting fat, she can do a great amount of hard work, being now cook in a large house where there is considerable entertaining; and if I were to tell her that her tumor was completely gone, she would have no symptom to lead her to believe otherwise. If it were necessary, the treatment might now be suspended, for the retrograde action set up in it and at present going on, has been found by experience to continue of itself until the tumor is completely absorbed. In this case, however, I intend to continue the applications until the uterus is completely restored to its normal dimensions in every direction. To-day, 24th Nov., the sound only enters $3\frac{1}{2}$ inches, instead of $5\frac{1}{2}$ on the 13th Sept., so that I feel assured that in another month or two the tumor will have completely disappeared. I may add that I have two other cases of fibroid under treatment which are progressing favorably, and the details of which I shall publish in due time; one of them had been taking ergot steadily for several months, in spite of which the tumors continued to grow rapidly, until the pressure symptoms became unbearable. The absolute safety of Apostoli's method and the certainty of relief from all the symptoms, renders its superiority over operative procedures unquestionable, and its discovery one of the greatest advances ever made in gynecology.

Sugar of milk has the property of rapidly dissolving the calcareous deposit between the teeth. It therefore forms a valuable dentifrice.

HYDROCELE.

BY EDMUND E. KING, M.D., L.R.C.P. LONDON.

An exceedingly large hydrocele having come under my care, and the treatment adopted having given such good results, I thought it, together with two other cases, worthy of publication.

Mr. B., aged 58, colored, has had a hernia for some years. The scrotum was normal in size until a few days after an accident, when it gradually began to swell. It assumed enormous proportions, and at the time of my seeing him presented a double hydrocele with measurements as follows, the right side being larger than the left: From fold of groin to apex, $10\frac{1}{2}$ inches, right side; from fold of groin to apex, 8 inches, left side; around the scrotum, $17\frac{1}{2}$ inches; around the right side, 16 inches. It was exceedingly tense and not transparent. I was not sure whether I had a double hæmatocele or double hydrocele to deal with, but, the straw-colored fluid which escaped, through the hypodermic needle that I introduced, made the diagnosis clear.

August 4, 1886, tapped and withdrew 48 oz. from right side, and 12 oz. from left; and injected $1\frac{1}{2}$ drachms of solution—carbolic acid and glycerine, equal parts; and into left side $\frac{3}{4}$ drachm of the same; there was little or no pain following injection. I rubbed the scrotum freely, so that the solution should become thoroughly distributed. Next day the urine was highly colored and scant, and had a smell of carbolic, which condition lasted for three or four days. The fluid re-accumulated, and in two weeks was again removed, this time 12 oz. right and 7 oz. left, and same injection repeated. The swelling was considerable, but subsided nicely, and on November 8, 1887, there was no sign of fluid on either side of scrotum; the tunica vaginalis had become obliterated. The inflammation set up had a very beneficial effect on the hernia, which has not been down for the last six months; and the size of the ring is greatly reduced. The first fluid removed contained a large quantity of cholesterin and acid in reaction.

Case 2.—E. S., aged 18, hydrocele right side; 6 ounces removed, and $\frac{1}{2}$ drachm of same solu-

tion—carbolic acid and glycerine—injected; retapped in two weeks, $\frac{1}{2}$ drachm again injected; cure perfect in four weeks; the patient was around at his business all the time.

Case 3.—A. B., aged 19. Removed 4 oz., and injected $\frac{1}{2}$ drachm of carbolic and glycerine solution. There was considerable swelling, which subsided quickly, and the cure was complete in less than three weeks.

The fluid that is found in hydrocele is referred to by many writers as the serum of the blood. This is not correct; it is the liquor sanguinis, and contains one of the elements of coagulation, which can be easily proven by adding a minute quantity of the other element as found in a blood clot, and allowed to stand, when the coagulum will form. Double hydrocele is not common, and the size of the first case is very unusual. The treatment by injection is the most successful. Tr. iodine is the favorite in British hospitals; Sir Joseph Lister uses 1 drachm to $1\frac{1}{2}$ drachms of Churchill's tr. iodine, and Christopher Heath uses the B. P. tincture. The two greatest objections to this are great pain produced—being most intense in the back, and lasting from 12 to 36 hours—and its unreliability. I have been more than pleased with the equal parts of carbolic acid and C. P. glycerine, for the principal reason of causing no pain after injection, no considerable loss of time, and the good results obtained. Watery solutions of the same strength cause intense pain. The object of all injection treatment is to set up inflammation, but not suppuration. The inflammation must be intense, and so long as the fluids are mycologically pure there is no fear of suppuration. The cure is effected by organization of the exudation and obliteration of the tunica vaginalis. The position of the testicle is not always just where the text books have located it, "at the upper and back part of the scrotum," and the operator must exercise great care to avoid wounding the gland when puncturing for hydrocele.

Dr. William Goodell says: Personally I cannot recall a case in which a woman bore a child after suffering from gonorrhœa. Strumpets rarely become pregnant, for most of them have had this affection.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian, and to DR. ZIMMERMAN for the French.

THE EFFECTS OF MODERATE DRINKING ON THE HUMAN CONSTITUTION.

BY GEORGE HARLEY, M.D., F.R.C.P. LOND., F.R.S.

(Abstract of a Lecture delivered before the Society for the Study of Inebriety.)

Notwithstanding that the effects of alcohol on the human body are so well known when taken in excess, and the majority of one's patients may be truthfully said to be moderate drinkers, this is, we believe, the first time anyone has ever attempted to tackle the subject of moderate drinking from a medical and scientific point of view. It was lucky therefore it fell into the hands of one who was able, from his intimate acquaintance with experimental physiology, as well as with practical physiological chemistry, to treat the subject of the constitutional effects of small quantities of alcohol upon the human constitution in a more extended way than it could have been done by one less familiar with the collateral problems requiring to be solved even before one can so much as cross the threshold of the inquiry.

He adduced clinical evidence to show that as a toxic agent alcohol acts on the human body as a true paralyser of the whole cerebro-spinal nervous system. Comparing the action of alcohol with that of a true narcotic—taking opium as a type—and showed that it was identical not only as regards its chemical asphyxiant action on the blood, but equally as regards its physiological action upon the nervous system, the first effects alcohol produces, like the primary effects of opium, being the reverse of narcotism—in fact, purely stimulating on both the heart and the brain. The cardiac stimulating effect is rendered apparent by quickened pulse and congested retina; the cerebral by volubility of speech and restlessness of manner. This primary effect is, however, but of brief duration, and the mere preliminary to the manifestation of the alcohol's paralyzing action, which in its turn is ushered in by an appreciable blunting of the perceptive facul-

ties, the senses of feeling, tasting, smelling, hearing and seeing, all gradually becoming obtuse, on account of incipient paralysis of the sensory nerves; while at the same time the speech gets thick and the gait unsteady from a similar partial paralysis of the motor nerves, coupled with a loss of the co-ordinating power of the cerebellum.

At the same time the intellectual faculties are in like manner affected; for the noticeable diminution of mental grasp, associated as it usually is with a tottering of the moral control, equally truthfully points to impending cerebral paralysis—a paralysis which, so far as mere effects are concerned, differs in no wise whatever from cerebral paralysis, the product of disease, the only difference between the two kinds being as regards cause and general result.

The sympathetic nervous system is even not exempt from the paralyzing effects of alcohol, as is shown, firstly, by the flushed and heated face, and, secondly, by the subsequent clammy, cold and pallid cheek.

In thus speaking of the effects of alcohol on the nervous system, he said he did not wish it for a moment to be thought that he was one of those who believe that an alcoholic stimulant, as usually taken into the system, has any direct chemical or physical effect upon nerve tissue, seeing that before it reaches the nervous system through the medium of the circulation, after absorption from the digestive canal, it must be in a far too diluted state (he imagined) to exert any recognisable chemical or physical action on either nerve cell or nerve fibre. He therefore thought it acted through the chemical changes it produced on the blood, which manifested themselves by destroying the power of the red corpuscles to absorb oxygen and exhale carbonic acid, just as opium does, so that its action might be said to be by its arresting the process of oxidation.

Dr. George Harley next showed how by injecting alcohol into the liver by the portal vein all the functions of the organ are deranged. Firstly, it acts by increasing the glucogenic function to such an extent as to cause diabetes; next it arrests the transformation of uric acid into urea; and, lastly, it upsets the biliary function.

That alcohol really acts as a food, he said, is proved by the following facts:—

Firstly, Dr. Hammond and others have found that patients increase more rapidly in bodily weight when taking small quantities of alcohol along with their food, than they do upon the same food minus the alcohol; secondly, all are aware that brewers' draymen and others who indulge freely in malt liquor are usually obese; and, thirdly, the portly frame, big belly and double chin of the *Mâitre d'hôtel* is proverbial.

Although alcohol as alcohol has but little value as a food, wines and beers, he thought, had; for, in addition to their containing the stimulant alcohol, they have the advantage of also possessing food materials in the shape of sugar, albumen, and empyreumatic substances. Consequently less other food is required to be taken when they are employed, either in health or in disease.

This important distinction between the compositions and properties of brandy, gin, whisky and rum on the one hand, and the various kinds of wines and fermented malt liquors on the other, is, he thought, not sufficiently appreciated or taken into account in the administration of stimulants in disease. Oftentimes the mere stimulant alcohol, in the shape of spirits, is given to the weak or ill-nourished patient, when a rich wine or a nourishing malt liquor would be a more appropriate form of beverage for him. Dry wines moreover are, as a rule, more stimulating and less nourishing than others; and many wines that are called dry are not dry at all, but are made to taste so artificially by having plaster of Paris added to them, as is the case with many sherries. In others of them the acetic acid instead of the alcoholic fermentation is set up, as is the case in a large number of the at present manufactured sparkling *très sec* and *brut* champagnes, which, instead of tasting dry, as many suppose, in reality taste sour, and being actually sour, are deleterious to health.

The address, which was listened to with marked attention, ended by Dr. George Harley saying that he was not a teetotaller, though a strong advocate of temperance, and he has no desire to see the custom of drinking wholesome wines abolished; for he considered that when they are consumed in strict moderation they are conducive alike to health and happiness.—*Medical Press and Circular.*

FÆCAL ANÆMIA OR CHLOROSIS OF GIRLS.

BY SIR ANDREW CLARK.

In a recent paper before the London Medicine Society (*Lancet*) Dr. Clark contended that the anæmia or chlorosis of girls arising in nervous constitutions with imperfectly developed sexual organs is caused for the most part, and in the first instance, by feculent retention and its consequences, and that the right as well as speedily successful treatment lies in the enforcement of a sound hygiene, the administration of ferruginous cathartics, and in the provision after cure for a daily and, as far as possible, a natural relief to the bowels. The treatment he prescribes for the ordinary patients is as follows:—

On first waking in the morning, sip a quarter of a pint of cold water. On rising, take a tepid sponge bath; dry quickly, and follow with a brisk towelling. Clothe warmly and loosely; see that there is no constriction of the body or of the limbs. Have four simple, but liberal meals daily, arranged after this fashion: Breakfast, eight to nine—whole-meal bread and butter, with one or two eggs and some broiled fresh fish, or the wing of a cold chicken or pheasant, and towards the close of the meal half a pint of equal parts of milk and tea, not infused longer than five minutes. Lunch or dinner, one to two—fresh, tenderly-dressed meat, bread, potato, well-boiled green vegetable, and any sort of simple farinaceous pudding or of cooked fruit, preferably apple; drink one glass of Burgundy alone or in half a tumblerful of water. Tea from four to five—whole-meal bread and butter, with a cup of equal parts of tea and milk. Dinner or supper, from seven to eight—this should resemble the mid-day meal, but should be less in quantity. Nothing is to be taken after this meal, nothing between meals, and nothing but what is here set down. Walk at least half an hour twice daily, and as much more as strength and convenience will permit. Retire to bed about ten, and repeat the sponging and towelling. See that your bedroom is cool and well ventilated. Lead a simple, regular, active, occupied, purposive life; and do not notice or distrust yourself.

With such instructions, modified according to

individual peculiarities, I prescribe an old-fashioned ferruginous cathartic, to be taken twice a day, about eleven and six. Usually it is an acid mixture, designed somewhat as follows: Ferri sulphatis. gr. xxiv.; magnes. sulph. ꝑ vi.; acid. sulph. arom., ꝑ i.; tinct. zingiberis, ꝑ ii.; infus. gent. co. vel quassæ, ꝑ viii.; Fiat. mist. Sig. One-sixth part twice daily, about eleven and six. Occasionally this acid mixture produces sickness, dries the skin, and is otherwise ill borne. In such cases I prescribe an alkaline cathartic mixture: Ferri sulphat., gr. xxiv.; sodii bicarbonat., ꝑ ii.; sodii sulphat., ꝑ vi.; tinct. zingiberis, ꝑ ii.; spts. chloroform., ꝑ i.; inf. quassæ, ꝑ viii. Fiat. mist. Sig. One-sixth part twice daily, between eleven and six. Sometimes neither mixture agrees, and then I prescribe sulphate of iron in pills with meals, and a saline aperient on first waking in the morning.

Upon the plan of treatment here described nine out of ten cases of this anæmia of girls recover their health in from one to three months; and if, when health is quite restored, one prescribes once or twice a week an aloe, myrrh, and iron pill, in doses just sufficient to bring about a moderate natural action of the bowels, the recovery will prove in all probability permanent.

In the discussion which followed, Dr. Burney Yeo said he considered too little stress had been laid on improper feeding as a cause of this condition. He had observed cases in which there were exacerbations of fæcal absorption indicated by rise of temperature, with languor and prostration.

Dr. de Havilland Hall thought that the frequency of chlorosis in young females and its rarity in males of similar age pointed to the generative system as being primarily at fault.

Dr. Theodore Williams admitted that constipation was one cause of anæmia, but it was not an invariable accompaniment of that condition; on the other hand, the French, who were habitually constipated, did not suffer to any great extent from anæmia, and he had met with many cases of constipation in young girls who were otherwise healthy.

Sir Joseph Fayrer said that the form of anæmia he most frequently had to treat was dependent on splenic cachexia. As a purgative he had

found the sulphate of magnesia or soda of the greatest value.

Dr. Hingston Fox had met with similar cases in middle-aged women with "earthy" complexions. In them the cause was obviously faecal accumulation.

Dr. Thorowgood had great faith in a combination of aloes and myrrh with iron.

Dr. Hughlings Jackson mentioned some observations by Bunge and Strümpell. The former pointed out that iron in ordinary food exists in a very complex organic combination—hæmatogen. Strümpell suggests that inorganic salts of iron are useful in anæmia, by protecting the hæmatogen from decomposition by sulphides in the alimentary canal.

Sir Andrew Clark, in reply, said that, though the appetite was sometimes capricious, it was often very good. A daily evacuation of the bowels was often unattended with adequate faecal relief. He regarded accumulation of fæces in the rectum as only a local and mechanical evil, but it was the retention of fæces in the colon that gave rise to constitutional symptoms.

BACTERIOLOGY AND PRACTICAL MEDICINE.

The following interesting survey of the position of bacteriology with respect to medicine is transcribed from the *Centralbl. für Bacteriologie*. It appears as an abstract, by Dr. Bujwid, of Warsaw, of papers by Dr. Hoyer, in the Polish journal *Gazeta Lekarska*. The author, who was the first to commence working at bacteriology in Warsaw, discusses the changes which medicine has undergone by the study of the parasitic origin of infectious diseases, and arrives at the following results: All researches hitherto undertaken have aimed at learning the excitants of disease; very many of them have been discovered, and many have been profoundly studied, so that the cause of nearly all infectious diseases has been made known; but bacteriology has hitherto confined itself to these limits. Practical medicine in the more limited sense—prophylaxis excepted—has gained very little therefrom, but it may be hoped that the medicine of the future will play quite a different part, in consequence of the deeper knowledge

of the various bacteria and their properties. Many purely empirical drugs will be rejected, and in their stead will be employed those which bear directly upon the morbid agent, or which act by strengthening the resistance of the organism. Unfortunately many questions still remain open. We know, for instance, very little of the way in which bacteria influence the physiological life of the organism. We cannot as yet determine why many micro-organisms which are introduced into the body in enormous quantities with water, air, or food do not give rise to derangements, or in what manner the really harmful organisms disappear from the blood or organs of some animals. Of great importance for the practitioner are the facts that similar groups of diseases can be excited by wholly different micro-organisms. Abscesses are produced, for instance, by the action of staphylococcus aureus and albus, streptococcus pyogenes, micrococcus tetragenus, and others. Erysipelas following wounds depends not only on the streptococcus erysipelatis of Fehleisen, but also on other streptococci and micro-organisms. Pneumonia is not only excited by Friedlander's pneumonococcus, but also by other bacteria. Two very similar diseases—cholera asiatica and cholera nostras—arise from two very different kinds of bacteria. There are other facts of still greater importance, such as mixed infections. Rosenbach found many very different bacteria in the same abscess. The same is the case with septic infection of wounds. Similarly, as Wiegand has observed, a kind of streptococcus is occasionally associated with tubercle bacilli. Dr. Dunin has shown that certain complications of typhus depend on the presence of other bacteria, etc. When all these questions are solved, then our system of diseases will also be changed; we shall then no longer group them according to symptoms, but causes. There still remain many such questions unsolved. We do not know, for example, upon what depend the different results of experiments on animals when we inject small or large quantities of bacteria. Lastly, we also know very little of the reason why individuality plays so large a part in the manifestation of disease. Very interesting but unexplained is a research pursued by Wysskowsitch. He found that bacteria which had no

effect on healthy animals excited diseases in other animals whose organism was slightly deranged. Thus injections of staphylococcus excited endocarditis in animals whose heart valves were injured. When all the foregoing and many like problems are solved, then it will become more easy to employ bacteriology in practical medicine, and then we shall learn to estimate rightly the great value of this new study.—*Lancet*.

MENINGITIS DUE TO THE PNEUMOCOCCUS.

Many theories have been advanced to explain the occurrence of meningitis in pneumonia—*e.g.*, Verneuil regarded it as being due to venous stasis in the brain; Laveran, that it is sympathetic. Lancereaux and Petit regarded it as embolic, remarking on its frequent association with vegetative endocarditis. Experimentally, the latter never gives rise to meningitis. Grisolle thinks it always is associated with suppuration of the lung—*i.e.*, that it is due to re-absorption of pus; but this explanation will not suffice for the majority of cases, in which there is no pulmonary suppuration. The author (Netter) has examined the meningitic exudation, and has found rounded organisms, arranged end to end, having the dimensions and disposition of the streptococcus pyogenus; and he regards pneumonic meningitis as the effect of the action on the brain of the same microbe that produces pneumonia, *viz.*, the pneumococcus. This organism injected experimentally under the dura mater of dogs, etc., has been found by the author and others to set up meningitis. The pneumococcus has been found in the blood during life in cases of pneumonic meningitis; this explains the occurrence of meningitis in pneumonia by metastasis. The mere presence of the pneumococcus in the blood is, apparently, not sufficient to set up a meningitis unless there is some antecedent mischief in the brain—*e.g.*, an old hemorrhage, softening, etc., or the effect of alcohol. Germain Sée draws a great distinction between simple pneumonia and infective pneumonia; as regards their gravity, both forms are due to the same pneumococcus, but differing in the absence (in the simple form) of the pneumococcus in the blood, it being pres-

ent in the infectious form. Sometimes epidemics of pneumonia of an exceptionally severe character occur, in which meningitis, endocarditis, etc., form frequent complications. According to Leichtenstern, pneumonia may assume an asthenic form, either primarily or secondarily. Sometimes it has infective character from its commencement; in other cases it seems that infection becomes possible, and meningitis results in consequence of the debilitated state of the patient from other causes—*e.g.*, starvation, renal disease, etc. In the latter the elimination of the pneumococcus may be interfered with, for, according to the author, in all cases of pneumonia *in animals* the urine contains pneumococci in an active condition, which may be cultivated, and on inoculation produce infective pneumonia. Pneumonic meningitis may also be produced by direct local infection. In some cases meningitis exists from the commencement of the pneumonia; in these cases it appears that pneumococci may exist in certain regions in the neighborhood of the cranial cavity, into which they may find their way and set up meningitis—*e.g.*, they have been found in the middle and internal ear, the nasal cavities and the naso-pharynx, mouth, and especially in the tonsils (Cornil), where they set up a form of follicular tonsillitis. Otitis has long been known to occasionally complicate pneumonia. In these cases the membrana tympani may or may not be perforated; it is frequently bilateral, and it is possible that the pneumococci gain access to the tympanum by way of the Eustachian tube.—*Medical Chronicle*.

A CURE FOR WRINKLES.—A curious application has been made of the absorbable properties of lanolin in the treatment of wrinkles. Although not strictly speaking a pathological condition, it is one which is even a more serious, because less avoidable, evil than freckles. When well rubbed in, lanolin passes directly into the skin, and acts as a nutrient to the subjacent tissues, with the effect of smoothing out the folds produced by the attenuation of these structures incidental to age. Several elderly ladies, who were induced to give this method of treatment a trial, are said to have been delighted with the result.—*Medical Press and Circular*.

THE TRUE PLACE OF MILK IN THE TREATMENT OF DIABETES MELLITUS.

BY JAMES TYSON, M.D.,

Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, one of the Physicians of the Philadelphia Hospital, Etc.

The very emphatic declaration by Dr. Austin Flint, Jr., in *The Medical News* of July 9th, 1887, as to the harmfulness of milk in the treatment of diabetes mellitus seems to call for some reply from those who have been in the habit of regarding it with greater favor, and as I have published statements which distinctly commend its use under circumstances where Dr. Flint apparently directly condemns it, it appears not inappropriate that I should come forward and explain.

In the first place, I am not aware that any one, except Dr. Donkin, claims that milk is a specific for diabetes mellitus. My experience thoroughly sustains that of Dr. Flint, that "the so-called specifics for diabetes have little if any effect." Nor do I believe that a specific remedy for diabetes is likely to be discovered while its pathology is so ill determined as at present. There is reason to believe that we are able to influence the quantity of glucose in the urine of a given case by more than one drug. Thus, opium, and especially its alkaloid codeine, is well known to have this effect. In fact, codeine is by far the most active drug in this respect known to me. The bromide of arsenic, in the shape of Clemens' or Gilleford's solution, undoubtedly is influential. Ergot I have more than once seen reduce the quantity of sugar and urine. Salicylate of sodium in the hands of competent observers has been similarly credited. Finally, I have reason to believe, although my experience has as yet been too limited to justify any positive conclusion, that the treatment by lithium carbonate and sodium arseniate, recently announced by Martineau, but really originating with the late Prof. Rouget, may act similarly. Yet I am free to say that none of these remedies in my hands has ever cured a case, and I can cordially confirm Dr. Flint in the view that by far the most efficient treatment has been the dietetic.

And it is as a dietetic measure that I use milk, and always *skim milk*, in the beginning of treatment. It has happened to me time and again that glucose has completely disappeared from the urine and the quantity of the latter been rendered normal within a week after instituting the skim milk treatment, and this, too, in cases where an antidiabetic diet, from which all kinds of bread were excluded, had failed to produce the same effect. On the other hand, it has happened to me, and I have now such a case, in which the use of milk without any drug was promptly followed by a reduction in the amount of glucose, which was not, however, permanent. The patient is an adult, male, aged 39 years. The case is quite an acute one, in which the symptoms had set in but six weeks before he consulted me; at that time his urine contained full eight per cent. of sugar. I immediately ordered him on an exclusive skim-milk diet. He himself much preferred buttermilk, and as I thought the treatment would be essentially the same I permitted it. Under this treatment the sugar rapidly declined until at the end of 20 days it amounted to but 0.9 of 1 per cent. One week later, however, it had risen to 3 per cent. I then withdrew the milk and placed him on Clemens' solution of bromide of arsenic, in three-drop doses, along with an ordinary diabetic diet including gluten bread. A week later the sugar had reached 4 per cent. I then ordered him to omit all bread and increase the Clemens' solution to 5 drops three times a day, and further to increase one drop daily. On the 25th, a week later, he was taking 21 drops of Clemens' solution a day and the sugar amounted to 6.75 per cent. By August 1st, nine days later, the sugar had been reduced to 2½ per cent. He was now taking 25 drops a day and there was slight puffiness under the eyelids. I reduced the dose to 5 drops three times a day, and in eight days made another analysis, discovering 3.6 per cent. Thus, the glucose, which on a buttermilk diet had fallen to less than 1 per cent., but had again risen to 3 per cent., and during the administration of bromide of arsenic and an antidiabetic diet from which all bread was excluded had again declined to 2½ per cent., again began to increase while the same treatment was continued.

I then placed him on the solution of lithium carbonate and sodium arseniate, directing him to drink not less than one quart and not more than two quarts of the solution in twenty-four hours. After he had been on the treatment for three weeks a specimen of the urine had a specific gravity of 1.042 and contained 3.6 per cent. of glucose—that is, it remained at the same point as while he was taking the bromide of arsenic. Another analysis eleven days later gave precisely the same result, while the quantity of urine had again increased 50 per cent. He complained also of severe pains in his feet and legs, and of obstinate constipation. I then added twenty grains salicylate of sodium three times a day together with an aperient pill of blue mass, comp. ext. of colocynth and hyoseyanus. Thirteen days later the sugar had fallen to 1.4 per cent., while the pains in his feet and legs had disappeared, and the quantity of urine was normal. The pill had been efficient in regulating his bowels. I may add that in my experience the symptoms of true diabetes are invariably aggravated by constipation and torpor of the liver. Two weeks later the quantity of glucose had again risen to $4\frac{1}{2}$ per cent., later to 5 per cent., but still later it had fallen to 4.2 per cent. for evening urine, the previous analysis being of morning urine.

It will be seen that in this case the use of buttermilk was followed by a decided reduction in the quantity of sugar, a reduction which exceeded that under any other treatment adopted. But it was not permanent. Nor was that under the bromide of arsenic and antidiabetic diet more permanent. I cannot myself think that the substitution of buttermilk, which I here permitted could have altered the result. Indeed, on theoretical and practical grounds, one would expect the result to be even more satisfactory. For, in the first place, the fat is at least as much removed in the buttermilk as in the skim-milk, and in the second place, much of the sugar of milk of skim-milk is converted into lactic acid in buttermilk, while the experience of Cantani goes to show that lactic acid is an efficient remedy in diabetes.—*Med. News.*

M. Lusage states that green-colored stools in infantile diarrhoea may be due to the action of certain micro-organism,

USE OF BRAIDED SILK SUTURES IN LACERATED CERVIX AND PERINEUM.

Dr. J. N. Martin, of the University of Michigan, in a letter to the *Medical News*, says:—

For several years past silver-wire sutures have been used almost universally in operations for restoration of lacerated cervix and perineum. Although nearly every authority in gynecology teaches that silver-wire sutures are the best in operations for lacerated perineum and cervix, I am convinced that the right kind of silk, properly prepared and properly used for sutures, will accomplish as good results as silver-wire sutures, and that there are advantages in the use of silk sutures over silver-wire sutures.

I have used silk sutures in thirteen cases with exceedingly good results, and Prof. Dunster has used it exclusively for two and a half years with most excellent results.

I claim for silk sutures:

- (1) They are as easily introduced as silver-wire sutures.
- (2) Easier to tie silk and adjust the parts than to twist silver-wire sutures.
- (3) Much less irritation to the patient (especially in the perineum) while the sutures are *in situ*, which is important.
- (4) Removal of silk sutures is very much less painful.
- (5) Silk sutures give as good results as silver-wire sutures.

The *hard braided* silk should be used for the sutures (about No. 10 for the perineum, and a size or two smaller for the cervix), and should be rendered thoroughly anti-septic before and after waxing in bichloride of mercury solution (1 to 800 or 1 to 1000), or carbolic acid solution.

In tying braided silk one important precaution is necessary: it is best to make the knot with a triple tie, and the last tie to be drawn down tightly, or it may become untied.

The inebriate is always unconscious of the influences which are determining his actions. He seeks reasons to explain the act after, and is indignant when told that diseased impulses control, and thinks his own conception of his acts

far more accurate than that of others. It is impossible for him to detect the real condition and causes which control him.—*Journal of Inebriety.*

SEXUAL INSANITY IN INEBRIETY.

In the first class, most commonly noted, after inebriety has begun, sexual irregularities appear. Thus, a man previously moral will consort with the lowest women, or have a mistress and pursue a line of most unusual conduct, irrespective of all social and family relations. The boldness and impetuosity of this conduct suggest disease and failure of the brain to realize the nature and consequence of acts. As an example, a man of excellent character, married, with fine family, became an inebriate, dating from an obscure brain injury. Suddenly he became a constant visitor to a house of ill-fame, appeared in public with the inmates, and gave no reason for this. A professional man of high standing became an inebriate, and began to keep mistresses and associate with fast women. In these cases such conduct indicates a sexual delirium and degeneration associated and following inebriety that is very grave. It is more often noticed among the steady and constant drinking inebriates.

In the second class, where sexual exaltations precede the drink paroxysm, there is always a marked neurotic element present. Such cases are often periodical inebriates. Thus, in a case under observation, a man of correct habits will, for two weeks before drinking, manifest almost ungovernable sexual impulses. He will consort with many women each day, have sexual dreams at night, and conduct himself in a very unusual way. Finally he becomes intoxicated, and the sexual impulse dies out. Long intervals, sometimes months, follow before it returns, during which he is entirely abstinent. In other cases this impulse will begin with intrigues with women, and secret journeys to large cities, visiting bad houses, and show itself in voluble conversation on these topics. A female inebriate, occupying a high position in society, exhibits this erotic impulse before the drink paroxysm, by the most scandalous stories of sexual wrongs, that are always creations of her imagination.

In these cases delusions of the infidelity of others are marked symptoms. A husband suf-

fering in this way will always suspect his wife, or those about him, of the same immorality. In some cases the capacity to gratify this impulse becomes paralyzed, but the mind exhibits a delirious pleasure in dwelling on the details of such acts.

The sexual crimes committed by inebriates have always been regarded as entirely within the control of the person, yet when carefully studied appear like the acts of a maniac, controlled by a blind, irresistible impulse. Practically, a knowledge of these associated insanities throw much light on inebriety and its treatment.—*Journal of Inebriety.*

THE CÆSAREAN OPERATION.

Saenger thinks that the cause of the greater American mortality is delay, and only trying the section when other operations have been unsuccessful. He lays stress on the following:

1. Antiseptic precautions as in other laparotomies.

2. The abdominal incision should be made through the linea alba over the middle of the fundus, about sixteen centimetres (6.3 inches) long.

3. It is not advisable to evert the unopened uterus, as it requires a large incision, except where the fetus is dead or there are not sufficient assistants.

4. The elastic ligature is not to be used before the uterus is opened, as it endangers the life of the child, or may incarcerate parts of the child, so that it may have to be loosened at a time when the operator requires his hands for more important matters.

5. Open the uterus in situ, by a frontal median incision; cut through placenta, or push it to one side; extract child by the legs; if head is caught, extend incision upward, to prevent any downward laceration of the uterus. At same time, assistant is to press abdominal walls toward uterus to prevent prolapse of intestines or flow of fluid into the abdominal cavity.

6. The danger from hemorrhage is not so great as is commonly supposed. By pressure on the inferior segment, and by slight torsion or flexion of the uterus and broad ligaments, the bleeding can be much lessened. Do without elastic ligature if possible.

7. Care must be taken in regard to three points in suturing: 1. Accurate union of the incised surface of the uterus by numerous sutures, whereby a broad and close union is obtained. 2. Avoidance of suture-canal in the uterine cavity. 3. Especially careful union of the serous surfaces. Silk is preferred to silver wire, because silk can be absorbed. Excellent results can be obtained with catgut prepared in oil of juniper, chromic acid or mercuric bichloride.—*Extract from address at International Medical Congress, Medical Record.*

THE QUESTION OF EXTRACTION AFTER VERSION.

It is the rule of practice with many that, in transverse presentations, turning by the feet should be followed by immediate extraction. This doctrine has recently been notably supported by Winter, on the strength of the histories of 310 transverse presentations at the maternity of the University of Berlin. Winter's propositions are: 1. Turning should not be performed until the os uteri is sufficiently dilated to admit of extraction. 2. The best results for the child will be secured when version is immediately followed by extraction.

In a recent number of the "Zeitschrift für Geburtshülfe und Gynäkologie," Dr. R. Dohrn of Königsberg, assents to the first of these propositions, but not to the second. "It is generally admitted," he remarks, "that the child's life will be endangered if, the waters having escaped, the faulty presentation is allowed to go unremedied after the os is sufficiently dilated to admit the hand. Whether tetanic contraction occurs after such neglect, or not, and whether or not there is compression of the umbilical vessels, the diminution in the capacity of the uterus, and the consequent curtailment of the respiratory surface of the placenta, are enough to endanger the child's life. The exceptional cases in which neglected cases result in the spontaneous birth of living children are not to be considered as an argument for delay in turning, for it is probable that in such cases, although the liquor amnii below the child has drained away, enough remains above it to keep the placental circulation intact.

"The waters, therefore, are to be looked upon as indispensable to the integrity of the foetal circulation. On the other hand, version should not be performed too soon after the waters have escaped, for, if the degree of dilatation is insufficient at that time, there will be danger from the compression of the cord by the cervix. The operation will not usually be difficult unless the uterus has already been subjected to repeated unskillful and unsuccessful manipulations. Rupture of the uterus, although possible in such cases, is not common, and as a rule it occurs only after the os has become completely dilated."

Winter's second proposition, as to the time which should elapse between version and extraction, is of great practical importance. That writer reports 236 cases of turning followed by immediate extraction, the os being fully dilated, in which only five children were born dead, against twenty-seven cases of turning before the os was fully dilated, the course of the labor being then left to nature, in which thirteen children were born dead. These facts, he thinks, speak forcibly in favor of waiting for full dilatation and then immediately following version with extraction. To Dohrn, however, these figures are not conclusive upon the general question, for the children, in the second series of cases, were placed under more perilous conditions than the others, in consequence of premature interference, and better results might have been secured, in all probability, if complete dilatation had been waited for.

Dohrn believes, with Boër, that in parturition the forces of nature should be allowed full sway until there is evidence that they can no longer be trusted, that every interference for which there is no definite indication is reprehensible, and that extraction without a special cause is no exception to this rule. The results of extraction will vary with the manual dexterity of the operator, and the degree of his knowledge of the mechanism of labor. This is amply shown by contrasting the two per cent. of mortality after version in Winter's statistics, the operators being skillful obstetricians attached to a great hospital, with the fifty-seven per cent. mortality which is given as the frightful rate in general practice in the Duchy of

Nassau, according to a recent report. The inference is obvious, that the natural forces were not given fair play in that locality. An important injunction is, that in extraction the force should be exerted in the direction which the uterine contractions indicate that the fœtus is to take in any given case. In twenty-nine cases in Dohrn's public service in which turning was performed after the os was fully dilated, the delivery being then left to nature, there was not an accident, and he therefore infers: 1. That in transverse presentations podalic version should be performed only when the os uteri is fully dilated, although to this there may be occasional exceptions. 2. That extraction should follow immediately upon version only when there is a well-defined indication for such a procedure; if there is no such indication, the safety of both mother and child will be most favored by awaiting delivery by the unaided natural powers.—*N. Y. Med. Jour.*

IS CANCER HEREDITARY?

Dr. Fordyce Barker, in his recent address, on the opening of the New York Cancer Hospital, said:

"The belief has been almost universal, both with the profession and the public, until within a comparatively recent period, that cancer has generally a hereditary origin. It is probable that no doctrine in regard to the cause of disease has given rise to so much and so causeless misery and unhappiness in the world as this. In those who have some symptoms which they suspect to indicate the beginning of this disease, suspicion becomes a conviction if any relative of a former generation has died of cancer. They may almost be said to begin the pangs of a moral death long before it is demonstrable that physical death is inevitable from this cause. If the patient has any family history of this disease, and is suffering from any acute or chronic affection, attended with symptoms which he has heard exist in cancer, the effect of this conviction is not only most depressing, but dangerously complicates conditions which otherwise might result in recovery. I have personally known many illustrations of the truth of both of my two last assertions. Again, I

have more than once been asked, in those pathetic tones, which tell of heart-breaking anxiety, 'Are my children—or is my daughter—doomed to suffer as I now do?' The answer given in no equivocal words, is, 'The probability of such a doom for any descendant of yours is extremely small.' In all the statistics which I have been able to collect, where the antecedent family history seemed to be trustworthy, I have found the proportion of those who have had cancer, in whom some relative of a former generation is reported to have had some form of malignant disease, to be only 13.65 per cent. On the other hand, in regard to one family which has, in the present generation, the largest number of victims that I have ever personally known, I have authoritative proof for asserting that no development of any form of malignant disease has ever existed in three previous generations, including collateral branches.

Before a professional audience I could give a list of names, which would be regarded as conclusive as to present belief of the profession on this point. More than a quarter of a century ago, Mr. Jonathan Hutchinson, whose opinions carry the greatest weight, expressed his disbelief in hereditary origin as an effective cause. Recently—that is, during the past year—in a notable and most able discussion of this subject he said, "It is utterly useless to employ such a term as hereditary transmission of cancer in such a sense as we speak of the transmission of some other diseases."

A proclivity to the disease may result from the conjunction of certain parentage, but it can not be said to be inherited from ancestors in whom it did not exist. We may speak of cancer being hereditary as we speak of delirium tremens as hereditary, but in neither case is this transmission of the disease. Parents can not transmit to children disease which has no existence in their own system previous to the birth of the children, and then it is absurd to say that a daughter has inherited the disease which her mother first developed twenty-five years after the birth of the daughter.—*N. Y. Med. Jour.*

VOMITING IN PREGNANCY.—A writer in the *Lancet* says: I have not failed once for many

years, by a single vesication over the fourth and fifth dorsal vertebra, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritis pudendi of the puerperal condition yielded as readily, and to one application.—*Archives of Gynecology.*

THE USE OF WATER AT MEALS—Opinions differ as to the effect of the free ingestion of water at meal times, but the view most generally received is probably that it dilates the gastric juice and so retards digestion. Apart from the fact that a moderate delay in the process is by no means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee, it is more than doubtful whether any such effect is in reality produced. When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely provided the peptones are removed as they are formed. The good effects of water, drunk freely before meals, has, however, another beneficial result—it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favors peristalsis of the whole alimentary tract. The membrane thus cleansed is in a much better condition to receive food and convert it into soluble compounds. The accumulation of mucus is specially well marked in the morning, when the gastric walls are covered with a thick, tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The tubular contracted stomach, with its puckered mucous lining and viscid contents, a normal condition in the morning before breakfast, is not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the

mucus, partially distends the stomach, wakes up peristalsis, and prepares the alimentary canal for the morning meal. Observation has shown that non-irritating liquids pass directly through the "tubular" stomach, and even if food be present they only mix with it to a slight extent. According to Dr. Leuf, who has made this subject a special study, cold water should be given to persons who have sufficient vitality to react, and hot water to the others. In chronic gastric catarrh it is extremely beneficial to drink warm or hot water before meals, and salt is said in most cases to add to the good effect produced.—*Brit. Med. Jour.*

SUDDEN ŒDEMA OF THE GLOTTIS AS A FIRST SYMPTOM OF CIRRHOTIC KIDNEY.—B. Fraenkel (*ibid.*) reported an interesting case of the kind before the Berlin Medical Society. The patient was suddenly seized with dyspnoea, and when the author saw him he was sitting on a chair and complaining of the want of breath. A laryngoscopic examination showed swelling of the epiglottis and of the aryteno-epiglottidean folds. As the patient was stepping into the carriage to be taken to the clinic, where tracheotomy was to be performed, he dropped dead. At the autopsy intense œdema of the epiglottis and the aryteno-epiglottidean folds was found. There was very marked contraction of the left kidney. The right kidney was enlarged and in a condition of parenchymatous swelling. The immediate cause of death was œdema of the larynx caused by the condition of the kidneys. There was absolutely no effusion in any other part of the body. The patient had never shown during life signs of any disease of the larynx. The whole duration of the illness was not more than an hour. The patient must certainly have suffered with albuminuria for some time, as the urine removed after death was rich in albumen. In the discussion that followed, A. Baginsky remarked that such a condition was observed also in the acute nephritis following scarlatina. De Bary, of Frankfurt, had been the first to describe acute œdema of the glottis as a first symptom of scarlatinal nephritis. Since then a few cases of the kind had been recorded.—*N. Y. Med. Journal.*

STROPHANTHUS VICE DIGITALIS.—Enough time has not elapsed, since the introduction of this drug into medicine, to allow many private practitioners to collect results sufficient in number for the purpose of drawing an accurate inference as to its therapeutic probabilities. I therefore consider the following case of some interest, as tending to point out a way in which strophanthus may come to the help of its elder brother, digitalis.

A retired Indian officer, subject to frequent attacks of liver indigestion, with the usual concomitant symptoms of jaundice, lithates in the urine, etc, consulted me on October 12th for severe palpitation. I found an intensely neurotic patient, with a flabby, dilated, and irregular heart; but, on careful examination, could detect no signs of valvular disease, and there was no previous history of organic cardiac mischief.

Previously to sending for me, he had been taking a prescription containing digitalis, which, up to the present, had been his "sheet-anchor," but which, in this instance, had apparently done him no good, whatever. I ordered him the same prescription, substituting five-minim doses of the tinctura strophanthi for the tinctura digitalis, three times a day. In twenty-four hours the palpitation was much relieved; in a week it had disappeared; and the pulse, which had fallen from 103 beats to 76 in the minute, was full and regular.—THOS. SANCTUARY, M.D., in *Brit. Med. Jour.*

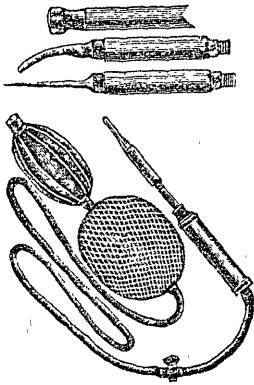
AN IMPORTANT ADVANCE IN SURGICAL DRESSINGS.—When a sublimate solution comes in contact with an albuminous fluid, the albumen is coagulated and forms, with the bichloride, a precipitate which has lost all disinfectant properties, as has also the supernatant fluid. Dr. Ernest Laplace, of New Orleans, has, since March last, been working in Berlin under the direction of Dr. Koch. After many fruitless experiments, he found at last the principle of the action which he was seeking, namely, *the addition of an acid to the solution of corrosive sublimate*—such an acidulated solution will not form an insoluble albuminous precipitate. Dr. Laplace usually added five parts of hydrochloric acid to a thousand parts of a solution of

corrosive sublimate (1 in 1000) though occasionally he substituted carbolic or tartic acid. It makes no deposit after standing; when brought in contact with an albuminous fluid, the albumen will remain in solution, and the whole strength of the solution of sublimate will be obtained as in non-albuminous fluids; an acid medium is unfavorable to the development of micro-organisms. The discovery of Dr. Laplace made such an impression on Dr. Koch and his co-worker Dr. Leffler, that the latter made a report on the subject before the International Congress of Hygiene and Demography.—*New Orleans Med. and Surg. Journal.*

FOLLICULAR TONSILLITIS.—The question of the infectiousness of follicular amygdalitis seems far from being settled. It seems in many cases to be a question of diagnosis, and one which is not easily solved in a given case. From not an inconsiderable experience we are inclined to concur with the opinions of Jacobi on the subject, as expressed in a paper read before the Academy of Medicine last year. These, as we understand them to be, are that follicular amygdalitis may be of catarrhal, purulent, fibrinous, or diphtheritic character. When it is of diphtheritic character (commonly known as punctate diphtheria) it is highly contagious, and may give rise to a very severe attack of diphtheria. The different varieties are not easily distinguished; hence it is better to err in the right direction, and isolate every patient with follicular amygdalitis in the same way as if he were suffering with diphtheria.—*N. Y. Med. Journal.*

THE PREVENTION OF MAMMARY ABSCESS.—Dr. Miall, in the *Med. Review*, says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms disappear in a few hours under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and, when solution is accomplished, the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applies them for from half an hour to two hours, at the same time protecting the nipples,

He has often had immediate relief, and seldom requires to make more than three applications.—*Archives of Gynecology.*



This cut represents a new thermo-cautery embodying many advantages over Paquelin's. The watch-chain attachment and glass bottles are dispensed with. The hydrocarbon used in the cylinder is blown through cotton wool by compressed air with the atomizer

attachment. The benzol (or other hydrocarbon) cannot spill or be lost by breakage of bottles as with the others. The points are 4/10 m.m. platinum, retaining better heat—Paquelin's being 3/10 m.m. in thickness—and are directly connected with the cylinder, which serves for a handle. The instrument—points, alcohol, lamp, and extra benzol container—is very compactly contained in a neat leather case, which is portable for the pocket. Full nickel-plated; it is always clean and never becomes clogged; with a good hydrocarbon. Martin, Toms & Co., 152 Yonge St., Toronto, are sole licensees for this latest improvement in cauteries.

A NEW THEORY IN REGARD TO THE FUNCTIONS OF THE DUODENUM.—Treves has observed that the third portion of the duodenum is firmly attached to the four lumbar vertebræ by a ligament called the musculus suspensorius duodenalis. This fact is observed pretty constantly in animals and in man, also that the duodenum forms a curve something like a siphon trap. The fixed portion always being stationary, allows the free portion to assume varying degrees of curvature. The duodenum being always more or less filled with fluid from liver and pancreas, that this curving of the duodenum performs the function of a siphon trap, and absorbs all the fetid gases that forms in the bowels, that might have a tendency to regurgitate upwards—*Weekly Medical Review.*

DIAGNOSIS OF TUMOR.—Prof. Gross in the *Coll. and Clinical Record*—The fluid contents of an ovarian cyst always contain cholesterine, which is never found in the contents of a cystic fibroid. Hence, when in doubt as to the character of the tumor, the microscope proves a ready means of diagnosis. To examine a woman's breast, she should be lying on her back. If in any other position, it can be so manipulated as to convert it into any tumor. When on her back, examine by pressing the tips of the fingers back through the breast against the breast walls, and not by pinching the structures up between the fingers.—*Archives of Gynecology.*

AGAIN THE CIGARETTE.—The latest yarn concerning "the deadly cigarette" that has come to our notice is that which attributes the death of a boy who jumped out of a window to shock "accelerated by excessive cigarette-smoking." This is almost as convincing a case as that of the cigarette-smoker who was assured by an aurist that his deafness was due to the use of cigarettes, but calmly retorted that he had been deaf for ten years before he ever smoked a cigarette.—*N. Y. Med. Jour.*

Therapeutical Notes.

When bromides do not benefit epilepsy, Prof. Bartholow states it is always well to try picrotoxin, gr. $\frac{1}{10}$ bis. die. It is especially indicated in nocturnal epilepsy.

FRECKLES.—Freckles can be removed, according to Hager, by the application, every other day, of an ointment of white precipitate and subnitrate of bismuth, each \mathfrak{z} i; glycerine ointment, \mathfrak{z} ss.

ASTHMA AND BRONCHITIS.—

R. fld. ext. grindelia robusta \mathfrak{z} ii.
 " " yerba santa \mathfrak{z} ii.
 " " stramonium \mathfrak{z} iss.
 ℞ " " lobelia \mathfrak{z} ii.
 SIG.—A teaspoonful every hour during the paroxysm, and 3 or 4 times daily to ward it off.—*Practice.*

MAY DEW LOTION FOR PIMPLES.—

R. Boracis ʒi.
 Glycerin ʒss.
 Sodæ sulphit ʒ2.
 Aq. rosæ trip ʒv.
 ℞ Aq. destill ad ʒx.

CHRONIC CERVICAL ENDOMETRITIS.—Dr. Clement Godson, of St. Bartholomew's Hospital, finds the application of liquor ferri subsulphatis and glycerine successful in chronic endocervicitis. It coagulates the discharge, removes it, and in many instances cures the inflammation, and is followed by conception, which was impossible before.

POTASSIUM PERMANGANATE AS A PREVENTIVE OF DIPHTHERIA.—Johannsen (*St. Petersburger Med. Woch*) argues that the secretions of the mouth and nose accumulate during the night and undergo more or less decomposition, thus favoring the action of the diphtheria germ. He therefore advises washing out the mouth and the nasal passages of children every night with a clear-red solution of potassium permanganate. He thinks his observation warrants the statement that the practice is efficient.—*N. Y. Med. Journal*.

LITHURIA.—Dr. J. B. Johnston, of Washington, has found no prescription superior to the following in cases of lithuria, and in uric acid diathesis attended with gouty and rheumatic symptoms:

R. Liq. ammoniæ citratis ʒiiss.
 Sodæ phosphatis ʒiiss.
 Acid salicylic ʒiiss.
 Ferri pyrophosph. ʒ ii.
 Glycerin ʒii.
 Elixir aurantii ʒvi.
 ℞ Aq. ad ʒviii.

Sig.—A tablespoonful every 3 or 4 hours.—*Practice*.

ACNE.—

R. B. Naphthol 10 parts.
 Precip. sulphur 50 “
 Lanolin or Vaseline 25 “
 Green Soap 25 “

To be spread on the skin the thickness of the

back of a knife-blade, and left on fifteen or twenty minutes, when it will cause a little burning. It is then to be wiped off, and the skin powdered with talc. The skin becomes inflamed, then turns brown and peels off. The desquamation may be hastened by application of Lassar's paste, with 2 per cent. salicylic acid.

GONORRHOEA.—Dr. W. C. Abaly, of Madison, Wis., has used, with specific success, boracic acid in gonorrhœa. Out of thirty cases of subacute and chronic, he only failed to effect a cure in three cases. The following is his mode: Half a drachm of boracic acid is rubbed up with a drachm and a half of glycerine; then, by the use of a soft rubber catheter, and a hard rubber syringe, with a nozzle large enough to allow of the free flow of the pasty material, the injection is commenced at the prostatic urethra, gradually withdrawing the syringe and stripping the catheter with the thumb and forefinger, until the full length of the urethra has become thoroughly saturated. This process is repeated every second day. The patient urinates before treatment.—*Med. Review*.

THE TREATMENT OF TETANUS.—Dr. Melden says, in the *Medical Press*:

Some years ago I treated a case with a combination of hyoscyamus, belladonna and conium. The case was very acute. The symptoms were first noticed on the fifth day. On the second day of the disease the pulse was 120, and the temperature 103°, which alone marked its acute nature, yet under the belladonna, hyoscyamus and conium treatment, the patient recovered. Some months later I had another successful case, commencing on the seventh day.

Out of seventeen cases which I have now treated with these drugs, there were thirteen recoveries and four deaths. These results have induced me to bring forward this plan of treatment, in the hope that it may be equally successful in the hands of others.

Since the introduction of antiseptic surgery, tetanus has almost disappeared in the Dublin hospitals.

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, JANUARY, 1888.

ANNOUNCEMENT.

We announce to our readers and advertisers, and to all others interested, that we have assigned the business management of THE CANADIAN PRACTITIONER to Messrs. J. E. Bryant & Co., of 64 Bay Street, Toronto, to whom all accounts for subscriptions and advertisements, both old and new, should be paid. We heartily commend Messrs. Bryant & Co. to all our friends, and confidently hope that this arrangement will be a very advantageous one, as it will relieve us of all responsibility and care in the now arduous task of attending to the purely business interests of our rapidly growing subscription list and advertising patronage, and will enable us to devote more time and energy to our editorial work.

A. H. WRIGHT.

J. E. GRAHAM.

W. H. B. AIKINS.

ANNUAL DINNER OF THE UNDER-GRADUATES OF TORONTO UNIVERSITY.

Nothing more successful in the shape of a dinner than the banquet of the undergraduates of the University of Toronto has ever been given in this city. As the public have learned from the daily papers, the banquet was held in the Rossin House. The genial host, Mr. Mark Irish, was compelled to use his extra space, outside the capacious dining-room, to accommodate the large number assembled. He was

fortunately equal to the occasion, but thought seriously of the contingency of greater numbers in the future, and expressed his intention of extending his dining-room to the bay, if necessary, for such dinners hereafter.

Dr. Wilson, the able President of University College, acted as chairman, with his usual tact and ability. The students were enthusiastic, but, at the same time, behaved admirably. The large number of representative guests entered heartily into the general feeling of enthusiasm which prevailed. We were pleased to notice the large number of prominent physicians from Chatham, London, Hamilton, and various other towns, who honored the occasion by their presence.

The new Medical Faculty received, as a matter of course, the lion's share of the honors. Many were the kind wishes expressed by those present for its prosperity and success. The guests who spoke did not appear to have any doubt on this point. On the contrary, they evidently accepted the fact that its success was assured, and their remarks were generally congratulatory in character. While all appeared to be delighted at the establishment of the new faculty and its bright prospects, the general feeling was that the University Senate should go on with its good work, and establish a faculty in law.

ONTARIO COLLEGE OF PHARMACY.

The evidence of wrong-doing and various irregularities in connection with the recent election of the governing council of the College was a painful revelation to the many friends of this corporate body. Years will probably have to elapse before the stain is entirely removed. It is admitted on all sides that certain of the chief officers of the council have adopted, or allowed some irregular modes of procedure in conducting the elections, especially the last, which has been declared fraudulent by judgment of the court. We find, as an instance of this, that at the election referred to, the ballots were opened at the wrong time. We have every reason to believe that the gentleman who did this had no idea of committing a fraud. During the interval between the opening of the

ballots and the count by the scrutineers, some party or parties gained access to them and committed the gross fraud of making certain changes which excluded some candidate or candidates who would otherwise have been elected.

After steps were taken to have an investigation, the ballots were destroyed. This extraordinary act (to put it very mildly) was done in consequence of a misunderstanding respecting a telephone message from Guelph, which was taken as "Destroy the ballots," instead of "Do not destroy the ballots." The President, in order to prevent mistakes, sent a telegram at the same time with the latter message; but it arrived too late, as the ballot destroyer, with a promptitude and alacrity worthy of a better cause, had done his work—and had done it well, too—these ballots never again appeared to mortal gaze.

The new election, ordered by Mr. Justice Robertson, will be held in a few days, and the excitement over it among the druggists is very great. Many of the electors and some of the candidates are showing bad taste by indulging in personalities. The stigma connected with this disgraceful business will long attach itself to the School of Pharmacy. We regret it exceedingly, because we believe this excellent institution has been doing good work in the cause of higher education generally, as well as that of pharmacy particularly. We sincerely hope that all will aim at electing the best and most honorable men among the druggists in the Province, rather than gaining any personal triumphs.

It is, perhaps, superfluous to add the hope that the new council will profit by the lessons they will have learned before their election. The distribution of the costs equally among all the members of the old council, whether they knew anything about the irregularities or not, will probably give the newly elected members of the council a lively sense of the responsibilities which they are to assume in governing the college. When the first irregularity of any kind is allowed in such a body as this, very grave dangers arise, of which the case before us is a sad example. Let us hope that we have seen the last of irregular methods and inexcusable carelessness on the part of the Council of

Ontario College of Pharmacy, but rather let us trust that, in the future, its management may be in all respects above reproach.

THE LOCAL BOARD OF HEALTH REPORT.

The citizens are to be congratulated on the advances made in sanitation this year under the action of the Local Board of Health. The retiring chairman, Alderman Drayton, carries with him the thanks and good wishes of all who intelligently follow the workings of the Health Act and value the blessings of health. In an annual report, an array of figures must of necessity be presented, which appear to be of a formidable character. The local press and many citizens have cried out at what they consider the alarmist nature of the report, and state that the Board and their efficient health officer have made a bug-a-boo out of what does not exist, and have created uneasiness and injured the fair name of the city unnecessarily.

The summer of the past year was particularly hot and dry; campers on the island, for want of proper conveniences, had created a serious nuisance; had there been no Board of Health serious consequences would have resulted.

The privy pit nuisance has also been prominently brought to notice. In the closely built parts of the city, such as St. John's Ward, this is a very vital question. The lives of our artisans are as precious to the community as those higher in the social scale. We are very pleased to note that the Board has grappled with this question. When such a valley as that of the Rosedale ravine, became an intolerable nuisance from the number of dead dogs and sacks of decomposing carrion lodged in the stream, the stench from which was so great as to sicken the workmen engaged in cleaning out the stream, how great must be the danger to health from open pits discharging poisonous vapors into the living rooms of hundreds of houses in the most densely populated districts of the city?

The medical health officer has done well to direct attention to the foul state of the water front and the wharves. This must be remedied; every step taken towards the solution of our

sewage-disposal problem is deserving of the serious and favorable consideration of our citizens. Our daily press is not backward in recognising the advantages of pure air and water, it recognises the great importance of a good health record as one of the foundations of our city's prosperity. We concur in all this, and say to them go on, step further and back up an energetic and now well constituted Local Board of Health.

THE NEW HOSPITAL IN TORONTO.

Arrangements are being made to build the new hospital on the grounds of the University of Toronto next summer. A party of gentlemen composed of the Hon. John Macdonald, Mr. Vice-Chancellor Mulock, Professor Ramsay Wright, and Dr. Chas. O'Reilly left Toronto, December 27th, to inspect a number of the principal hospitals in the United States, in order to gain a complete knowledge of the latest and best methods of constructing hospitals. They intended to visit Boston, Baltimore Philadelphia and New York. Those interested in this good work are determined that the new hospital shall be as perfect as possible in all respects. Professor Wright's chief aim will be to make a thorough study of the best scientific laboratories on the Continent, which will be of great service in drawing the plans for the new laboratories to be built this year for the Science Department of the University Professoriate.

AMYLENE HYDRATE, THE LATEST HYPNOTIC.

Von Mehring, in a recent number of the *Therapeutische Monatschrift* (N. Y. *Medical Record*), describes a new hypnotic, discovered by Wurtz, known to chemists as di-methyl-ethyl-carbinol, and to physicians as amylene hydrate. It is a clear, colorless liquid, soluble in 8 parts of water, and miscible in all proportions with alcohol. It has a distinct, penetrating odor, like many of the volatile oils.

The average dose is 4 grammes (1 fluid drachm), and is most useful for the sleeplessness of ner-

vousness and the insomnia of fevers. It is palatable and free from danger, and in power lies midway between chloral and paraldehyde. It is said that it has no serious effects in extensive cardiac lesions. It is generally unreliable when used for insomnia which is directly due to pain.

The *Record*, in commenting on this and other hypnotics, as well as antipyretics, refers to the wonderful development of organic chemistry, and shows how much it has assisted therapeutics. Beginners in the study of medicine cannot fully appreciate the merits of such a course in chemistry as is given by Dr. Pike in the University of Toronto; but the seniors, as well as the profession generally, will learn by such examples as this the vast importance of a thorough scientific training in chemistry as well as physiology.

TORONTO SCHOOL OF DENTISTRY.

We are pleased to learn that this excellent institution is making substantial progress. The third annual dinner was given in the Rossin House, December 13th, and was very successful in all respects. We understand that the College is anxious to advance with the times, and become affiliated with the Provincial University with a view to obtaining degrees in dentistry for its graduates who come up to a certain standard. The teaching in the College is, so far as we can learn, all that could be desired so far as it goes—the only weak point being the methods of giving clinical instruction. We believe the authorities are anxious for improvement in this particular, and we have reason to believe that provision will soon be made for a thorough course of clinical teaching.

We call the attention of the profession to Dr. H. O. Walker's Weir-Mitchell Sanatorium, Hamilton, which has lately been enlarged and improved. This well-known system is here carried out in its entirety, and under the direct supervision of Dr. Walker, who is assisted by nurses trained in Dr. Weir-Mitchell's own Hospital.

NOTES.

BLEPHARITIS CILIARIS.—Alt (*Med. Review*) says this affection is frequently due to the face-powders in common use.

A patho-biological laboratory has been opened in connection with the State University of Nebraska, under the direction of Dr. Frank S. Billings.

Sir Risdon Bennett, in a little work on the diseases of the Bible, endorses Stroud's view that the physical cause of the death of Christ was rupture of the heart, produced by intense mental agony.

An extraordinary verdict was recently returned by an English jury, namely, "Death from failure of the heart's action, accelerated by the prick of a pin." The physician who made the autopsy failed to find any trace of a puncture.

Is cancer contagious? is the subject of correspondence in English journals. One physician is exercised because a laborer attributed the cause of his complaint to drinking out of the same vessel as his father, who died a year previously from epithelioma of the lip. What next?

The *Lancet* directs attention to the small social vices which exercise an unfavorable influence upon the physical condition of young women. As examples of the prevailing spirit of self-indulgence, mention is made of incessant tea-drinking, sipping eau-de-cologne and addiction to sensational moral-reading.

ALBUMEN, HEMIALBUMOSE, OR PEPTONE.—The following is taken from the capital little manual of clinical diagnosis, by Siefert and Muller, just issued:—"The biuret test for albumen hemialbumose, or peptone, in urine, is made by first making the urine alkaline with caustic potash, and then adding 1-3 drops of a diluted solution of sulphate of copper. A reddish-violet solution is formed if any of these are present.

Peptones are present in the urine principally in the absorption of pus and exudations, (pneumonia empyema abscesses and puerperal fever). They are not precipitate on heating, nor with nitric or acetic acids, nor with ferro-cyanide of potassium, but are tested for with the biuret test, after the *albumen* and *hemialbumose* have been removed, or proved absent. Peptone (hemialbumose) is an intermediate state between albumen and peptone. This is not precipitated by heating, but by nitric acid, acetic acid, and ferro-cyanide of potassium, as well as by acetic acid and sodium chloride. All these precipitates have the property of dissolving on heating, and reprecipitating on cooling.

Sudden death in typhoid fever is most often met with (*Dewevre in Archives de Medicine—Med. Chronicle*) between the ages of 22 and 25, being rare in infants and old people. It occurs in males more frequently than in females. It is most common in the third week of the disease in the medium forms of the disease. It generally occurs after some effort, movement, or emotion, and occasionally during sleep. Cases of sudden death in typhoid may be divided into two classes, viz., those in which the autopsy reveals pathological changes which are sufficient to account for death, and those in which no satisfactory cause of death can be discerned. Hayem thinks that a peculiar form of degeneration of the heart muscle is constantly present in sudden death from typhoid.

Hensel, in a paper on the causation of gangrene of the lungs, states (*Medical Chronicle*) that there are two distinct forms of lung gangrene, namely, the gangrene caused by the breaking down of a performed necrosis, and the gangrene caused by the action of the products of putrefaction on a sound lung or a lung previously altered, but still protected from putrefaction by a wall of living epithelium. In the last-mentioned form the gangrene germs must first produce a necrosis. They irritate the lung in their neighborhood, exciting inflammation, with catarrhal exudation, which may resolve or get caseated or become gangrenous.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, NOV. 24TH.

RODENT ULCER.

Dr. R. A. Reeve presented two patients upon whom he had recently operated. In the first—

case of rodent ulcer, involving the lower left eyelid, and a large part of the adjacent tissues—he had scraped away the diseased mass, and by a plastic operation, almost entirely removed the traces of the lesion. Dr. W. H. B. Aikins found nest-cells in the removed tissue.

In the second, Dr. Reeve had removed a piece of metal from the eye, by means of the electro-magnet, on the sixth day of its entrance. Sight would in all probability be preserved.

SARCOMA.

Dr. McPhedran presented a boy, with a tumor in the left mammary region. The following history of the case was given: About five months ago, while engaged in a scuffle, the lad fell, and his companion knelt upon his chest. There was little or no inconvenience from this at the time, but six weeks ago a slight swelling was noticed, which had increased rapidly and was tender to the touch. The apex beat was moved to the right one inch, and the right auricle could be seen beating to the right of the sternum. On the affected side the respiratory murmur was weak, and the percussion note dull. The tumor appeared to be fluctuating, though nothing but blood resulted from an incision made at the point of greatest fluctuation. The temperature was elevated 2-3 degrees, and the lad was emaciating rapidly and becoming anemic. Slight puffiness below the eyes had been noticed within the last week. The two ribs beneath the tumor appeared to be bound together. The growth appeared to be sarcomatous, the bulk of the tumor lying behind the ribs.

Dr. Johnson read an interesting paper upon a case of

POISONING BY HYOSCYAMIN.

In the ensuing discussion, Dr. Cane said that in the Toronto Asylum he frequently administered gr. $\frac{1}{2}$ of Hyoseyamin (Merc's) hypodermically in cases of pure mania without any indications of poisoning.

Dr. R. A. Reeve believed the drug might be used to advantage in delirium tremens. In the treatment of nervous affections, it was impossible to adhere to the prescribed dosage, as a large amount of the drug was apparently expended in neutralizing the disordered state of the nervous system.

STATED MEETING, Dec. 1st.

COCAINE IN MALIGNANT DISEASE OF THE BLADDER.

Dr. Carveth reported a case of malignant disease of the bladder where cocaine had been of great service in relieving the sufferings entailed. The patient being unable to sleep on account of the intense pain, and the necessity of voiding the urine every few minutes. After emptying and washing out the bladder, he nightly injected into it gr. 1 of cocaine, with the result that the urine could be retained three hours at a stretch, and the pain was relieved. Sir Henry Thompson had lately said that morphia alone could relieve the pain in these cases.

STATED MEETING, Dec. 8th.

Dr. Wilson read a paper entitled

APPLICATIONS TO THE ENDOMETRIUM,

in which he briefly summarized and compared the various methods of treatment at present in vogue.

Dr. Machell gave the following history of a case of

VOMITING OF BLOOD IN A NEW BORN CHILD, FOLLOWED BY DEATH.

Mrs. S., confined 6th Nov. Baby strong and healthy in appearance; cried lustily; breathed normally. Nursed well and regularly up to the 8th inst., about four a.m., when mother nursed her in ordinary way. Shortly after this the

nurse, who was sleeping with the mother, reached over her and took up the baby, intending to change its position in the bed, when it cried very much for 10 or 15 minutes, and a short time afterwards vomited some dark-colored matter, which was discovered to be blood when daylight came. The vomiting of blood continued, more or less, all day—often quite large clots coming up. When the Dr. saw it at 5 o'clock it was pulseless, breathed rapidly, and had a greyish-blue look, which called for an unfavorable prognosis. It died about 7 p.m. What was the lesion? Was it injured by the nurse, as the mother thinks? If so, in what way? No *post mortem* could be obtained.

Dr. Machell also reported a case of

STRANGULATED UMBILICAL HERNIA.

About 2.30 p.m., on 9th November, was asked to see Mrs. B. Her husband said she had had some pains in the bowels since last night. As I could not see her till late in the afternoon, I gave him two $\frac{1}{4}$ gr. doses of morph., with instructions to give the second one in one or two hours if first did not give relief. About 5 p.m. I saw her and got the following history. Married twice, four children. Had a small lump at navel for two years. Had two attacks of pains during summer, lasting an hour or two, during which time the lump became larger. It would then go back to its original size, but never disappeared entirely. It never prevented her doing her household work, as well as usual, up to twenty-four hours ago. Had acute pain then at umbilicus. Slept none all night. Vomiting came on this morning early, and continued at intervals all day. Vomiting became stercoraceous about 11 a.m. She was easier when I saw her, and had had little vomiting for last half hour. Large, stout, corpulent woman, weighing about 200 pounds. Pains confined altogether to umbilicus, where a mass as large as two fists (if flattened out a little) could easily be seen. It had been very tender to touch till she took the powders, but she could bear my manipulation very well. I could not reduce it at all. She said it had never been fully away since first noticed—two years ago. Pulse about 80, countenance slightly anxious, skin cool and

moist. Had taken six seidlitz powders, and made several efforts to have bowels moved, but without avail. Gave bism. and tr. op. deodorat, and asked them to put ice on till I saw her again, intending to take up a chloroformist during the evening and anesthetize her and again attempt taxis. At 6.30 her husband came to say that she was dead. After I left she had slept for half an hour—awakened and vomited so violently that the mouth, throat, and nostrils were filled with stercoraceous matter, actually smothering her.

STATED MEETING, Dec. 15th.

Dr. Inanson showed

A STERNUM WITH CARTILAGES ATTACHED,

the third, fourth and fifth on the right side being fractured transversely, and the sixth, seventh and eighth obliquely; on the left side, the fourth cartilage was dislocated at its sternal attachment. The following history of the case was given: While working in a cutting on the Don Improvement, a quantity of semi-frozen earth and sand had fallen upon the man from a bank two feet above his head, while he was in a stooping position, partially burying him. On examination, the fractured cartilages could be easily depressed by gentle palpation, returning to their places with each inspiration. The cellular tissues of the neck and the entire left side soon swelled with emphysema, showing puncture of the left lung—caused by the ribs of that side being fractured at their angles, and (one) of the fragments having pierced the lung. On further investigation, a comminuted fracture of the left ilium from the ant. sup. spine in front to the spinal column behind, and a backward dislocation of the head of the right femur were discovered. The man lived for about nine hours; and at the autopsy the following further lesions were discovered: rupture of the left lobe of the liver, of the gastro-hepatic omentum, of the spleen, and of the hilum of the left kidney.

Dr. McPhedran gave the following notes of a case, where there was probable

RUPTURE OF THE KIDNEY.

A man, while in an intoxicated condition, had

fallen from a bridge, forty-five feet in height, alighting on a bed of stones, covered slightly by water. When seen, several hours after, no severe external injury was discovered, except a dislocation of the left wrist, with indistinct crepitation in the carpus. There was some pain in the epigastrium, but the pulse was good, and the man apparently comfortable. Seven hours later he was pulseless, passing bloody urine, with great pain, and frequent desire. Death resulted.

Dr. R. A. Reeve reported a case of

CEREBRAL ABSCESS

With the concurrence of Dr. W. T. Aikins, with whom he had seen the patient in consultation. J. P., aged 15 years, of active habits, cheerful disposition, and generally good health, was seen by Dr. Aikins first on Thursday, November 24. The lad had fallen upon his head three times during the previous twelve weeks. The first fall was due to the breaking of a trapeze, from which he hung, head downwards; the second occurred somewhat similarly—but in neither occasion was there any after-trouble. The third time was on Saturday, November 19th, when he lighted on his head instead of his feet playing leap-frog. He complained of stiff neck and some headache the next day, November 20th, but went to school as usual on the 21st. Tuesday, 22nd November, was kept at home, and was treated with household remedies for presumed bilious attack with headache. On Thursday, 24th, was found by Dr. Aikins with intense headache (right sided) and temperature 104° ; was put to bed, cold applied to head by Dr. Aikins' rubber coil-cap, and salicylate of soda ordered. The right hemicrania persisted for a week, when general cephalalgia, with pain at nape of neck, set in. Potassium iodide and bromide were then ordered. Dec. 4th, the pulse fell to 48; the temperature had remained at about 100° from the first day or two. Morphia was given to relieve excessive pain, and chloral hydrate and potassium bromide ordered as anodyne, p.r.n.

Monday, Dec. 5, 9 p.m. When seen by Drs. Aikins and Reeve, temperature was 100° , pulse 48, compressible. The patient had vomited several times during the day, but there had been

no vomiting during the illness since a few slight attacks at the beginning. There had been no rigor, delirium, unconsciousness, convulsions, or paralysis; no ptosis, squint, or diplopia; pupils normal in size and reaction; slight optic neuritis of left side, incipient of right. The right ear, which had been subject to otorrhœa from early childhood, contained some fetid discharge, which, however, had free vent, the drum-head being absent. There was a small bead of granulations at the anterior part of the tympanum; no external swelling or tenderness of mastoid. The lad would cry out now and then as if in intense pain, and then lapse into an apparent doze for a few minutes. He was quite sensible, as he had been throughout, and said he had not fallen upon his ear. Dr. Reeve thought the history and symptoms pointed to cerebral abscess. Dr. Aikins regarded the diagnosis as somewhat uncertain. Trephining the skull, as recently done to give vent to pus, was discussed, but not decided upon.

At Dr. Aikins' visit, Dec. 6, 6 p.m., the mind was clear, headache severe, pulse 48. Shortly after an enema was given; and on the patient drinking some milk emesis occurred, the face became pallid, and in a few minutes death ensued.

Post mortem, made by Dr. Wilberforce Aikins, twenty hours after death. No meningitis; marked fulness of cerebral vessels; large abscess in right temporo-sphenoidal lobe—right half of base of brain $\frac{1}{2}$ inches wide, left 3. Floor of abscess lay directly on dura mater of petrous, which, with the underlying bone and rest of middle fossa was found to be normal, equally with that of left side. The abscess was $2\frac{1}{2}$ inches in lateral diameters and 2 inches vertically, and was encased, save at bottom, by a thick sac. The contained pus was very fetid, greenish-yellow, and mucoid. Without the sac, *i.e.*, above and around the sides was a layer of lemon-colored sodden brain tissue, from $\frac{1}{3}$ to $\frac{1}{2}$ inch thick. There was an abnormal quantity of fluid in the ventricles. The rest of the brain was healthy.

Remarks.—Dr. Reeve said but for cases reported of cerebral abscess with sac at or within eight weeks after injury, he would have regarded this one as of much older date than that of the

first fall, from the double fact of the thick wall and mucoid pus; and therefore secondary to the otitis through the medium of the lymphatics and vessels. At any rate the *post mortem* showed what has been noted before, that in cases of one-sided chronic purulent otitis media, brain mischief, if not directly due to the otitis, preferentially occurs on the same side after traumatism, and that otitis renders the latter the more serious. It also confirms the insidious and treacherous nature of cerebral abscess as well as of chronic purulent otitis; and the need of caution in prognosis. An operation would have been practically useless in this case, which teaches the further moral that failure may be expected in some instances where symptoms alone would lead to the hope of success from trephining, drainage, etc. The temperature and pulse are not reliable guides.

He remarked further that the case was one of especial interest. Gull and Sutton were of opinion that the symptoms resulting in these cases are due to the inflammatory and other changes around the cyst wall.

Some discussion ensued as to the advisability of trephining in the above case.

Dr. Atherton gave the notes of a similar case in which an abscess had formed in the mastoid region, probably from a blow seventeen years previous. He had trephined with good results.

Dr. Oldright gave notes of a case in which abscess resulted from a gentleman being thrown out of a carriage upon his head. Death resulted in seven days. The autopsy revealed pus upon the inner surface of the dura mater and granulation tissue.

Dr. R. A. Reeve presented the abscess sac, the account of which is given above.

Dr. Machell related the following history of a case of

SCIRRHUS OF THE BREAST.

Mrs. W. sought advice on December 1st, about her left breast, which was tender, hardened, and considerably inflamed at the upper and inner part, the nipple being retracted. The age was 38 years, and she had six children, the eldest being eleven. With the first confinement, the left breast became inflamed, pus formed, and the breast was lanced in several

places. Since then she has been unable to nurse with it. Otherwise this breast had never caused her trouble, or been tender, except during two or three days subsequent to each confinement, until the present trouble began three weeks since. The family history was excellent. The acute pain in the breast began within the last few days. The retraction of the nipple dated back to the first confinement. The axillary glands were found slightly enlarged. The diagnosis was scirrhous cancer, and operation advised, which was performed on the 15th, with the assistance of Drs. Cameron and Aikins. Several small glands were removed from the axilla. The sutures were removed on the ninth day, and primary union was secured throughout. The specimen was presented.

MENINGOCELE.

Dr. Carveth presented a fœtus with a large meningocele attached to the occiput.

The following history of the case was given:

Mrs. S., aged 23, married 3 years, suffered from intense vaginismus until 9 months ago, which precluded the possibility of coitus. For this she had been treated by several physicians. A growth the size of a cherry was removed from the vagina 2½ years ago. A red, tender, irritable caruncle of the size of a wheat grain was again removed 1½ years later. Dilatation of the vagina with glass dilators was next attempted, unsuccessfully. Chloroform was used as a last resort. Conception took place, but shortly afterwards a cystocele developed, and about the end of the 7th month premature labor came on. On vaginal examination, a soft mass was found presenting alongside the head, resembling the urinary bladder. On rupture of the membranes, a very large amount of liquor amnii escaped, but the tumor still remained. The mass proved a meningocele, and delivery was safely concluded. The patient made a good recovery, and the bladder gave no further trouble.

Dr. Atherton reported a similar case of meningocele. He had tapped the tumor ten times, but it refilled each time. The growth was finally protected by a leather cover, and the boy had grown up.

D. J. GIBB WISHART,

Secretary.

Correspondence.

COCAINE SPRAY IN SPASMODIC AND INFLAMMATORY CROUP.

MR. EDITOR—Permit me to add another instance of the value of cocaine to the already large list of diseases in which its use is of such advantage. During the past two months a 4 per cent. solution, administered by means of a Millards' atomizer, has given me very much satisfaction in the treatment of spasmodic and inflammatory croup among children. Its sedative effects are immediate and gratifying, its astringent property is just what we desire, and its administration easier than that of any other remedy given in any way other than by spraying. In diphtheria the following was prescribed, with much local benefit: Sol. cocaine 4 per cent. ʒj, listerine ʒj. Use with atomizer every one, two, or three hours. Just at this time of the year it is hoped that this may be of some service to your many readers.

Yours, etc.,

J. E. WHITE.

Book Notices.

The "*Don't Forget It Calendar*," 1888.

This is a most useful calendar for daily engagements, and a ready reference to the past; neat and useful. Price, 20 cents. New York: E. B. Treat, 771 Broadway.

Sexual Impotence in the Male and Female. By WILLIAM HAMMOND, M.D. Pp. 305. Detroit: George S. Davis.

A Complete Handbook of Treatment; arranged as an Alphabetical Index of Diseases. By WM. AIKEN, M.D., F.R.S. Edin. Edited with Notes and Additions by A. D. Rockwell, A.M., M.D. Pp. 444. New York: E. B. Treat, 771 Broadway.

The Medical News' Visiting List, 1888. Lea Brothers & Co., Philadelphia.

This list, which is arranged for thirty patients a week, is all that could be desired. The general plan is excellent. It contains a vast amount of useful information, especially for emergencies, and gives good tables of doses and therapeutics. Those who possess it might do

worse than study the introductory pages carefully while waiting for the os to dilate in labor, or during other moments of leisure.

Text-Book of Therapeutics and Materia Medica.

Intended for the use of Students and Practitioners. By ROBERT T. EDES, A.B., M.D. Philadelphia: Lea Brothers & Co., 1887.

This is a new work on therapeutics written especially for students who have not the time to master the larger works. The student will find within reasonable compass all that he requires in preparing for examinations. Dr. Edes was formerly Professor of Materia Medica and Jackson Professor of Clinical Medicine at Harvard University, and his experience as a teacher has enabled him to write a book that is "just what the student wants."

Diseases of the Female Urethra and Bladder.

By F. WINCKEL, M.D., of the Royal University, Munich; and

Diseases of the Vagina. By A. BREISKY, M.D., of the Royal University, Vienna. Edited by EGBERT H. GRANDIN, M.D., of New York. These two treatises constitute Vol. X. of "A Cyclopaedia of Obstetrics and Gynecology" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

Dr. Winckel first gives an interesting historical retrospect of his subject, and then goes on to describe the anatomy, and the methods of examining the female urethra and bladder. He then takes up malformations and diseases of the urethra, including abnormal positions, new growths, neuralgias, etc., after which he treats in the same systematic way, diseases of the bladder.

Dr. Breisky follows pretty much the same plan in describing the diseases of the vagina. Both treatises are excellent in all respects, and form valuable additions to this admirable cyclopaedia.

Diseases of the Hair and Scalp. By GEORGE T. JACKSON, M.D. Pp. 355. New York: E. B. Treat, 771 Broadway.

This work is the only one that we know of entirely devoted to the study of the special diseases of the hair and scalp, and the author is to be congratulated on the success of his endeavors. The subject is handled systematically and with great clearness. It is divided

into four parts, which embrace the whole subject; the first, describing fully the anatomy and physiology of the hair and hygiene of the scalp, embraces 63 pages; the second to essential diseases of the hair, included in 118 pages; the third, parasitic diseases of the hair, 75 pages; and fourth, diseases of the hair secondary to diseases of the skin; the whole supplemented by a complete bibliography and journal literature of 25 pages. The book is neatly gotten up, and the type-work good—a credit both to author and publisher. We can thoroughly recommend this work to the profession. It is just this class of publication that the busy practitioner requires for ready reference, where he can find the literature of the subject dealt with up to date.

Manual of Clinical Diagnosis. By Dr. OTTO SEIFERT, Weirzburg, and Dr. FRIEDRICK MULLER, Berlin. Third Edition Revised and Corrected by Dr. Friedrich Müller. Translated, with the permission of the authors, by William Buckingham Canfield, A.M., M.D.; with sixty illustrations. New York and London: G. P. Putnam's Sons; The Knickerbocker Press. 1887. Pp. 160.

This manual, in fourteen chapters, treats of the Blood, Temperature, Organs of Respiration, Sputum, Laryngoscopy, Circulatory System, the Pulse, Digestive and Abdominal Organs, Urine Producing System, Transudations and Exudations, Parasites, the Nervous System, Analysis of Pathological Concrements, Metabolism and Nutrition, Dose Table. Students and clinical clerks will find this little book a most valuable aid in their studies, and every student should buy it and carry it in his pocket for constant reference. It is one of the very best we have seen of its kind, short, concise, and to the point, and, as the translator says, "has been brought down to the latest acquisitions of science, thus representing the most advanced views."

Differential Diagnosis. A Manual of Comparative Semeiology of the more important diseases. By F. DE HAVILLAND HALL, M.D. Third American edition. Philadelphia: D. G. Buntion, Publishers.

This work is founded upon Dr. F. de Havilland Hall's synopsis of the diseases of the Larynx, Lungs and Heart. The American editor has

extended the plan adopted by Dr. Hall, so as to make it embrace all the more important diseases. In the revising of the work, the American editor has held specially in view (1) the early and often overlooked signs of the presence of disease; (2) the collection of whatever symptoms are alleged on good authority to be pathognomic of pathological conditions; (3) any peculiar features which diseases have been found to present in this country. Students will find this a very useful aid in the study of the diagnosis of disease. It is impossible to give in a book of a little over two hundred pages a complete treatise on this vast and important subject. It is marvellous how much has been crowded into so small a space. A good criterion by which to judge of the merits of a text-book is when one can readily find in it an answer to any question which may arise on the particular subject of which it treats. We have frequently so used the present work, and have found it a very good book of reference. We would especially recommend it to medical students.

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOW, M.A., M.D., LL.D., Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College, of Philadelphia, Physician to the Philadelphia Hospital, etc., etc. Sixth edition, revised and enlarged; 8 vols., cloth, pp. 802. D. Appleton & Co., New York, 1887.

Barthow's work on therapeutics is eminently practical, and its deserved popularity is practically shown by the fact of six editions having been published within the short space of eleven years. On its first appearance it achieved a place in the front rank of American works on Therapeutics and Materia Medica, and every edition since has been kept abreast of the times by careful revision and the addition of all reliable advances and discoveries. Over one hundred pages have been added to the fifth edition, treating of the actions and uses of those new remedies that have stood the test of careful physiological study and clinical experience. Physiological action has, in the main, been the author's basis in discussing the therapeutical applications of remedies, though well-established empirical facts have nowhere been neglected throughout the work, which, in

our opinion, is one of the best published, both for students and practitioners. At the end of the volume is an excellent clinical index of twenty-eight pages, giving under each disease references to every reliable remedy that has been recommended; and making a valuable therapeutical concordance for the busy practitioner to consult.

Obituaries.

DEATH OF DR. TREW.

The announcement of the death of Dr. C. N. Trew, of New Westminster, on the 27th of October last, was received with regret throughout this Province. Having been a resident of British Columbia since 1870, he had formed a large acquaintance. He formerly resided at Newcastle, Ont., where his relatives still live. He graduated from Victoria University in the year 1866, and became a member of the College of Physicians and Surgeons of Ontario in 1869. During the number of years resident here he became well known, and had many personal friends. He took a warm interest in all matters pertaining to the medical profession. After the passing of the Medical Act of 1886, he was elected vice-president, and in the spring of this year was elected president of the Council, which position he held at the time of his death. By his death the Medical Council and profession have lost an able officer and an earnest worker in the cause of medicine. For many years up to the time of his death he was surgeon of the Provincial Penitentiary and Jail, at New Westminster, and surgeon to the militia, to which he was an active member. At the last meeting of the Dominion Medical Association he was elected one of its vice-presidents.

G. L. M.

Victoria, B.C., Nov. 22nd, 1887.

Personal.

Dr. Lorne Campbell has returned to Montreal, after an absence of several years in Europe.

Prof. Weichsbaum, of Vienna, has declined the chair of pathological anatomy in the Innsbruck University.

Professor Ramsay Wright attended the meeting of the American Society of Naturalists, held during Christmas week, at New Haven.

Dr. W. H. B. Aikins was married to Miss Augusta Wood, only daughter of Mrs. F. R. Eccles, of Ellwood Place, London, on Tuesday, December 27th.

Professor Osler, of Philadelphia, spent a portion of his Christmas holidays in Toronto. He visited the School of Science, where he remained a good portion of a day, examining the new apparatus, and discussing methods of teaching. He thinks the methods and appliances of the department of General Biology and Physiology in the University of Toronto, are unsurpassed for teaching purposes on this continent or in any part of the world.

Miscellaneous.

BETTER WAIT AWHILE.—Patient: "What would you think of a warmer climate for me, doctor?" "Good Lord, man, that's just what I'm trying to save you from!"

Lawyer (in hoarse whisper): "Doctor, I've such a cold this morning that I can't speak the truth." **Doctor (sympathetically):** "I'm glad it isn't anything to interfere with your business."—*Boston Herald.*

Physician (to anxious wife): "We have held a consultation, madam, over your husband's case; he is a very sick man, and it might be well to send for a minister, I think." **Anxious wife:** "Will one be enough, doctor, or would you advise a consultation of ministers."—*Life.*

A LESSON IN PHYSIOLOGY.—A pupil in one of the public schools of the city complied recently in the following manner with a request to write a composition on the subject of a physiological lecture to which the school had just listened:—"The human body is made up of the head, the thorax and the abdomen. The head contains the brains, when there is any. The thorax contains the heart and the lungs. The abdomen contains the bowels of which there are five, A, E, I, O and U, and sometimes W and Y."—*From the Philadelphia Item.*

There is a milkman at Brixton who has a ready wit that a lawyer might envy. One of his customers caught him watering his milk at the horse-trough the other day. "What!" said the customer, in a rage, "isn't it enough that your milk is full of typhoid without you going and watering it?" The milkman turned round, and, smiling compassionately, said to two or three bystanders: "What can you do with a man like this? He actually wants his typhoid straight."—*Journal of Reconstructives.*

THE J. P. BUSH MANUFACTURING Co.—Dear Sirs: A microscopic examination of Bovinine reveals the presence of large quantities of red and white blood corpuscles; also minute fat globules and crystals of Leucine and Tyrosine. No fibrin or bacteria present. The blood corpuscles are practically unchanged, the red cells being simply decolorized, due to their suspension in a watery medium. Culture tubes of nutrient jelly, agar agar, and peptone broth, inoculated with Bovinine, and kept in an incubator for a week, failed to develop any bacteria. Respectfully yours, W. M. GRAY, M.D., Microscopist to Army Medical Museum.

One or two drops of Bovinine placed in a test tube with 10 c. c. of water, heated, and a drop or two of nitric acid added, reveals the presence of large quantities of Albumen.

W. M. G.

DANGEROUS EFFECT OF LAUGHING GAS.—

Two ladies, both prominent in the most refined, religious and social circles to be found in Kentucky, and reside not a hundred miles from Stanford. One, whom we will call Mrs. A., was a modest matron, and desiring to have several teeth extracted, called upon her neighbor Mrs. B. to accompany her to the office of the dentist and help her to get her courage up. Reaching the office presently it was found that Mrs. A.'s courage was at a very low ebb, and she was persuaded to test the efficacy of "laughing gas." The dentist "had given it to scores of patients; there was not the slightest danger," and he assured Mrs. A. that she would recover from the effects of the gas in a little while, and would suffer no pain whatever. With nerves wrought up to the highest tension

Mrs. A. took the chair, and the dentist began to administer the gas, the effect of which was somewhat startling to him and absolutely horrifying to Mrs. B.

The patient was getting well "under the influence" when the following dialogue occurred:

Mrs. A.—"Is everything ready?"

Mrs. B.—"Yes, everything is all right."

Mrs. A.—"Has the doctor come!"

Mrs. B.—"Yes, the doctor is here."

(Here the doctor gets his nippers on a decayed molar, and after a few twists and jerks lifts it out.)

"Mrs. A.—"O, my; nobody ever suffered such pains, doctor. Doctor! will it kill me?"

Doctor—"O, no, madame. It will soon be over," as he drops another tooth on the floor.

Mrs. A.—"Where is papa?"

At this point Mrs. B.'s veil is drawn fourteen double over her face, and the dentist's face turns as red as a beet, as he drops out the last ugly tooth and sprinkles a little water in the lady's face.

In a greatly relieved voice Mrs. A., still laboring under the delusion, asks: "Is it a boy or girl?"

The last query utterly paralysed the doctor, who made a break for another room, leaving the ladies alone."—*Leavenworth Sun.*

TERRIBLE MISTAKE.—"Man Peter," said a Scotch quack doctor to his apprentice, "ye maun aye be awfu' cautious in pharmacy. Even I ance made a terrible mistake.' I was attending Mrs. Kittlebody, wha was sair fashed wi' tickdolaroo, an' I was called upon by John M'Fikeit, wha's croon was sae thin o' hair—as weel as sense—that he was ashamed o't, especially as he was coortin' a strappin' young widow that had a fine public hoose; an' I mixed up baith potions at the same time, an' losh sake, man, I happened tae gie them ilk ither's medicine! So puir John rubbin' Mrs. Kittlebody's preparation for her tickdolaroo on the tap o' his head, declares he's had a bee in his bonnet ever since; an' Mrs. Kittlebody rubbed her jaws wi' the ointment intended for John's bald pow, in less than a fortnicht had a pair o' whiskers the envy o' a' the young men o' the village."