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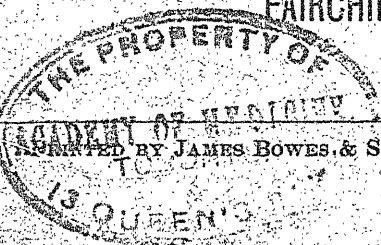
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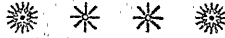
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No. 11.

Original Communications.

CHRONIC SEMINAL VESICULITIS, WITH A CASE REPORT.

By FOSTER MACFARLANE, M. D., St. John, N. B.

Read at the N. B. Medical Society, July 22nd, 1896.

There has been apparently little known of the pathology of chronic seminal vesiculitis until within the last year or two. I may say, though I do so advisedly, that chronic and subacute seminal vesiculitis are not sufficiently well understood, and when we examine how little is said on the subject in surgical literature, not only of the past, but of to-day, we may not wonder, that the ordinary practitioner, should become bewildered and perplexed, in the diagnosis and treatment of this malady. Some writers have devoted some little space to the consideration of the acute form of this disease, but nothing is said of its chronic condition. Though it is found that the seminal vesicles, are as liable to inflammatory attack as any other of the genito-urinary organs, and the symptoms that accompany them, are as aggravating and formidable, and impress the cerebro-spinal centres to that degree, as to produce lamentable conditions; deterioration of both body and mind; exhaustion, excitability, and intellectual disorders gradually take the place of the love of work, general well-being and spirit of initiative, yet as has been already observed, little literature as yet has been given upon the subject.

Gross in his work on surgery, devotes eleven pages to diseases of the prostate, nineteen to diseases of the testicle, twenty-four to the urethra, and four to the seminal vesicles. Wyeth gives ten pages to diseases of the prostate, five pages to the testicle, twenty-four to the urethra, and ten lines to the seminal vesicles. Holmes in his work gives seventeen pages to diseases of the testicle, six to the prostate, twenty-four to the urethra and fourteen lines to the seminal vesicles. Dennis in his late system of surgery is a little more generously inclined to do justice to these important organs, and devotes one page of the four large volumes to them, while he contributes fifty-eight pages to the testicle, thirty-eight to the prostate and twenty-five to the urethra. If we had space we might refer to others to confirm what we have said.

In 1894 in the June and July numbers of the journal of "*Cutaneous and genito-urinary diseases*," there appeared an article by Dr. Eugene Fuller of New York, under the heading "Persistent urethral discharges dependent on subacute and chronic seminal vesiculitis." In this article, many points are made, that have not been approached before. Last year Dr. Fuller wrote a book, entitled, "Disorders of the male sexual organs." In this work the whole subject was considered. The anatomy of the male reproductive organs, was very carefully made, and the specimens illustrated by photographic plates, and points are made in anatomy that heretofore are not known. In considering the physiology of these organs, many points are introduced that are not found in the text-books on physiology. The pathology is also dealt with, as well as the clinical features of chronic and subacute inflammation of these organs; diagnosis prognosis and treatment. In his treatment he stands unique; as he follows a plan that hitherto has not been employed. In this work he reports thirty-eight cases as illustrative instances. We refer to Dr. Fuller's work, because we are indebted to his plates for many points that will be noticed in this paper, and we may further state that we do not wish to claim any credit for nor to pose as a pioneer in any new things that have been pointed out by Dr. Fuller, but we may say, that the writer has for the past two years, been giving some time and study to this subject, not only theoretically but has had opportunities for practical work, and his conclusions agree in almost every point with Dr. Fuller. We have all no doubt noticed the striking similarity that exists between certain organs of the male and female genitalia, as to structure, function, and condition in disease.

In structure the seminal vesicles are in many respects homologues

of the fallopean tubes as well as somewhat analogous in function, and it will be noticed that the morbid conditions, and complications that exist in disease are very similar. So that in studying the diseases incident to the male reproductive organs, it will be well to keep this in mind and it will very much aid us in diagnosis and treatment. Salpingitis is one of the complications of gonorrhoea in the female, and probably seminal vesiculitis is quite as common, as one of the factors that constitute a troublesome case of the same specific disease in the male. All writers name epididymitis as a complication of gonorrhoea, but little if anything is said of seminal vesiculitis as a complication; but when we consider, how much greater, the distance the testicles are from the seat of contagion, than the seminal vesicles, one can but see that the chances are very much in favor of the escape of the testicle; "For the infectious inflammation, which has once reached the orifice of the ejaculatory ducts is much more likely to extend along the half inch duct into the seminal vesicles than along the sixteen inch passage to the epididymus," (*Dennis*). As there are some points in the anatomy and physiology of the region, we are considering, that have been overlooked by the writers of the text books on these subjects, it would be well to devote a little time, to their study, and though it may appear foreign to the subject, yet it will enable us, better to appreciate the subject matter of the succeeding pages.

Gray in his description of the lower or clubbed end of the vas deferens, states "In this situation it becomes enlarged and sacculated, and becoming narrower, at the base of the prostate, unites with the duct of the vesiculi seminales." Gray's plates and description of this organ are incorrect, and seems to have been drawn more from theory, than a correct study of the subject. If the cavity of the seminal vesicles be exposed and a section of the ejaculatory duct, be made at the point where it joins the urethra, and the duct catheterized, with a bristle, it will pass through the lumen of the duct, without any interruption, and its point will be seen entering the seminal vesicles, but by the most careful manipulation, it cannot be made to enter the vas deferens, showing conclusively, that there is no direct communication between the ejaculatory duct and the canal of the vas deferens. Then if the duct of the vas deferens does not communicate with the ejaculatory duct, as pointed out by Gray, let us examine for the point of communication. I am indebted to Dr. W. W. White for these two diagrams. The first was copied from Gray's Anatomy and the other

from a real photograph of the region by Dr. Eugene Fuller and copied by Dr. White. You will observe the difference of the one drawn from theory and the other which is an exact copy. If a section of the vas deferens be made at the point where it joins the seminal vesicles, a small opening will be discovered, which if explored by the shaft of an ordinary sized hair-pin, it will be found to pass in an almost opposite direction, to that described by Gray. Instead of passing downward and forward to join the ejaculatory ducts, it will be found to pass upward and backward at a sharp angle with the canal of the vas deferens, and the point of the hair-pin, will be seen to enter the seminal vesicles near its apex, a large portion of the duct being incorporated within the walls of the seminal vesicles. If this duct be examined it will be found that its walls are invested with circular muscular fibres. Again if the opening in the section, looking towards the vas deferens be examined, it will be found larger, than the canal we have just examined, and will admit a probe twice the size of the one that was a tight fit for the other. This sized cavity extends for something over an inch, when the canal of the vas deferens at once becomes smaller and would be a tight fit for the same probe, and when the point is reached as far back as the apex of the vesicle, the same probe will not pass along the canal without rupturing its walls. This large lower end of the vas deferens on examination, is found much greater in circumference than any other part of the organs, but the increase in circumference is not so much due to the increase in the calibre of the canal, as it is to the thickness of its walls; for here the walls are very thick and muscular, being furnished with layers of transverse and longitudinal muscular fibres. The cavity of this enlarged end of the vas deferens is called the ampulla of Henle, and is an organ in itself, and has peculiar functions like all other muscular cavities. If its mucosa be examined Dr. Fuller states, "It will be found interwoven with muscular trabeculae resembling the inner walls of the cardiac ventricles," and Dr. James Ewing examined twelve specimens of the ampulla and found the inner lining invested with high columnar non-ciliated cells. The same cells invest the mucosa of the seminal vesicles.

The functions of the organs we have just considered together with the functions of the prostate gland may be arranged under three headings. Firstly, to convey the testicular fluid to the seminal vesicles; secondly, to store it and provide means for its nourishment and preservation, and thirdly, to expel it. In reference to the first function of

attracting the fluid to the vesicles, it has always been taught that this was accomplished by the action of the ciliated epithelium of the mucosa of the vas deferens; but it has been shown that in points of the canal, no ciliated epithelium is found. The ciliated epithelium may assist in this function; but it seems that the organ to which is assigned this work is the ampulla of Henle. Again it is also taught in the works on physiology, that this cavity serves in common with the seminal vesicles as a reservoir for the seminal fluid as well as aids the vesicles in expelling it during the ejaculatory act. This as has been shown by the anatomy of the parts must be fallacious, as it has been shown that there is no direct communication between it and the ejaculatory duct, as has always been supposed. Again the ampulla is too small a cavity to act as a storehouse. Then if the ampulla of Henle, is but a reservoir for the seminal fluid nor cannot take any part in expelling it; what are its functions? We all understand the law of a muscular cavity that when it becomes distended it empties itself. We will suppose its muscular walls contract, and they do contract at times; for what other function has muscular tissue, its contents would be poured out through the sphincter duct, into the seminal vesicles and according to the rule of all sphincter muscles, as soon as the cavity is empty over which they preside, they close the outlet and prevent a backward flow. The ampulla then becomes relaxed and a tendency to a vacuum is created and the fluid would be attracted to the cavity from the extremity of the canal. In this way the ampulla of Henle acts as a suction pump, it draws the fluid from the distal extremity of the canal by one action and by another it is poured out into the seminal vesicles. The functions of the seminal vesicles are: firstly, they store the seminal fluid; secondly, they supply a secretion to preserve and nourish the spermatozoa; and thirdly, they assist the prostate in expelling seminal fluid through the ejaculatory ducts and urethra. The prostate is strictly one of the reproductive organs, and takes no part as has been supposed it did, in the urinary act. Its muscular tissue preponderates over the glandular. It has three functions which act simultaneously during the ejaculatory act. The muscles of the lobes are so blended with the muscles of the walls of the vesicles that during ejaculation the latter are drawn powerfully down, by the contraction of the lobes and their attraction upon the longitudinal fibres of the walls of the vesicles and in this way they are pressed firmly against the mouths of the ejaculatory ducts. This together with

the contraction of their own walls propel the seminal fluids along the ejaculatory ducts and the urethra with considerable force. The second function of the prostate, during its contraction is to close the urethra and prevent a backward flow of the seminal fluid into the bladder. Third function, its glands secrete a fluid that acts as a lubricant to the seminal fluid. The pathology of these organs shall be given as briefly as possible and in the words of Dr. Fuller, who has made special study of the subject.

"Inflammation of the vesicles may be grouped under three headings: 1st, simple, 2nd, gonorrhœal, 3rd, tubercular. Of 22 cases that were collected, 13 were gonorrhœal, 7 tubercular and 1 simple, of all the cases of seminal vesiculitis about 64% are of gonorrhœal origin and to deal with these cases was the object of this paper.

"It is in connection with the seminal vesicles themselves including their contents, the walls, the perivesicular tissue and the ejaculatory ducts, that most of the pathological changes occur, which cause disturbances in the sexual function, which these pathological processes cause, seems to be dependent largely at least on the extent to which they interfere with the act of ejaculation. The changes due to inflammation are the chief pathological factors in this consideration. As a result of them, the contents of the vesicles, may lose in a great measure their liquid qualities, becoming thickened and gelatinous, the walls of the ejaculatory ducts may grow inelastic and unyielding, the walls of the main cavity of the vesicle may become dense and liquid, and associated with this condition, the perivesicular connective tissue, may in the case of extreme inflammation, become extensively infiltrated. When the liquid qualities of the contents of the vesicles, become thick and gelatinous and gets as it were in a state of constipation. The thicker and more gelatinous the contents of the vessels become from the impairment of the expulsive force, the harder it is to empty them. The result is that they become overdilated."

A. B. Aet, 42, native of this province. good personal and family history, contracted gonorrhœa four years ago. which lasted about three weeks and was followed he states by a watery discharge which continued until May, 1895, or about three years. At this time his case was diagnosed chronic seminal vesiculitis. During the three years that he had been suffering, was attended by a number of physicians, and was told by some that his case was chronic cystitis, by others inflammation of the prostate, enlargement of the prostate, stricture of the urethra,

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DR. J. LESPERANCE, St. Denis St., Montreal, tells us that he can express no higher opinion for Wyeth's Extract of Malt than to say that he has at present some sixty patients using it.

"In Wyeth's Extract of Malt I believe you have produced an article the want of which was felt, and that it will prove a great benefit to convalescents, and those of weak digestive powers. I will gladly recommend it in suitable cases."

E. H. T., M. D., Montreal.

DR. A. R. GORDON, Toronto, writes:—

"Messrs. John Wyeth & Bro.,—I write you regarding your Liquid Malt Extract and congratulate you upon its merits, and may say that during the past year I have ordered in the neighborhood of 30 doz. of same, besides my prescriptions. Have been highly satisfied with its effects."

DR. C. R. CHURCH, Ottawa, writes:—

"I have employed Wyeth's Liquid Malt Extract in my practice for some time past, and am in every way satisfied that it is a most valuable assistant to the processes of digestion. Its taste is agreeable, and is in my opinion a nutritive tonic."

J. H. DUNCAN, M. B., Chatham, Ont., writes:—

"It affords me great pleasure to say that ever since its introduction I have prescribed Wyeth's Malt Extract with gratifying results. I believe it to be a most valuable and reliable aid and stimulant to the processes of digestion and assimilation, in addition to its purely nutrient qualities, which from analysis given must be of a high order."

DR. DEMARTIGNY, St. Denis St., Montreal, also tells us that he has some thirty patients using Wyeth's Malt Extract, and recommends it very highly.

"I have often had much difficulty in getting patients to take the semi-solid Extracts of Malt and your preparation of Wyeth's Liquid Malt Extract I think will fill a long felt want; and I see a very large field for its use."

F. WAYLAND CAMPBELL, M. A., M. D., L. R. C. P., Lond.

DR. F. A. MARCOTTE, of St. Anne de la Perade, also writes:—

"I prescribed Wyeth's Malt Extract as a tonic in great feebleness produced by laborious accouchement with excellent results, and I can recommend it above all as a tonic to augment lacteal secretions."

DAVIS & LAWRENCE CO., (Lim.) Montreal,

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Pharmaceutical Preparations.

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For the treatment of subacute and chronic rheumatism, rheumatic gout, uric acid diathesis, renal calculi composed of uric acid, and irritable bladder from excess of acid in the urine.

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(Each tablet represents 3½
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ELIXIR TERPIN HYDRATE

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Elixir Terpin Hydrate
and Codeine.

*Remedies for the cure of Bronchitis,
Coughs, Bronchial Catarrh,
Asthma and like affections of
the Throat and Organs of
Respiration.*

There seems to be little or no doubt from recent investigations and the flattering results of the internal exhibition of this derivative of Turpentine, that it plays a very important part in the therapeutics of the profession. In the treatment of Chronic and Obstinate Cough, Bronchitis, etc., it has proven itself. A number of our medical men most familiar with the treatment of diseases and ailments of the lungs and throat have pronounced it as "the best expectorant in existence."

In addition to the elixir forms, Messrs John Wyeth & Brother manufacture it in a compressed tablet form affording a most convenient, agreeable and efficient mode of administration.

Made of two, three and four grains.

Practical physicians need hardly be told how frequently ordinary cough remedies and expectorants fail; the agents that relieve the cough disorder the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough it is of vital importance to maintain the nutrition, the value of a remedy such as Wyeth's Syrup White Pine can be readily appreciated.

SYRUP WHITE PINE.

••

DAVIS & LAWRENCE CO., LIMITED.

General Agents, Montreal.

etc. He said that he did not receive any benefit from treatment, but continued to have more bodily and mental lassitude. Sometimes was obliged to remain in bed for two or three days at a time. Lost all ambition, was melancholy and despondent and was unable to walk any distance, when he attended the interment of the dead, he would wish that he could exchange places with the diseased, and often these impressions became so marked, that thoughts of suicide would be suggested, but never was carried so far as to make any attempt upon his life. Had always been industrious and loved work, but during the years of his illness seemed unable to prosecute any physical or mental work. Lost all relish for reading and when an attempt was made could not follow the meaning or intention of the writer. Could not concentrate his mind on any subject for any length of time, and in an attempt to do so became lost. During all these years had a persistent urethral discharge, frequent and painful micturition and the urine was muddy. Had burning sensations along the urethra, sometimes in one part, and sometimes in another, sometimes just behind the frænum and at other times at the neck of the bladder, which would become aggravating during rectal dejections or in walking.

The pain, he stated, during the act of defecation, would be accompanied by the most intense headache. Had depression after sexual excitement. Sometimes had pain in the epigastrium, buzzing and ringing sounds in the ears, numbness and hot and cold sensations in the extremities. Had hyperæsthesia and anæsthesia in parts. Was fearful of impotency. Had peculiar sensation in the penis, scrotum and testicle. His penis felt cold, numb, shrivelled and relaxed, and sometimes there was a feeling that the organ was foreign to the rest of the anatomy. Then again there was a dragging and relaxation in connection with the testicle and scrotum causing him to believe as patients usually do in this disease, that the testicle was withering, although there was no evidence of it. The history of this case and the present condition of the patient, lead us to request a physical examination. The signs that are obtained by a rectal exploration is of more value in deciding the diagnosis than any that may be found in any other way. It is by them that the existence and extent of disease are verified; by these signs we are enabled to arrive at definite and correct conclusions. The index finger which is to be used in the examination should be carefully educated, so that it may become familiar with all the parts, not only in disease and its different phases, but in health as well.

There is something strikingly significant and peculiar in the educated touch, as a means of discovering and interpreting disease, in the different departments of our work. The finger is educated for any particular department, may become so skilled, as to be able to interpret every touch, but may fail to accomplish anything in other departments of study. The right index finger of the practical obstetrician, may guide him in his work; but the training he has received would not be likely to fit him for bimanual palpation in gynæcology, nor to obtain the information he desires in an exploration of the rectum; for the diagnosis of diseases of the male genito-urinary organs. In making a physical examination, the patient is required to stand with his feet considerably separated and to bend forward his body at an angle of about 70°. The surgeon sits on the left of the patient and places his left hand quite firmly over the pubes. (The bladder is supposed to be filled with urine.) The right index finger is introduced into the rectum. The first organ that is presented to the touch, is the prostate gland, and we may say just here, that it is a good practice to keep the finger on the median line or as near it as possible during its introduction, until the posterior border of that organ is felt, and the notch between the lobes is discovered. The tip of the finger may then be moved to the right or left, from the first position or to the side we wish to examine, until it reach the median line of the lobe. We have seen in our study of the anatomy, that the muscles of the lobes, blend with the muscles of the walls of the vesicles, and when we are assured that the finger tip is on the lobe, all that is necessary to enable us to find the vesicle is to press it forward on the same line, and when it passes the border of the firm, rounded and unyielding prostate, it will come in contact (if the parts are normal) with tissue soft and yielding. If the vesicles are inflamed there will be felt a pear-shaped mass, the lower border of which will be found continuous, with the prostate and apparently cemented to the lobe, so that it is sometimes difficult to determine where one ends and the other commences. In this case there was found a degree of tenderness of the prostate and probably it was somewhat enlarged and when the vesicles were examined, they were found as above described. A pear-shaped tumor, tender to the touch, and when pressed upon felt doughy and inelastic, and presented to the touch the feeling experienced in pressing the finger-tip upon a sausage. Again, continuing the examination, it is necessary to explore the recto-vesicular space to ascertain the condition of all the parts in the neighborhood of these organs, as one of the complications of seminal

vesiculitis, is inflammation of the peri-vesicular connective tissue and this peri-vesiculitis may be extensive around and between the vesicles. Pressure upon this induration, shows the whole space back of the prostate, to be firm and unyielding, and so firmly adherent to the prostate, as to make it and the exudates appear like one mass. When the organs become so imbedded and surrounded in the indurated peri-vesicular tissue that they seemed to be held as if in a mould. In our case we could not discover any signs of peri-vesiculitis, but it may have existed in the early history of the case and absorption had occurred.

When the seminal vesicles become over-distended and their contents become thick and gelatinous, a condition that is effected by the inflammatory process, and the muscular walls of the cavity have so lost their tone that they are unable to expel the contents, it would seem that the most rational mode of treatment would be in employing the means by which we are enabled to empty the distended organ. Various methods have been devised, but it seems that the only one that has proved effective, was that first employed by Dr. Eugene Fuller of New York, which consists in emptying the distended organ by the pressure of the finger. This procedure is called by him "stripping the vesicles." To accomplish this the patient is placed in the same position as described in the physical examination and all the points observed that were referred to there. When the finger has reached as far back over the distended organ as is possible, pressure is made upon the vesicle and forward movement is made over the walls of that organ and the pressure is continued over the prostate gland, so that any material that has been lodged in the ejaculatory ducts may be expelled into the urethra, and it will be found when the patient urinates, which he is requested to do; that the urine, which should be voided in a clear wide-mouth bottle, will contain masses of a gelatinous material, which upon microscopical examination, will be found to contain pus corpuscles and dead spermatozoa. It may not be supposed that the spermatozoa, when first expressed into the urethra are dead; but on the contrary if pressed forward to the meatus, and a drop secured and placed on a slide, the microscope may very likely reveal living organisms. But when the seminal fluid is expelled from the urethra by a flow of urine, the spermatozoa immediately dies, as they cannot exist for a moment in an acid medium.

In the matter of the treatment of these cases of chronic seminal vesiculitis by stripping, some are of the opinion that it could not be done,—the vesicles could not be found, and if found, no finger is long

enough to reach to the apex of the vesicle, and that no one could succeed unless he had a very long finger. It is true that an ordinary finger cannot reach the apex of the vesicle, but a finger of ordinary length can accomplish this stripping procedure, by emptying the lower part of the organ and naturally the material in the upper part will take the place of that already expelled. It is necessary that this stripping should be done as often as every four or seven days and in ordinary cases a cure will be effected in from 6 to 8 weeks. But when the case is very chronic, as this was, treatment may be required for a year or more.

In this case as soon as the vesicles were emptied, the patient found relief. The treatment seemed to act as a sedative to the nervous system. He still continued to improve after every subsequent treatment, which has been continued for a year. The time seemed long, but it must be understood that after a short time, his improvement was so marked, that he was able to attend to business quite comfortably, but as his constitution was so shattered and undermined, it required a longer period than ordinary to restore his physical and mental equilibrium. He is at present in very good health and able to attend to all the duties of his calling, which are quite arduous.

We omitted to say in the physical examination, that we were indebted to Dr. W. W. White, of St. John for the microscopical inspection of the products after the stripping.

Within the last year in New York at the meeting of a society, for the study of genito-urinary diseases, doubts were expressed by some of those present as to the feasibility of stripping the vesicles, or of being able to discover, those organs by any exploration; but it seems certainly quite evident that these persons could not have had any experience, in such examinations, nor had ever attempted this mode of procedure for the treatment of this disease. When the vesicles are stripped and there are found large masses of the material expressed, which on examination it is found that the microscope reveals the presence of pus cells and spermatozoa should be sufficient evidence to convince the most skeptical. A new-born truth always has, and it may be presumed always will have to struggle for existence. To those who doubt we would repeat the lines of our old friend and teacher,—OLIVER WENDELL HOLMES:

The time is wrecked with birth-pangs every hour,
Brings forth some gasping truth, and truth new-born
Looks a misshapen and untimely growth,

The tenor of the household and its shame
A monster coiling in its nurse's lap,
That some would strangle, some would starve :
And still it breathes and passes from hand to hand,
And suckled at a hundred half clad beasts,
Comes steady to its statue and its form,
Calms the rough ridges of its dragon scales,
Changes its shining locks, its snaky hair ;
And moves transfigured into angel guise,
Welcomed by all that caused its hour of birth,
And folded in the same incircling arms
That cast it like a serpent from their hold.



PUERPERAL ECLAMPSIA.

Read before the Maritime Medical Association, at Charlottetown, August 8th, 1896. BY F. F. KELLY, M. D.

When called to see a patient with Puerperal Eclampsia, the young practitioner at least is taxed to his utmost to ascertain the cause and best mode of treatment. Many learned writers contend that the convulsions are always due to an excess of urea in the blood, whilst others, perhaps equally as learned affirm that they are the cause of its urea and that both appear simultaneously. Again, some argue they are due to cerebral congestion, whilst we are aware they sometimes come on after a severe post-partum hæmorrhage when the blood-vessels are almost depleted. The full blooded robust woman, as well as the pale anaemic is liable to them.

By way of treatment, some advise bleeding, whilst others strongly condemn it. Again, some advise bringing on labor, whilst others are satisfied to treat its convulsions and allow nature to look after the child, however, I think the majority agree that the judicious employment of such remedies as chloroform, chloral, morphine, bromide of potassium and moderate bleeding are to be recommended.

Some time ago I was called to see a woman residing in a settlement known as Bethel. On my arrival I learned she had always enjoyed good health up to a few days previous to my visit when she began to complain of drowsiness and severe headaches, she also noticed some swelling about the face and lower extremities and vomited on a few occasions. Her appetite was good and bowels fairly regular. She was in her thirty-fifth year, rather tall, and slightly built and had given birth to a child eight years previous which was living and in good health. She never had a miscarriage and was then between seven and eight months pregnant.

About 4 a. m. the morning of my visit she was seized with a severe convulsion which lasted a few minutes. I saw her about 10.30 o'clock the same day when she had had seven convulsive attacks and was then in a comatose condition and could only be aroused with difficulty. The countenance was suffused, the pulse full and bounding, the urine had been scanty for some time and she had not passed any for about twelve

hours. I introduced a catheter and withdrew about 3 ounces, which upon examination was found to be "loaded" with albumen. Believing the convulsions to be due to an excess of excrementitious matter of some kind in the system, (probably urea) producing nervous irritation, I first endeavored to quiet the nervous system by giving morphia $\frac{1}{4}$ gr.; chloral hydrate 10 grs.; and bromide of potassium 30 grs. per rectum—the chloral and bromide to be repeated every 4 or 6 hours if the convulsions continued. I also gave infusion of digitalis in tablespoonful doses every two hours, and had bottles of hot water placed about the body to help diaphoresis, with instructions to give milk and beef-tea in small quantities frequently by the bowels, the convulsions ceased about 12 o'clock noon, but the patient continued in a comatose state. On the following morning about 6 o'clock, there being no noticeable change except a slight moisture on the skin, I decided upon bleeding, having opened the median basilic vein, I withdrew about three half pints of blood, the patient regained consciousness within an hour, took nourishment freely and was apparently doing well for about six hours, when she was again seized with convulsions which followed in rapid succession and again became comatose. Forty-eight hours after the first convulsion, there being no signs of labor, I endeavored to induce it in order to save the child. After washing the vagina well with a solution of carbolic-water, I introduced a hard rubber catheter well anointed with carbolized vaseline through the os about three inches, eight hours later contractions came on and I could introduce two fingers through the os, I withdrew the catheter and after dilating the os sufficiently with my fingers, I ruptured the membranes and applied the forceps, delivering in a short time afterwards a living child. The patient regained consciousness within about an hour and was placed almost exclusively on a milk diet for some considerable time afterwards, and the following mixture given: Tr. Ferri Mur., $\bar{z}i$; Spts. Ether Nit., $\bar{z}i$; Liq. Amm. Acetatis to make $\bar{x}xvi$; tablespoonful doses 4 times in 24 hours. Four weeks afterwards the albumen had almost disappeared, the urine was normal in quantity, and the patient was able to attend to her household duties as formerly.

Clinical Notes N. D. Hospital.

STRANGULATED UMBILICAL HERNIA—GANGRENE.

Operation—Recovery.—The case here recorded has no special elements of novelty, but it brings into prominence the uncertainty as regards the condition of the intestines in a case of suspected gangrene, and that, in the hands of experts, in a large metropolitan hospital.

The general practitioner, with a limited experience in this class of cases, may feel that the same difficulty which he feels in regard to the vitality of the gut is also felt by the hospital surgeon who sees and operates on a much larger number of cases.

A woman, aged 30, had for a length of time an irreducible umbilical hernia. When seen, the hernia was in the form of a pedunculated tumour the size and shape of a large pear. As far as could be made out the strangulation had not lasted over twenty-four hours, but the suffering had not been sufficiently urgent to send for aid.

An examination of the mass gave evidences of crepitation. The patient was induced to go to hospital and submit to an operation.

At the operation it was found that the hernia consisted of omentum with a knuckle of intestine a few inches in length. The omentum was distinctly gangrenous, as evidenced by appearance, and smell, but great doubt existed in regard to the condition of the bowel. Hot, wet cloths were applied for a time, when seemingly an improvement in appearance took place, this apparent improvement was not, however, sufficiently pronounced to warrant the return into the abdominal cavity, it was therefore considered best to anchor it and await developments.

There was no trouble in regard to the anchorage, as the adhesions around the constriction were such as to keep the parts in situ. Dressings of iodoform gauze were placed over the mass and the patient was sent to the ward.

The case did well after the operation, and in a few days the slough separated at the place of constriction.

After the patient had gained sufficient strength a secondary operation was performed and intestinal anastomosis secured by means of Murphy's button. The button came away in sixteen days.

CANCER OF PYLORUS.

Operation.—This case presented an important feature in regard to the mistake made in the selection of the part of the intestine to be united to the stomach.

It was the intention to unite by anastomosis the upper part of the jejunum to the stomach, but at the autopsy it was found that the lower part of the ileum had been secured.

The history of the case was as follows: A man, 35 years, engaged in out-door work, developed dyspeptic symptoms. He tried different systems of treatment but without lasting benefit. He eventually entered hospital. There was marked emaciation with evidence of stenosis of the pylorus. An examination showed a tumor which left no doubt as to the cause of stenosis and the character of the case. It was the intention, when the cancerous mass at the pylorus was demonstrated at the operation, to cause anastomosis of the upper part of the jejunum to the wall of the stomach by means of Murphy's button. The anastomosis was performed and successfully, but the autopsy showed that the lower part of the ileum was the part attached. When no improvement took place after the operation, the mistake was so strongly suspected that the autopsy was not a complete surprise. The case lingered on and died of exhaustion.

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Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication should be legibly written in ink on one side only of white paper.

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Editorial.

BRITISH MEDICAL ASSOCIATION.

Active steps are now being taken in Montreal, in connection with the forthcoming meeting at Montreal next year. All the necessary local Committees have been appointed, and are busily at work. The Honorary Local Secretaries are:—

Dr. J. G. Adami, (Correspondence with England.)

Dr. J. Anderson Springle, (Canadian & American Correspondence.)

Dr. E. P. Benoit, (French & French Canadian Correspondence.)

Offices have been taken at 2204 St. Catherine St., Montreal, whither all correspondence should be addressed. It may here be pointed out that none but members of the Association, or specially invited guests, are allowed to be present at the meetings, and to take part in the discussions.

All properly qualified British subjects can become candidates for membership.

Applications for membership of any branch must be accompanied by certificates of recommendation from three who are already members of the Association, two of whom must certify from personal knowledge of the applicant.

The Secretaries of the various branches will provide the necessary forms of application.

It is recommended that those wishing to be present at the meeting next year, should send in their applications to the Montreal, Halifax, Winnipeg or British Columbia branches almost immediately, so that they may be elected at the December meeting and receive the journal (*British Medical Journal*) of the Association from the beginning of the year.

The subscription for membership, including the regular delivery of the journal, is \$5.50 per annum.

There is a unanimous desire on the part of the members of the Montreal branch of the Association, that the coming meeting shall be regarded not as a local event, but as a welcome to the Association from the whole Dominion. To this end, not only the Presidents of the various branches of the Association, but also the Presidents of the Dominion and Provincial Medical Associations have been placed upon the Executive Committee. Further signs of this desire to make this in no sense a local affair, will be forthcoming shortly.

The Halifax Branch, through the Secretary, Dr. Carleton Jones, has already taken steps to ensure a large representation at the meeting, and we trust that his endeavours will be heartily seconded by the profession.

BACTERIOLOGIC DIAGNOSIS IN TYPHOID FEVER.

The following circular has been sent to the profession in Nova Scotia by Dr. A. P. Reid, Secretary of the Board of Health :—

The very recently published results of the investigations of Pfeiffer, of Berlin, and Widal, of Paris, in the study of typhoid fever, would seem to have brought this disease within that class in which a positive diagnosis can be early furnished by bacteriologic methods. The procedures of these observers have been so modified by Dr. Wyatt Johnston, of Montreal, as to make the test extremely simple. As yet there have not been made a sufficiently large number of observations to justify a claim of absolute accuracy, but enough has been proven to shew that the new discovery bids fair to be of very great practical use to physicians and hygienists.

The typhoid organism, in the living state, is capable of very active motion. Pfeiffer and Widal have found that, when brought into contact with the diluted serum of the blood of a patient suffering under typhoid fever, this motility of the typhoid bacillus is very quickly checked, and at the same time the individual bacilli are observed to become agglutinated into large groups. So far as is now known, the diluted blood serum in no condition other than typhoid fever possesses this remarkable property.

Johnston has determined that there need be no special care exercised in obtaining the serum from the typhoid patient's blood, when applying the test. A drop of blood from a needle prick is sufficient, and it is quite available even after it has been dried for some days. The fluid obtained by moistening with water such a dried drop of blood gives prompt and satisfactory results.

Nothing save extended observations will prove the accuracy possessed by this new test, and it is the desire of the Provincial Board of Health that its laboratory may be able to contribute a share towards the elucidation of the method. It is therefore requested that a small quantity of blood, such as may be obtained from a needle-prick of the finger be contributed to the laboratory from each case of typhoid fever or suspected typhoid which may come under your observation. This may be sent to the laboratory between clean slips of glass, or even on a clean bit

of white paper. If paper be used, the drop should be allowed to *dry thoroughly* before folding. Specimens should be forwarded as quickly as possible after collection. Such samples will be examined and reported upon without any fee being charged.

The Board requests your co-operation in its endeavor to obtain data required to permit an estimation of the utility of the test, and would like information upon the following points :

A. With each sample sent :—

1. Day of disease.
2. Severity of attack. (State temperature.)
3. Character of complications, if any.

B. At the termination of each case :—

4. Accuracy of test, as proven by the clinical course subsequent to the time of testing.

It is also asked that additional samples be sent occasionally to allow a determination of the length of time after convalescence the test continues to shew the reaction.

The Board would also be pleased to have opportunities of studying this test in relation with those somewhat obscure febrile conditions termed gastric fever, continued fever, abortive typhoid, bilious fever, etc., which from the present standpoint of our knowledge are classed as typhoid by sanitary authorities,

Selections.

SOME INTERNAL METASTASES OF GONORRHŒA.

BY PROF. LEYDON.

Internal pathology has a good deal to do with syphilis, and the same is true of gonorrhœa. It is these disturbances, caused in the internal organs by gonorrhœa, which I propose to discuss under the name of "internal metastases of gonorrhœa."

The best known of these metastases is gonorrhœal articular rheumatism, although the theory, according to which the gonorrhœa is the causal agent of the articular rheumatism so frequently associated with this disease, was at one time severely criticised. At present, however, the discovery of the gonococcus has settled this question by proving the relationship existing between gonorrhœa and consecutive articular rheumatism. It is very difficult, it is true, to detect the presence of Neisser's bacillus in the internal organs, though it has been met with in the bladder of patients suffering from gonorrhœal cystitis, in peritoneal purulent collections, and abscesses following primary inflammation of the urethra. In all such cases, however it was found in tissues situated in the immediate neighborhood of the urethra and bladder. As far as I am aware, the gonococcus has not been discovered in the pus in pyelitis, for instance, which nevertheless must be regarded as an affection unquestionably dependent upon gonorrhœa. Nor has it always been met with in the joints in cases of arthritis, which its origin, evolution, and severity proved to be due to gonorrhœa. On three or four occasions only has it been possible to discover gonococci in joints affected with inflammation of gonorrhœal origin. One of these cases was reported by Uffreduzzi, and in the others Neisser detected the microbes in the fluid evacuated by aspiration from the diseased joint.

The nature and character of these micro-organisms were ascertained by microscopical examination and culture.

I recall these cases in order to show that the gonococcus is capable of migrating, and that it is not merely propagated *per continuitatem* along the mucous membranes of the organs in direct contact with the urethral mucosa, but may also be disseminated through the lymph-ducts and

SYR. HYPOPHOS. Co., FELLOWS,

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It Differs in its Effects from all Analogous Preparations ; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt ; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles ; the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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The preparation has been carefully tested, largely and freely in hospital, dispensary and private practice, by a number of physicians (many of whom were interested in determining satisfactorily if the combination deserved the claims urged upon them by us), for quite a year previous to asking attention to it from the medical profession at large, being unwilling to bring it to their attention until we were confident of its merits, and had exhausted every effort to determine by satisfactory results.

The absence of any narcotic or anodyne in the preparation, physicians will recognize is of great moment, as many of the proprietary and empirical cathartic and laxative syrups, put up and advertised for popular use, are said to contain either or both.

It will be found specially useful and acceptable to women, whose delicate constitutions require a gentle and safe remedy during all conditions of health, as well as to children and infants, the dose being regulated to suit all ages and conditions; a few drops can be given safely, and in a few minutes will relieve the flatulence of very young babies, correcting the tendency of recurrence.

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blood-vessels, being thus deposited at a greater or less distance from the original site, in a region where it is capable of determining a fresh affection without connection with the primary disorder, forming, consequently, a genuine metastasis.

The existence of gonorrhœal articular rheumatism as a morbid entity has, therefore, been proved beyond question by bacteriological examination, and in addition it has been shown that the gonococcus is, generally speaking, capable of determining metastases.

It may be assumed as almost certain that the gonococcus is transported in the organisms by cells, for it is invariably embedded in a cell, either of mucus or pus, and it is probable that these cells enter the lymph-ducts and are thus taken up by the circulation.

The second variety of metastasis, which has been investigated more thoroughly in France and England than in Germany, implicates the spinal cord, the resulting lesions being principally myelitis and meningo-myelitis. It was, of course, impossible, to suspect the existence of such a disease as gonorrhœal myelitis, before the infective character of gonorrhœa had been recognised. Before the discovery of the gonococcus, various hypotheses had been propounded to account for the origin of this myelitis. It had been included, for instance, in the group of reflex paralyses, by application of Marshall Hall's theory of reflexes to certain pathological processes involving the myel. It was assumed that peripheral stimulation, which sometimes gives rise to a state of irritation, is also capable of determining phenomena of paralysis.

Steinlein published cases of disease of the bladder, followed by paralysis of the spinal type.

Romberg refuted the theory of paralysis by reflex action, and other investigators have published a large number of cases of spinal paralysis, in which gonorrhœa preceded the appearance of the myelic affection, cystitis consecutive to the gonorrhœa forming the connecting link between the latter and the paralysis.

In my thesis for an assistant professorship at Königsberg I described three cases of myelitis following upon gonorrhœa. In two of these cases, the relationship between the myelitis and the gonorrhœa had been clearly recognised. In two cases the spinal cord was examined post-mortem and myelitic lesions were found to exist, but it was then, of course, impossible to determine whether these were really of metastatic origin, as neither the infective character of myelitis nor the existence of the gonococcus were known at that time.

A few years ago I published another case of infective meningomyelitis following upon gonorrhœa. Examination of the spinal cord gave evidence of myelitic alterations. A careful investigation was made in this case, in order to discover the manner in which meningomyelitis results from gonorrhœa; but it was impossible to detect, either in the pia-matter or in the myel itself, the gonococcus or any other microbe.

It may be assumed that the process consisted either in ascending neuritis, that is to say, inflammation, originating in cystitis, which had been propagated to the spinal cord, or in direct transmission of the microbe. The latter hypothesis is more plausible, for the patient suffered also from peritonitis due to extensive inflammation of the neck of the bladder, which in its turn was determined by the gonorrhœa. It is possible, therefore, that the gonococci in this case had been transmitted directly to the spinal cord.

All these cases have recently been collected in a thesis by a French physician, Dr. Barrie, who adds a case under his personal observation in which bacteriological examination was also resorted to. No gonococci were discovered, but in the fluid from the dura-mater there were found, embedded in cells, diplococci, which resembled gonococci in appearance, but did not give Gram's reaction, that is to say, they were not, like Neisser's gonococcus, bleached by being subjected to Gram's method of treatment.

So far, therefore, the presence of the gonococcus in the spinal cord of patients suffering from gonorrhœal myelitis or meningomyelitis has not been proved. There can be no doubt, however, of a direct relationship between these affections and gonorrhœa. Barrie is inclined to think that they are the result of secondary infection.

Gonorrhœal endocarditis constitutes a third variety of metastasis.

It is not only articular rheumatism that determines metastases in the heart, but also pneumonia, phlebitis, septicæmic processes, in short, all kinds of infective diseases capable of damaging the endocardium.

Cases tending to prove the relationship between gonorrhœa and endocarditis were first reported from France, but later and more conclusive evidence has been brought forward in German medical literature.

In 1862 or 1863, Traube described a case of endocarditis. Later on I also applied the epithet gonorrhœal to a case of ulcerative endocarditis, after which several cases of gonorrhœa, followed by cardiac affections, were reported by French investigators.

In 1881, in a monograph on intermittent fever as a complication of

endocarditis, I described two cases of ulcerative endocarditis, in one of which this affection was preceded by gonorrhœa.

In 1893, another case of endocarditis following gonorrhœa came under my observation, and in this case I found in the valvular granulations microbes identical with the gonococcus. The true nature of these microbes was proved; (1) by their form; (2) by their intracellular situation; (3) by their staining under the influence of methyl-violet, and becoming colourless when subjected to Gram's method of treatment. No cultures could be obtained; but bearing in mind that the gonococcus, embedded in a cell, may enter the circulation, be transported to a distance and determine metastases, there can be no doubt that these microbes were gonococci, inasmuch as they presented the characteristic staining reactions. In this case, therefore, there can be no question of a post-mortem immigration of gonococci.

Since then another case has been published in America, in which gonococci were discovered in the myocardium. Neisser, as I have already stated, has met with them in articular, and also in pleural, effusions.

Moreover in another case of ulcerative endocarditis, anatomical specimens of which were sent to me by a colleague, I also found gonococci in the granulations on the cardiac valves.

It appears, therefore, to be proved beyond the shadow of a doubt that the gonococcus is capable of determining ulcerative endocarditis.

It has long been known that gonorrhœa is not as harmless a disease as has been generally assumed. It is obviously liable to give rise in various organs to serious complications, which should be more carefully investigated than has hitherto been done.—*Med. Semaine.*



ANAESTHESIA.—The introduction of reliable means of obtaining true anaesthesia during the performance of surgical operations has produced wide-reaching consequences. The last fifty years have demonstrated that but for such a triumph very many of the accomplished facts of surgery could not have been achieved. The prolonged manipulation, the dissection, and the precision which characterise the graver procedures of the surgery of to-day could hardly be attained in the case of a conscious and restless patient. In diagnosis, as in operation, the surgeon looks to anaesthetics for material assistance. The career of ether as a claimant has not been unchecked. After one year of ascendancy it became

overshadowed by SIMPSON'S great discovery, chloroform. Had not deaths followed so frequently in the early days of chloroform there is little doubt that ether would have found fewer friends now. Improved methods of administration, notably CLOVER'S plan of giving nitrous oxide before the inhalation of ether and so obviating its unpleasant pungency, have taught the present generation to regard ether as a compeer of, if not a superior to, chloroform. During fifty years much work has been done to elucidate the action of anæsthetic agents and increase our knowledge of their physiological behaviour. Soon after the introduction of chloroform MR. THOMAS H. WAKLEY investigated its action, and SNOW quotes his views although not agreeing with them. After forty-eight years *The Lancet* has again done its *devoir* in completing its clinical inquiry into the action of anæsthetics and issuing a unique volume bearing upon the subject. Physiologists have ever found the action of anæsthetics a favourite ground for investigation, and their labours have done much to make clearer the mazy depths of the intricacies which enclose the arcana of truth. Among the noteworthy attempts in this direction come the Commissions of Hyderabad and the splendid work associated with the name of LAWRIE. If these Commissions do not bring conviction to the minds of those who are accustomed to study the subject more from the clinical than the experimental side it is from no flaw in the reasoning or experiments, but rather because they clash with equally careful and thorough work done elsewhere. That the glory of the great discovery of anæsthesia has been marred by the deaths occurring under its use none will deny. Probably the unsatisfactory paragraphs so often seen in the daily press add not a few victims to the list of casualties under anæsthetics. These deaths are certainly not in the majority of cases the necessary results of chloroform or ether. SIMPSON showed that fainting previously to an operation was by no means uncommon before ether was known, and that some persons never recovered. We have little doubt that many deaths occurring prior to, or at the moment of, operation are due to this cause. Then, again, the want of experience on the part of the person administering the anæsthetic may have been answerable for many more. Because nurses and others occasionally give poisonous draughts of carbolic acid by mistake men do not decry the antiseptic system of dressing wounds, nor should such beneficent agents as chloroform and ether be saddled with the blame because some who lightly employ them possess little or no experience and but slight sense of responsibility. The lessons which fifty years of

hospital work with anæsthetics have taught may perhaps be summed up by saying that these substances are, considering their potency, marvelously safe in competent hands, terribly perilous when used by the inexperienced and inexperienced.

Under the present system a student may or may not, as he elects, study with profit the subject of anæsthetics. Once qualified he may give any anæsthetic and incur one of the gravest of responsibilities—that of having a fellow creature's life in his hands. No one will deny that any anæsthetic is potent to kill when mismanaged, and yet the neophyte may feel little trepidation as he places his patient in the overwhelming sleep which borders the land of the shadows of death. That our medical students should be properly trained and then examined in the subject before a diploma is given to them has been urged more than once, but as yet no further steps have been taken. Early in the history of anæsthesia a German potentate promulgated a law forbidding the employment of anæsthetics by any save qualified medical practitioners: this wholesome enactment might well have been made in other and larger countries. As the law at present stands, nurses, hospital orderlies, and sad to say, lay persons of even less knowledge can and do undertake the duties of chloroformists. Not long since a provincial surgeon in our columns publicly shielded a nurse who had chloroformed a patient who unhappily died under the anæsthetic. Daily experience has shown that, however valuable theories may be as to why one anæsthetic or another is safer or more dangerous, there are even more important considerations for the practical man: the knowledge that all anæsthetics need undivided attention, painstaking study, and heedful care in their use, and the appreciation of the facts that high percentages of chloroform kill and that ether must be given "with brains," are at least as important as academic dissertations. It may be said that the safest anæsthetic is dangerous in the hands of a careless administrator, and that the main requirement which is paramount in the equipment of an anæsthetist is that he should possess that necessary combination—conscientiousness coupled with common sense.

From the results of fifty years, surely it may be said that we know very much more now than we did then, that our apparatus is more perfect, our discrimination more keen, and our appreciation of the particular requirements of particular cases more thorough. As Englishmen, next year will prove even a greater anniversary for us to commemorate—that of the first use of chloroform; but on this occasion we readily

join hands with our transatlantic *confères* and award to America the palm of having first made public proof of the possibility of anæsthesia. In any case we may rejoice that the words which proclaimed the success of that memorable trial in the clinic of WARREN were uttered in the English language.—*Lancet*.

HEMOPTYSIS.—When blood is vomited it is important to discover its source, but if large quantities are being lost we may treat the symptom first and make an accurate diagnosis afterward. Place the patient in a quiet position and forbid movement. Raise the head and place mustard plasters upon the lower extremities. Give pieces of ice to suck, and if it is possible let the patient take a teaspoonful of ether in a little sweetened water. Above all give a hypodermic injection, deep into the muscle by preference, of the following solution :

℞ Ergotin (Yvon).....	5 gm.
Morphine chlorohydr.....	0.04 cgm.
Antipyrin	1.50 gm.
Sparteine sulph	0.20 cgm.
Atropine sulph.....	0.002 mgm.
Aq. dest.....	q. s. ut ft. sol. 10 c. c.

This injection may be repeated, giving a syringeful every half or quarter hour until four or five have been given. If the patient can drink he may be given every hour or every half-hour a soup-spoonful of the following potion :

℞ Ergotin (Bonjean).....	2 gm.
Acidi gallici.....	0.5 gm.
Syr. terebinthinæ.....	120 gm.

—CAPITAN, *La France Méd.*, September 25, 1896.

SALOL IN DIARRHOEA.—M. H. Fussel (*Therapeutic Gazette*, August, 1896) says the best method of administering salol is in the following mixture :

℞ Salol	1 drachm.
Bismuth subnitrate	2 drachms.
Chalk mixture	q. s. ad 3 fluidounces.

M. S.: Two drachms every one or two hours until relieved.

The reason for combining salol with the bismuth and and chalk is

that it has a better effect when mixed with somewhat inert powders than when given alone. It is presumed also that the slight astringent action of the bismuth helps to tone up the relaxed intestine and also to relieve any irritation of the mucous membrane, and thus hasten the beneficial result.

Diarrhoea due to dietetic errors, and that which is common in adults and infants in summer is well controlled by the administration of salol, bismuth, and chalk. Opium is rarely necessary where salol is used; salol controls the abdominal pain equally as well, is perfectly safe, and has no bad after-effects. It is especially useful in the diarrhoea of children, and, while it will not control attacks of dysentery, the fetor of the stools and the abdominal distress are greatly relieved by it. In the diarrhoea of typhoid fever it acts almost as a specific.—*Medicine*.

INDICATIONS FOR NEPHRECTOMY.—Dr. Kuster, (*British Medical Journal*) restricts this operation to the following conditions: 1. Tumors of the kidney. 2. Tuberculosis of the kidneys; experience has shown that renal tuberculosis occurs very often primarily and unilaterally; it affects the genitals and the lower urinary passages more frequently than some other parts of the body. Severe persistent catarrh of the urinary bladder is one of the first symptoms which tuberculosis of the kidney presents; in cases of this kind nephrectomy gives excellent results, and complete recovery ensues. 3. Suppurating kidney caused by metastatic processes and foreign bodies, especially calculi. 4. Renal hæmophilia. 5. Movable kidney. 6. Injury to the kidney. 7. Calculous diseases of the kidney. 8. Uretero-abdominal fistula.

PILOCARPINE IN BRIGHT'S DISEASE.—It has been established, and cannot be controverted, that pilocarpine is a marked cardiac depressant and a dangerous remedy to administer in uræmia; that its sphere of usefulness is but a limited one; that it should be banished from our therapeutics of Bright's disease, and that its application should be relegated to another sphere,—PROBEN, *New York Medical Journal*, July 18, 1896.

A CERTAIN DOCTOR had occasion, when only a beginner in the medical profession, to attend a trial as a witness. Counsel, in cross-examining the young M. D., made several sarcastic remarks, doubting the ability of so young a man to understand his business. "Do you know

the symptoms of concussion of the brain?" asked the learned counsel. "I do," replied the doctor. "Well," continued the attorney, "suppose my learned friend, Mr. Bagwig, and myself were to bang our heads together, should we get concussion of the brain?" "Your learned friend, Mr. Bagwig, might," said the doctor quietly.—*Argonaut.*

RABINSCHER'S METHOD OF TREATING WHOOPING-COUGH.—In the *Lyon médical* for October 11th there is an abstract of an article from the *Bulletin médical de Paris* for September 13th, in which the writer says that this method consists in the introduction into the back of the mouth of a small tampon of cotton saturated with a one-to-one-thousand solution of corrosive sublimate, and pressing it against the lower part of the tongue in such a way that the liquid will bathe the epiglottis and the neighboring mucous membrane.

This method, with which the author has obtained good results, was applied in seventy-one cases of whooping-cough by Dr. Rocco Gentile; thirty-five patients were cured after from three to twelve applications; thirteen were considerably ameliorated, and the others interrupted the treatment or complications supervened which did not depend upon the whooping-cough.

One of the greatest benefits to be derived from this treatment is the rapid cessation of the vomiting which contributes so much to weaken the patients, who lend themselves very readily to the treatment and become rapidly accustomed to the introduction of the tampon.

Gentile has never employed more than one application a day. In a very small number of cases he has observed temporary disturbances, such as hæmorrhages of the conjunctiva and of the ear, buccal ulcerations, and slight fever: but these complications are not serious; in fact, children tolerate mercury easily.—*New York Med. Jour.*

CAPSICUM TO ENLIVEN THE ACTION OF OTHER DRUGS.—Capsicum is the most potent and the most satisfactory stimulant there is in the materia medica to-day. Combined with other drugs, it increases and quickens their action. It will not interrupt the good effects of opium and its salts, but increases the anodyne, sudorific and hypnotic effects. For the relief of pain and cramping, especially in the stomach and bowels, and when combined with other agents bearing to the alleviation of such troubles, there is no better drug than capsicum. It will make a cathartic drug more active. Added to podophyllin, gamboge, aloes, or most any other cathartic, it quickens action and modifies the drastic

effects. If you desire to break up a periodical fever, break a chill, or get rid of malaria, quinine or some of the cinchona alkaloids are thought of; capsicum added to these tonics and antiperiodics forms a most excellent combination, because it enlivens the action of such drugs, or perhaps, in other words, prepares the system to receive and absorb them. The objectionable feature of capsicum is the hot taste, but this may be overcome effectually by capsule or tablet.—*Amer. Med. Jour.*

TREATMENT OF CONSTIPATION.—1. With regard to the prophylaxis of constipation, we should abstain from administering cathartics in slight transient disturbances of digestion; rather let nature take its own course. Never put a patient on a one-sided diet for too long a time; the exclusion of vegetables, fruits, and starchy foods in general, from the diet is frequently the cause of marked constipation. A hygienic mode of living, regular habits, less business strain and worry, and more out-door life and exercise are of greatest importance to prevent constipation. 2. The treatment of habitual constipation will be composed of the following factors: (a) Of the just mentioned hygienic mode of living. (b) Of correcting a faulty diet; increasing the amount of vegetables, fruits, starchy food and also fats (butter). (c) Of impressing the patient with the importance of not worrying and not bothering much about his bowels. (d) Of training the patient to have an evacuation once a day at a certain time, either giving no drugs whatever, or administering a very slight cathartic for a short period, then gradually diminishing and ultimately discontinuing its use.—DR. MAY EINHORN, *Post-Graduate*.

NITROGLYCERIN.—It is an excellent stimulant in syncope, in threatening heart failure or collapse from various causes; in acute lobar pneumonia, used early enough and boldly enough, it may render venesections unnecessary, and its skillful use often aids recovery from apparently desperate conditions. It is useful in chronic interstitial nephritis, in conditions of arterial fibrosis and atheroma, in gout and rheumatoid arthritis, and sometimes in anæmia, chlorosis, and the anæmia of tuberculosis. In the management of cases of muscular and valvular disease of the heart it finds a wide field of usefulness; in dilatation it may be used with digitalis; in fatty heart it may be used without other drugs; in cases of mitral lesion it may be conjoined with digitalis, strophanthus, sparteine, and the like; in cases of aortic lesion, atropine, strychnine, and caffeine may be used with it.—*Philadelphia, Polyclinic*.

TETANY IN CHILDREN.—Häuser (*Berl. klin. Woch.*, August 31st, 1896) has investigated a number of cases of tetany spasm of the glottis, and other diseases accompanied by spasm. In six cases of tetany with spasm of the extremities, the disease exactly resembled that of the adult. Spasm of the glottis occurred in all the cases, but was not necessarily severe or frequent. Fits were only once completely absent. As regards Erb's symptom, the author agrees that the increased galvanic irritability is the most constant and important symptom of tetany. Trousseau's phenomenon was not absent in any case. It persisted longer than the spontaneous spasm. This sign may be absent, but when present it is pathognomonic. Chvostek's symptom was marked in all cases except one, where it was seen only in slight degree. The author says that this symptom is not pathognomonic, and may be present in other children, but in its most pronounced form it is only present in tetany. Muscular irritability was increased in all but one case. The knee-jerks were mostly exaggerated. Most of the children were excitable, but the intelligence was unimpaired except in one case, where there was a slight degree of idiocy. A rise of temperature was only once noted. In only one case of genuine tetany was the child well nourished. Rickets was generally present. There appeared to be a connection between the appearance of gastro-intestinal symptoms and that of the tetany. Hence the resemblance between infantile tetany and the tetany in gastric dilatation of the adult. The author accepts the fact that there may be tetany without spasm of the extremities. In such cases Erb's and Trousseau's phenomena are present. Such cases he puts down as latent tetany. Spasm of the glottis has nothing to do with tetany. As far as our present knowledge goes, treatment can only be radical where more or less marked digestive symptoms are present. A rapid emptying of the alimentary canal is here indicated.—*Ex.*

SIMPLICITY IN MEDICATION.—With all the credit due to pharmaceutical chemistry, and all our obligations to it, I doubt whether in one chief respect it has not done some harm. To bring many important remedies together, and unite them by a lucky combination, and compress them within a small compass, and so place them within the common reach, all this gives a facility of prescribing which is hurtful to the advance of medical experience. The facility of prescribing is a temptation to prescribe; and under this temptation there is a lavish expenditure continually going on of important remedies in the mass, of which the prescribers

have made no sufficient experiment in detail. A simple implement or two, which a man has well proved for himself, is worth a whole armoury of famous compounds taken upon the general credit. A few thousand years ago a whole people was in fear and trembling. Their enemy was at the gate. Their hope was turned to a single champion. All weapons of war were at his service. The king's own armour was offered to him—his helmet, his coat of mail, his sword. He did not—how could he? resist the vanity of putting them on. But he soon put them off again, for “he had not proved them.” And “he chose him five smooth stones out of the brook,” and with one of these he did the deed which saved his country.—PETER MERE LATHAM.

FUROR SECANDI.—It would seem that every tyro imagines that surgery offers the quickest route to success, and that fame is to be attained only through blood. Hence every case the symptoms of which are directed to McBurney's point is necessarily a case of appendicitis, for which the only sovereign remedy is the knife; or, if it be a woman, and her suffering is referred to the ovarian region, or she have a fibroma, however small and barren of symptoms of importance, not only must she be subjected to celiotomy at once, but in nine cases out of ten has her uterus or uterus and ovaries sacrificed, thus unsexing her without the slightest effort being made to spare these organs and preserve to the woman her distinguishing function.—R. BEVERLY COLE.

ANTITOXIN TREATMENT OF DIPHTHERIA IN AUSTRIA.—Professor Paltauf has published statistics of 1,103 cases of diphtheria in which antitoxin was employed, with the result of 970 recoveries and 133 deaths equivalent to a mortality of 12.5 per cent. He lays much stress upon the early application of the serum, for in the cases of injections made on the second day of the disease the mortality amounted to 6.7 per cent., whereas in those made on the third day it amounted to 19 per cent., in those on the fourth to 23 per cent., in those on the fifth to 31 per cent., and in those on and after the sixth to 33.3 per cent. Professor Paltauf makes mention of the epidemic of diphtheria in Ischl, where in December, 1895, all those children died who had not received the antitoxin treatment; whereas in January 1896, in the cases of 16 children attacked with the disease and treated with antitoxin the result was in every way successful.—*The Lancet*.

A CASE OF CEREBRO-SPINAL MENINGITIS COMPLICATING GONORRHOEA TREATED BY ANTIKAMNIA.—The concluding remarks from the above article, by G. S. Leggatt, M. R. C. S., England, L. S. A., taken from the *Lancet*, (London) are interesting from both therapeutic and physiological standpoints.

“*Remarks.*—1. This is a rare complication of gonorrhoea, and, as far as I can find, is not mentioned in any of the books which refer to the subject; but bearing in mind the similitude of structure between the meninges and the joints there seems no reason why they should not be occasionally attacked in a manner similar to the latter.

2. “Antikamnia is a remedy said to possess analgesic, antipyretic and anodyne properties. Its dose is three to ten grains, and it will be observed that the doses I gave were large ones; but the symptoms were extremely urgent, and it is interesting to note that there was no depression. During its exhibition the pulse improved in force, and the administration of the drug reduced the temperature to normal, and seemed in this respect to be greatly superior to that of phenacetin.

3. “As to the diagnosis it is difficult to know how the symptoms, which were of a most pronounced kind, could be accounted for on any other supposition than involvement of the fibrous textures of the spine and cranium. That the disease did not more definitely and more permanently attack the pia mater and arachnoid is probably due to the prompt administration of the antikamnia and salicylate combined, which seemed to me to prevent the optic neuritis and other more obvious and serious consequences of an established meningitis.”

THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS at its ninth annual meeting held at Richmond, Va., elected the following-named officers for the ensuing year, namely: President, James F. W. Ross, M. D., Toronto; Vice-Presidents, George Ben. Johnston, M. D., Richmond, and John C. Sexton, M. D., Rushville, Ind.; Secretary, William Warren Potter, M. D., Buffalo; Treasurer, Xavier O. Werder, M. D., Pittsburg. Executive Council: Charles A. L. Reed, M. D., Cincinnati; Lewis S. McMurtry, M. D., Louisville; A. Vender Veer, M. D., Albany; J. Henry Carstens, M. D., Detroit; and William E. B. Davis, M. D., Birmingham.

The next annual meeting was appointed to be held at the Cataract House, Niagara Falls, N. Y., Tuesday, Wednesday, Thursday and Friday, August 17, 18, 19 and 20, 1897.

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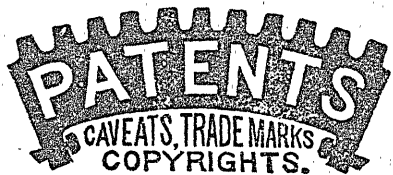
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