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WINNIPEG, APRIL, 1890.

MEANS FOR THE MORE PERFECT STERILIZATION OF SURGICAL INSTRUMENTS AND DRESSINGS.

BY H. BEECKMAN DELATOUR, M.D.,

Assistant Surgeon Methodist Episcopal Hospital.

Read before the *Brooklyn Surgical Society*,
Oct. 17, 1889.

(Continued.)

Dr. WUNDERLICH.—Since I have read the report of experiments which have been made by Dr. H. Davidsohn, I have followed his directions for the disinfection of instruments, and the results have been satisfactory to me.

After an operation the instruments are cleaned immediately with cold water, soap, and brush, and placed in a vessel containing cold water.

Syringes and other hollow instruments are cleaned and filled with water prior to being placed in the water-bath. The instruments must be completely covered with water, and the vessel closed with a cover to insure an elevation of temperature to 100° C. in all its parts; and the boiling is continued for five minutes. After removal from the water-bath the instruments are dried with sterilized towels.

Prior to the next operation, the instruments are again subjected to the action of boiling water for five minutes; when cooled off, they are ready for use.

Dr. H. Davidsohn made numerous experiments in the Hygienic Institute of Berlin, in order to ascertain by which method it would be possible for any physician to disinfect his instruments perfectly in a short time and without special apparatus: a method applicable in

the house of the patient as well as in the office of the physician. He considers chemical reagents and germicides as inadmissible for this purpose, because they either injure the instruments or are unreliable and inadequate. He rejects dry heat, because it requires too much time; three hours' exposure being required at a temperature of 140° C. to kill the spores of anthrax.

Passing instruments through flame is objectionable, because it destroys the edge of the instruments, and not all of them can be subjected to it.

Moist heat in the form of a jet of steam is probably the most energetic disinfectant at our disposal; but for ordinary use of the physician it has this drawback: it requires a special apparatus, which is rather cumbersome and not easily transported.

Moist heat in the form of a hot water bath remains available; it is readily obtained and applied everywhere: and, as Davidsohn's experiments demonstrate, it fulfils all requirements for perfect and complete disinfection.

He made numerous experiments with pure cultures, but of more interest to the surgeon are the experiments made with mixtures of pus and cultures of staphylococ. pyogen. aureus and albus, streptococ. erysipelat., bac. pyocyaneus.

A medium sized test tube was partially filled with this mixture; the tube was placed in a water-bath in such manner that the margin of the tube was above the surface of the water, and no water could enter the tube and mix with its contents.

The vessel was covered, and the temperature kept at 100° C. for five minutes, with the result of destroying all the pyogenic bacteria.

The same experiment was made with a mixture of pus and a medium in which spores of anthrax were suspended. Exposure of five minutes' duration to a water-bath of 100° C. sufficed to destroy these most resistant of all pathogenic micro-organisms.

Subsequently, D. brought mixtures of pus and cultures in contact with instruments, such as catheters, artery-forceps, scissors, hypodermic syringes. Some of the instruments he placed in the hot

water-bath when the pus was still moist; other instruments, after the pus had become quite dry; the result was the same in every instance, complete sterilization after five minutes' boiling.

He tested the water in which the instruments had been boiled, taking samples with specially constructed tubes from different parts of the vessel, near the surface, near the bottom, near the sides and in the centre, and invariably found it sterilized.

Dr RAND.—I have had no experience with dry heat in the sterilization of instruments, and until the last few months I have been satisfied with the process described by Dr. Wunderlich; it has always seemed to me that boiling water was a good agent by which to thoroughly sterilize instruments.

The last few months I have used the apparatus sold in the market for sterilizing milk, the name of it I have forgotten, but it consists of a copper basin and a receptacle above in which you can place your instruments and steam them under a certain amount of pressure, and the steam is generated very rapidly. My habit has been to steam instruments after they have been used; and then before an operation, if it is one of importance, I steam them again and turn them out of the apparatus into a sterilized towel, and carry them in this way, without drying, to the operation. If dry heat is better than steam I should like to try it, but heretofore I have been satisfied with steam. Steam has seemed to me especially useful where hollow instruments and instruments that contain a great many joints are to be sterilized.

Dr. ROBERTS.—I would like to add one word more. What drove me to the use of dry heat was the very difficulty mentioned here by Dr. Rand, the difficulty of getting instruments boiled. I used to try to boil my instruments. At the hospital I could generally get boiling water, but not always; sometimes the engineer would be out or the plumber would be fixing pipes; and a number of times it seemed impossible to get boiling water. At private houses it is frequently impossible to get boiling water unless you waste a good deal of time, and I find I

can do better work and get away quicker by taking everything with me, dressings, solutions, scrubbing material, and sometimes soap, particularly among the poorer classes. That was one thing that made me abandon the use of hot water.

I am inclined to believe from my reading that any ordinary bacillus or coccus, that is, the common pyogenic germs that surgeons are apt to come in contact with in surgical practice in this country, are destroyed by the boiling or a few degrees above the boiling point when moist heat is used. Dr. Wunderlich has truly said it takes a higher degree of dry heat than moist heat to kill germs or spores. It is known, moreover, that spores can stand a great deal more heat than the mycotic individuals. But all ordinary forms, except the anthrax bacillus, are killed a very little above boiling point. Spores are killed by a variable heat, but whether the heat be moist or dry, in each instance the spores require more heat than the individual; 130 degrees Centigrade, which would be 266 degrees Fahrenheit, will kill all spores and all individual germs that exist, as far as known, if this heat is kept up for a couple of hours. I believe I am correct in stating those facts. Now, if we can by running our instruments up to 120 degrees Centigrade, which my practical experience seems to show to be not deleterious, and if we can take our instruments so made sterile in a box and not open them until we begin to operate, it seems to me that we can go to an operation with a quiet conscience. I can go to the dirtiest house in Philadelphia and feel that my operation is absolutely aseptic if I have my hands sterile; for I can take sterile instruments, dressings and towels boxed in a box, such as I have described, and feel that I am technically and theoretically and conscientiously aseptic. It gives me a confidence that I never had before; and I do not think it a misplaced confidence. Moreover I gain time, and as time is money, when I save it, I feel that something has been gained. After finding out what the instruments would stand (it took me some little time to find that out and caused me to throw away some instruments which I spoiled) I have realized exceedingly great comfort

in the knowledge that I had sterilized instruments.

The fact that the anthrax bacillus, which I believe to be the only germ which requires for destruction of its spores 130 degrees Centigrade, is almost unknown in this country, renders it unnecessary to bake my instruments at a higher temperature than 110 to 120 degrees Centigrade, which is my limit. I feel, then, that they are free from all pus-forming spores, which are the spores and germs which we as surgeons must prepare for if we eliminate the anthrax. Of course, if anthrax spores are suspected, especial precautions or a higher temperature must be employed.

Dr SPEIR.—I would like to express my satisfaction with the box which has been produced, and the pretty case of instruments. It seems to me to fill the bill, as it cannot be filled by the other method. I recollect a case of laparotomy in which the surgeon who operated had come a great many miles on a train, and the operation was to be performed at one o'clock at night at a hotel, and it was impossible to have anything like aseptic surgery. But with this little box I think we would have been able to have performed that operation aseptically. That instance alone, I think, is sufficient, to give Dr. Roberts a great deal of credit for his introduction of this method, and I appreciate it very much.

Dr. PILCHER.—It seems to me there is one point which must strike us all as the outcome of our attempts to secure immunity from infection in operative work, and that is, that the practice of aseptic surgery is a very difficult thing to accomplish absolutely. It is very interesting to look back upon the progressive development which has been made in the methods adopted for securing immunity from germ infection in surgical work; the very crude attempts which characterized the earlier work; the prevalent idea which, until a very recent period, was the primary one that we must keep out from the wounds that were made harmful materials which the air about might be bringing to it; the immense dressings which were heaped upon a wounded surface;—we cannot but smile as we think of the fetichism which seems to have clung

about the use of particular agents. The dependence upon most insufficient means, such as dipping the fingers for a moment or two in bichloride solution, or rinsing off the fingers in carbolic solution, and the like, has been remarked here this evening. One of the most pitiful things that I ever saw, occurred in the work of the great pioneer and master of antiseptic surgery, the one whose name will always be revered by us as the one who led us into the promised land, and that is Sir Joseph Lister, who in his work at Kings College Hospital, is handicapped by having about him an ever-changing set of young men assistants, whom he has to train, as they change every few weeks, and watch them, while at the same time he endeavors to do his own work. In an important operation which I saw him engaged in, a young man who was about to assist him, who came fresh to the field to take part in the handling of the instruments and the wound, was going to do it without any previous preparation. Sir Joseph observing him, in accents of entreaty asked him to first dip his fingers in the bowl of carbolic acid solution, as if the dipping of the fingers for a moment until they got the smell of carbolic acid on them was going to make them pure. We know better than that now, that the smell of carbolic acid does not mean that the individual is disinfected.

It is the methods and the results of bacteriologists upon which we must depend for our guidance in the future, as it is from them we have drawn all the real knowledge we have with regard to aseptic work. It is from these experiments we know what brings about the disastrous results which come at times. It is from their work, it seems to me, that we must draw the lessons by which we are to be guided in our own aseptic efforts in the future. We certainly have passed the time when there can be any question as to the desirability of securing immunity from germ infection in all our surgical work. At the same time it seems to me that we ought never to become so persuaded that we have reached perfection in the practice of our technique, that we can venture to ignore the possibility of failure. It has been my own experience person-

ally, and also has been my observation in the experience of others, to find cases in which, though the operators have felt that they had succeeded to an unusual degree in securing freedom from all disturbing influences, nevertheless to find disappointment awaiting them in those very cases, so that sometimes the most disastrous results have happened where operators felt they were the most sure of escaping any source of infection. For this reason up to the present moment I have felt that it was not only important for us to secure as far as possible the complete purification of the hands of the operator and of the field of operation and of the instruments that are being used and of the appliances brought in contact with the wound, but that it was important for us never to forget to provide for the removal from the wound, as far as possible, of all material which would be the ready pabulum for any infecting substance that might accidentally have crept in. So I am not ready in ordinary work to give up drainage, or to give up whatever method may promise to secure the escape from or the diminution of the formation of the albuminous materials ready to enter into decomposition in the wounds that we make.

I am convinced that in the use of heat for the sterilization of instruments and of appliances, as it becomes general, we are making another decided advance in our ever-present contest with infective material, and the extremely practical and easily managed methods which have been brought to us by the essayist of the evening, and by Prof. Roberts, are of such a character as to make it evident that there is nothing in the use of dry heat but that may be at least fairly within the command of any gentleman who does very much surgery. Of course, the more we complicate these matters, the more we try to reach perfection in these matters of detail, the more difficult it is for one who is not doing it all the time, as are these gentlemen who have presented these things to night, to have them at command just when they are wanted. In hospital work it may be more easy, and yet I am persuaded by experience that even there it is not always easy to get just what we would

like to have done just at the moment when we would like to have it, however well ordered the hospital may be. For the sterilization of instruments, then, we may hope that dry heat may become more generally used than it has been heretofore, and that in the use of dry heat we may be able to secure the purification of our instruments. But for persons in general who may not have occasion to use sterilized instruments every day, and who are not likely to provide themselves with even the simple apparatus for dry heat, the apparatus for using boiling water may be more readily available as a rule. For this purpose a small asparagus boiler, which may be bought for seventy-five cents, is an excellent device. This, when filled with water, may be put on the range or on the gas-stove or over an ordinary nursery lamp and boiled as long as desired, the ordinary instruments can be put in it, and by means of a little tray which lifts in and out, may be readily removed from the boiling water. This boiler may be taken to the house of a patient, the instruments there boiled and left in until the moment for their use arrives.

I have been looking, however, not only for something which will sterilize the instruments, but also something that may be available in the operating-room for sterilizing all appliances, dressings towels, night dresses, the gowns that we use, and blankets with which the patient is covered, and all that sort of thing. It seems to me it is quite important that we should have a wide extent of sterilized surface about our field of operation, in order to diminish to the greatest degree possible danger of infection; for, as has already been remarked this evening, it is difficult for the surgeon, however he may be permeated with the idea of aseptic work, it is difficult even for him to avoid making a slip, so that the less opportunity one has of becoming contaminated, the more likely he will be to do uncontaminated work.

The sterilizer, which Dr. Rand has mentioned, the Arnold sterilizer, seems to give to us a practical method of accomplishing this sterilization of the accessories of our work. This sterilizer comes to us so thoroughly guaranteed upon the part of bacteriologists in whom we

have confidence, that I have been led to put considerable confidence in its efficacy myself. Considerable experience and multiplied tests give reason to believe that it is abundantly able to absolutely sterilize all articles left for any considerable time subjected to the steam generated in it. The special feature of this sterilizer is found in the method whereby a small amount, but an extensive surface of water is subjected to the action of the heat. The heat is applied at a time to a very shallow copper reservoir underneath the main reservoir; this shallow reservoir is kept filled with water by percolation from the larger one above. From this shallow reservoir there passes up a pipe which conducts the steam into the sterilizing chamber above; over this sterilizing chamber is placed a jacket to keep the heat within. By thus confining the steam a heat somewhat higher than 212 degrees, not more than 215 degrees may be obtained in the apparatus. Into the sterilizing chamber may be put the dressing materials, towels and sheets, etc., and there, after sterilization, they may remain protected from contamination till such time as we wish to use them.

I have had made for hospital use one the size and shape of an ordinary boiler, which has a double steam-pipe, into which two or three blankets and a multitude of other things may be put at the same time.

Dr. DELATOUR.—I would like to say one word about sterilization of the air. Bacteriologists say that if the air has been thoroughly steamed, that is, the room has been filled with steam, the bacteria will be stuck around in such a way that there will be none to drop or cause any danger.

In private houses it is probable that the pathogenic germs are not to be found. In hospitals the steam spray can usually be placed in the room and with it the air steamed.

It is claimed that boiling is a more efficient sterilizer at the same temperature than dry heat; it is more effectual than simple steaming without any pressure, but it does not seem possible that boiling for so short a time as five minutes can render all instruments entirely sterile. Another thing to be considered is the

carrying of dressings. In the smaller sterilizers all dressings that are necessary for use at an ordinary operation can be sterilized, and that is so small that it can easily be carried and used at the house of any patient.—*Brooklyn Medical Journal.*

OVARIOTOMY.

BY DR. A. H. FERGUSON,

Professor of Surgery, Manitoba Medical College.

Mrs. M——, aged 20, married for two years, but never conceived, presented the following symptoms and condition at my first visit, on the 1st day of November, 1889:—

"In appearance she was thin, pale and looked old for her years. She had gradually lost in weight for two years, while previous to her marriage she was plump and never ill. She complained of a pain in the region of her right ovary, exacerbating at variable intervals, and frequently so severe, and radiating over the whole abdomen, down the thighs and to the back, as to prostrate her in bed for three or four days at a time. During these attacks, not unfrequently, moderate pyrexia, thirst, anorexia, constipation, scanty and high colored urine, and restlessness added to her general discomfort. At other times going about listlessly, with a constant ache in her back and pelvis, rendered her life everything but happy. The menses were irregular, painful, profuse and changed in odor and character. Leucorrhœa of a watery nature was constant, but the last few months was thicker in consistency. There were occasional stings through her breasts, and these she fancied had enlarged. The nervous system was very much disturbed, to which the term, neurasthenia, (if it means anything) might not be inappropriate.

The only supposed cause of her illness was, either natural if pregnant, or a cold contracted, while menstruating, a couple of months before marrying, which her medical attendant, no doubt correctly, called inflammation.

Upon a physical examination, the uterus appeared to be enlarged, perfectly movable, and quite tender, particularly towards the right side. Per vaginam the uterus

felt enlarged, the cervix directed normally, slightly shortened, thickened, patulous, and had the velvety feel of pregnancy of about four months duration. A uterine sound readily passed to the internal os, where it became obstructed: Consequently it was thought wise not to explore the body of the uterus internally. The great amount of tenderness prevented a thorough bi-manual examination, without an anæsthetic, to which she objected. A month before my examination, the diagnosis of pregnancy was made by a physician of very large experience, and as, (1) the slight breast signs; (2) the leucorrhœa; (3) the apparent uterine enlargement; (4) the soft velvety feel of the external os, and, (5) the obstruction at the internal os; also pointed in the same direction, no positive conclusion was arrived at. The patient was advised to wait for a short time longer and to notice developments.

For the next three months and a half I had an opportunity of seeing her several times, and in short, I may simply say that all the symptoms as above narrated became exaggerated, and the enlargement supposed to have been the uterus, developed quite rapidly, and deviated to the right side most decidedly, until it grew to be about the size of a foetal head. The exacerbation of pain, and fever simulating slight peritonitis still occurred.

On the 22nd of February the true condition of her trouble was ascertained under chloroform. The uterus somewhat enlarged was found empty and the tumor could be felt to move by itself. Operation was advised.

She was removed to a specially cleaned and disinfected private ward, at the Winnipeg General Hospital, on the 26th of February, and on the 28th, after due preparation, assisted by my brother, Dr. M. Ferguson, Dr. Chown and Messrs. Todd, Braithwaite and Westbrook, (final students), Dr. O'Reilly giving the chloroform. Dr. Calder took notes, and in the presence of Dr. Benson, I removed the tumour, which consisted of three cysts, (one quite large), filled with a thin, brownish fluid and a small abscess containing 3̄ of thick creamy pus.

The morning I operated, she had a

temperature of 100° F., which I attributed partly to nervousness, and principally to the irritation caused by the tumour. In this, however, I most likely was mistaken. She had been also exposed to typhoid fever and it no doubt had more to do with the pyrexia than anything else. Had it been due to the presence of the tumour, it would have subsided upon removal of the cause, but it persisted for nearly three weeks.

OPERATION.—Incision three inches long, cutting rapidly down to the peritoneum; oozing of blood arrested; peritoneum opened; tumour, uterus and surroundings examined with two fingers, (ascitic fluid flowed out of the wound); cyst tapped, emptied, (no adhesions); pedicle secured with silk (Tait's Knot); cut through with scissors and the whole removed. The abdominal cavity was not washed out. I then proceeded to close the wound by sewing the peritoneum separately with catgut (continuous suture) and finished the rest of it, also, with catgut (deep, superficial and retention interrupted sutures). No drainage was used. During the whole operation, the patient was kept warm; towels wrung out of a hot antiseptic solution covered the abdomen, and hot sponges used to protect the abdominal contents. To have everything hot, aseptic, and to do the operation in the shortest time possible with efficiency was aimed at. A sponge, when used, was first washed in cold water to free it from blood; it was then thrown into a solution of carbolic acid, 1 in 40, and finally put into a hot solution of boracic acid before coming to the wound again. It takes two assistants to attend to the sponges in this manner.

After washing the wound and abdomen with a sublimate solution, 1 in 1,000, Iodoform, which also had been thoroughly disinfected, was freely sprinkled over and for four or five inches beyond the closed incision. An abundance of moist sublimated gauze was now put on, and held in place by a doubly spika bandage of gauze quite broad. A narrow bandage, I consider, almost useless for this purpose.

The following extract from a special chart, kept by the nurse, in which the temperature, respiration, pulse, symptoms,

etc., had to be recorded every hour, will give a partial idea of the after treatment, and condition subsequently. The lowest a.m. and the highest p.m. temperatures are only given in this extract:—

Date.	Day.	Time.	Temp.	Reso.	Pulse.	Nourishment.	Treatment.	Remarks.
Feb. 23	Oper.	11 a.m.	100.	20.	102.	None.	Enema.	Hot antiseptic bath before. Thirsty; slept 1 hour.
"	1st	6 p.m.	103.	20.	100.	None.	3i water.	Vomited once; Dr. F. turned her on her side.
March 1	"	0 a.m.	100.	24.	112.	None.	3ii tea.	Thirsty; injected half a pint of water; slept well,
"	2nd	0 p.m.	102.	20.	110.	3iv milk.	3ii water.	urinated twice feces; well expression good; windy.
"	3	7 a.m.	101.	24.	100.	"	Water.	Slept well; Enema of turpentine; blood flow;
"	4	9 p.m.	101.6.	24.	100.	"	Water.	feels comfortable; Passed urine; Sleeps well.
"	5	10 a.m.	100.2.	24.	90.	Fluid	"	Slept well; Cheerful; Comfortable.
"	6	9 p.m.	101.6.	24.	98.	"	"	Leimnade and Cream Tartar; Sleepy.
"	7	6 a.m.	102.	24.	96.	Fluid	Saline.	Purges and Enema; Small motion of bowels.
"	8	5 p.m.	103.2.	28.	110.	"	" again.	Free motion; Expression very good.
"	9	10 a.m.	100.0.	26.	80.	"	gr. v. Quinine	Four doses taken; Bowels free.
"	10	0 p.m.	100.0.	22.	84.	"	"	Comfortable; Stools pea soup.
"	11	8 a.m.	100.6.	18.	91.	"	Antipyrine.	Three doses taken.
"	12	9 p.m.	103.	24.	98.	"	Quinine.	Catheter used; Coughing; Perspiring.
"	13	10 a.m.	100.	20.	94.	"	"	Slept well; Catheterized twice; Perspiring.
"	14	0 p.m.	102.	22.	96.	"	Quinine.	Comfortable; Dressings removed; Wounds healed;
"	15	11 a.m.	99.2.	20.	80.	"	"	Nothing wrong.
"	16	10 p.m.	101.4.	24.	90.	"	"	Has been improving.
"	17	9 a.m.	99.2.	20.	100.	"	"	Comfortable.
"	18	8 p.m.	100.2.	20.	100.	"	"	Feels well.
"	19	a.m.	98.	18.	72.	"	"	Left the Hospital.
"	20	21	90.	20.	80.	"	"	Cured.

a little upwards. A number of authors lay it down as a positive indication to remove the dressing whenever the temperature reaches 100° F. This may be true with regard to the majority of cases of abdominal sections, but certainly does not apply to all. No nourishment was given for the first 36 hours, only 3i of water and 3iii of tea. To allay the thirst, so intense whenever the peritoneum is opened, water was given by the bowels, as recommended by Grieg Smith. It was not well retained. Saline purges administered on the third and fourth days acted freely, but had no effect on the temperature, which went to show that the fever was not occasioned by the absorption of the fibrin-forming elements, but probably caused by ptomaines. It was not lowered until quinine was given. The early age at which cystic degeneration appeared; the simulation of pregnancy; the rapid growth the last three months; the non-existence of adhesions after so many attacks of supposed slight inflammation, and the speedy and uninterrupted recovery even though complicated with a temperature ranging from 100° to over 103° F. for over two weeks, formed the most interesting features of the case. The wound was practically healed on the 8th day, and was not again looked at until the 21st day, when she left the hospital cured. This lady is now in the full enjoyment of health. The last day I visited her I was gratified to receive her welcome at the door.

CASE OF AMPUTATION AT THE HIP JOINT.

By DR. MURDOCH, ALLEGHANY MEDICAL SOCIETY.

This case of amputation at the hip joint I did at the West Penn Hospital, on the 28th of August. Recovery from an amputation at the hip joint is a very rare occurrence in an adult. The operation has been done a good many times. I have performed it several times myself, and this is the first case of recovery I have had. The case is also interesting because of the disease. I have in my hand the

I felt so sure of my antiseptic precautions, dressings, etc., that even with this high temperature I did not deem it necessary to look at the wound till the eighth day. I should not have looked at it then had the bandage not become soiled on her back and sides, and shifted

femur of the patient who suffered this amputation. It is from a girl eighteen years of age, from Beaver court, a native of Pennsylvania. When, last February, she suffered some pains in the upper part of the thigh, she applied to Dr. Simpson, of New Brighton, who recognized an osteo-sarcoma, and brought the girl to me at the West Penn Hospital on the 23rd of August. The tumor was then very much enlarged, and I amputated at the hip joint. The disease is, as you see, osteo-sarcoma, and involves chiefly the periosteum, and that is said to be the most malignant type of that disease, more likely to occur when it attacks the centre of the bone. It has been twelve weeks since the amputation, and the girl is now in perfect health. At the time of the operation she was emaciated, could not sleep without large doses of morphia, and since the amputation she has been in comparatively good health, her pain has left, and there has been no return of the disease in the stump. Amputation at the hip joint possesses an exceedingly great mortality. So great is the mortality following primary amputation of the hip joint that of the twelve amputations made in the Crimean war—primary amputations—all died. Previous to our own war, of thirty cases of primary amputations, owing to gun shot injuries, not one survived. The history of primary amputation at the hip joint, in our war, is a little more favorable, but not much; there were nineteen primary amputations, and of these, eleven died from the shock of the operation within a few hours after amputation; five died within forty-eight hours from other causes, and there were only three who recovered, and only one that was known to be alive two years after the amputation, and that one case I feel particular interest in, as I was the surgeon who controlled the artery at the time of the amputation. This is known in the history of the war as the Shippens case, and was performed on a Pennsylvania private, a young man by the name of John Kelly, who is now living at Black Lick in this state in excellent health. This is the only case on record, I believe, that has lived over two years after primary amputation at the hip joint. Amputations for disease are a

little more favorable than for injury, and there are a great many cases of recovery, but still even then it is a very fatal operation. Mr. Lister's abdominal tourniquet has been of great assistance to surgeons in this operation. In the case I report, I was able to control the hemorrhage very effectively by the reliable assistants who assisted at the operation. I will not go into a description of the operation. The girl is now well. I pass this specimen (the tumor and the femur) around among you; it is beautiful specimen of osteo-sarcoma, one of the finest of which I know.

Another case is that of a hod carrier, a young colored man, who fell thirty-eight feet. Those who saw him fall say he struck with his back against a barrel. He was entirely unconscious, and remained so for about an hour; then he recovered his senses, but he had no use of his right arm or leg. That is the history of the case. This accident occurred on the 5th day of December, 1888, nearly two years ago. He remained in that condition until brought to the West Penn Hospital, in May. His pupils were normal, his tongue straight, and he answered questions rationally. His functions were all properly performed, except that he had no use of his right arm and leg; sensation and motion were destroyed. Search was made for evidence of a fracture, but none could be found; search was made for lesions of the scalp, but none could be found, except that a little over the right eye there was the cicatrix of a wound. This was all. He was treated, as the records show, with mercurials, with Iodide of potash, under the supposition that possibly syphilis had something to do with it, but without improvement.

With Dr. McKennan's assistance, I trephined before the class on the 28th of September. The man was brought into the operating room and examined before the students, and it was found he could move no part of his right arm. His right leg was examined with the same result. Not the smallest motion. No sensation could be felt in the arm until the breast was reached in front, and the scapula behind, and no sensation could be felt in the leg and thigh until we came up on the lumbar region. This paralysis of sensa-

tion and motion of the right arm and leg pointed to a lesion of the motor areas about the fissure of Rolando. The head was shaved, the position of the fissure of Rolando was determined, and with the assistance of Dr. McKennan, an opening was made with a large trephine, one and one-half inches in diameter over the upper third of the fissure of Rolando, which is the guide to the centres of motion of the arm and leg. This paralysis having come on within an hour after the fall, I expected to find a depression of the inner table of the skull. I had no guide to trephine by excepting the symptoms; there was no injury to the external part of the skull, no injury to the scalp. I removed this large button of bone, and found no lesion of the inner table of the skull. Neither was there any evidence of an abscess between the skull and the dura, but this latter was tense, and when the finger was put upon it, it gave a sense of fluctuation below. I cut through the dura and there was an escape of quite a quantity of dark blood; the dura adherent to the arachnoid below and the membranes all glued together. There was only this escape of bloody fluid at the upper third of the fissure. The hemorrhage was easily stopped, and then it was found that the substance of the brain was in an almost fluid condition; it was soft; so much so that putting my finger into the aperture to feel, a little of the brain substance escaped through the wound. That was all I found. I confess that I was greatly disappointed. The dura was stitched with catgut, a drainage tube was inserted at the upper part of the wound, and it was dressed antiseptically. The patient almost expired on the table. He was taken to bed suffering greatly from exhaustion, but under the use of stimulants he revived, and on the next day, within twenty-four hours after the operation, he pulled up his right leg and kicked vigorously, the leg that had been dead for ten months. From that time he went on gradually improving; sensation was at once restored in the leg and in the right arm, but in the latter there was no motion. In three weeks from that time the man walked into the operating room and showed himself to the class; I have him here to-night and

want to show him to you. Sensation has been restored to the right arm, but motion to the hand is not quite perfect yet. The wound healed entirely without suppuration. I should say there were some manifestations of nervous force exhibited during convalescence; a short time after the operation he was seized with a convulsion of the whole body. He was talking to his companion in the adjoining bed, and all at once the power of speech left him, and for half an hour he could not articulate a syllable.

THE TREATMENT OF SMALL CYSTIC TUMORS BY INJECTIONS OF CHLORIDE OF ZINC.

BY A. LAUDERER, M.D., LEIPSIG.

The treatment of small cystic tumors, such as ganglion, hygroma, ranula, etc., is frequently attended with greater difficulties than that of larger growths. Both the surgeon and patient are anxious to avoid an extirpation; the former on account of the frequency of recurrences, the latter in consequence of the scars that so frequently result. In young ladies in whom ganglia occur especially on the back of the hand, it is doubtful whether the resulting cicatrix is not as much of a deformity as the former globular swelling, and a scar over the knee is as inconvenient to a servant girl as an old hygroma. It is not therefore surprising that the injection method has, to a great extent, replaced extirpation. The author formerly injected tr. iodine or carbolic acid or alcohol, but had recurrences in one-third of the cases. Since a year he has resorted to injections of Chloride of Zinc in 0.1 per cent. solution with very satisfactory results. Conformably to the size of the tumor he injects 0.2—1.5 ccm. of the solution (without previous injection of cocaine). Occasionally repetitions of the injection are required. The immediate effects are slight. Scarcely any pain is experienced. The cyst becomes firmer, and the surrounding parts œdematous, the œdema subsiding in a few days. The cyst shrinks during the following four or five weeks. And finally disappears completely.

The author has successfully treated in this manner five ganglia on the back of the hand, three house-maid knees, hydrocele in a child six weeks old, one ranula. He recommends the method as convenient, reliable, and unattended by irritation.—*Deut. Zeit. f. Chirurgie, Bd. 29, Hft. 5 and 6, 1889 [P. J. R.]*

HOT AIR TREATMENT OF PULMONARY TUBERCULOSIS.

In an able paper by Dr. Wales L. Carey, Physician to the Brooklyn Hospital, given in the *Brooklyn Medical Journal*, entitled: "A Criticism of the Weigert Hot Air Treatment of Pulmonary Tuberculosis," he sums up as follows:—

I. Comparative pathology and the natural history of pulmonary tuberculosis in man indicate that the most favorable temperature for the *intra-pulmonary* development of its bacillus is much higher than 99.5° F.

II. Tubercular bacilli, in a favorable soil within an animal organism, are not attenuated nor their development arrested by temperatures which are inimical to them in artificial or non-vitalized culture-media, but even rendered more virulent and more rapidly reproductive.

III. Temperature demanded for effective disinfection or discontinuous sterilization by dry heat are impracticable and injurious to the animal organism.

IV. It would appear that Dr. Weigert is mistaken in supposing that the residual air is heated much above 113° F., and that, in fact, there is but very slight, if any, elevation of the intra-pulmonary temperature. Recent advices from Germany inform us that accurate measurement of the actual elevation of the lung temperature is but $\frac{1}{2}$ -1° F.

V. If it were possible to produce and maintain, even for a short time, an intrapulmonary temperature approaching 113°, there would be produced, independent of the effect upon the lung-tissue, grave degenerative changes in the blood and entire cellular elements of the body.

VI. At temperatures far short of those claimed, there would be produced an auto-infection and accumulation of ex-

crementitious to the organism at large, and indirectly embarrassing to those nutritive activities upon whose integrity all hope of permanent benefit to the consumptive must rest.

VII. The factor productive of the benefit arising from the Weigert method is the *dryness*, rather than the heat, of the inspired air; and this desiccating action cannot be obtained except the temperature of the inspired air be as low at the upper as in the deeper parts of the lung. Of further benefit are pulmonary gymnastics, the psychological effect, and possibly in some cases a favorable action upon the bacteria in the larger bronchi.

THE idea of fixing in surgical dressings an antiseptic, the limited solubility of which shall provide for its yielding gradually to the liquid discharges from the wound to sufficiently disinfect without soon being washed out itself, is as good as it is not exactly new. For example hydronaphthol has a water solubility of about 1 to 1,000, in which proportion it is safely antiseptic. Now if hydronaphthol be diffused through a dressing in alcoholic solution containing some glycerine, it will be found that on expression and drying the antiseptic has largely crystallized in the fibre of the dressing in such a way as not to yield itself to liquids passing through it except by actual solution. This solution should take place so gradually as to continually disinfect the discharge, and thus meet the demand for a dressing not quickly rendered valueless by a washing away of the antiseptic. As to any slight irritation, which might result from minute crystalline particles mechanically detached from the surface of the gauze, interposing a layer of carbolyzed glycerine gauze next the wound should be sufficient to intercept any crystals, and either hold or transmit them in glycerine solution. Either this, or the flow from the wound would carry them away. Why would not some such mode of using a well prepared 5 or 10 per cent. hydronaphthol dressing be the best way of accomplishing the desired result? **MEDICUS.**—*International Journal of Surgery.*

THE NORTHERN LANCET.

WE received a marked copy of the Chicago Tribune, no doubt forwarded by, or at the instigation of, one of those gentlemen who disgrace our profession by self-laudatory advertisements in the public press. The marked paragraphs are in relation to a young medical man who, quoting the text, "made a scientific discovery and hired space in the newspapers to let people know what he had, and what he could do, and was in consequence dismissed by the College of Physicians and Surgeons, of which he was a member. We rejoice to know that the Colleges of Physicians and Surgeons in America are not only alive to the disgracefulness of professional advertizing, but are prompt to meet out just punishment for what is recognised as disreputable professional conduct. Even the comparatively small amount of advertizing of the present time, by quacks and empirics, is a source of vast injury to the public, and were it not for the contempt in which such conduct is regarded by the general body of the profession, and the fear of the punishment attending it, those conscienceless black-legs that exist in our own as well as in other professions would flood the daily papers with nauseous and lying details of imaginary cures, seeking by the aid of the press to make a living out of the weak and credulous, which their mental incapacity and professional lack of knowledge prevents their accomplishing by the legitimate ways of their calling. That craftily worded and utterly false statements in the shape of advertisements put forth by unscrupulous individuals bring in a considerable revenue, we all know. The many who drink and pay for a particular brand of expensive wine are satisfied with the label and stamp on the cork,

the few form their opinion on the flavor and effects. So likewise do the many take the truth of these unblushing falsehoods penned by the advertising quack as truth, and walk into the money relieving snare so artfully prepared for them, awakening to a sense of their folly only when advanced disease and an emptied purse induces the quack to release his hitherto tenacious grip. This is the daily experience of thousands, and it would be an ill day for the general public if the rules of the profession regarding advertising were in any way relaxed, and there are few papers of any standing that would not soon recognise the fact. We regret to see almost daily a very unprofessional advertisement in the Free Press of this city so glaringly contrary to professional ethics as to compel early and prompt action on the part of the College of Physicians and Surgeons of Manitoba. We are aware that many are awaiting to see the course which in this case they will pursue, and we shall again return to the subject.

WINNIPEG GENERAL HOSPITAL.

The *Free Press*, of the 17th, announces the appointment of Dr. W. S. England, of Montreal, to the position of Resident Medical officer to the Winnipeg General Hospital. The Governors of this institution treat the profession in Manitoba with scant consideration. In all other Hospitals which assume to be clinical schools, the junior positions of the Hospital are invariably filled from the ranks of those who have studied within its walls. When a position is about to become vacant, public notice is given and applications for the appointment are solicited. But the governors of the Winnipeg General Hospital have so long been in the habit of ignoring the rights of the profession, and

strange to say, the Professional staff of the Hospital have as long shown themselves of such ductile material, that any act of the Governors, no matter of how arbitrary a character, ceases to cause surprise. But, when such an utter disregard to the welfare of the students who attend the hospital and whose fees are becoming of considerable importance in the maintainance of the Institution, is evidenced by those in power, it cannot be cause for surprise if many of the young men who under different circumstances would take their hospital course in Winnipeg, migrate to other places, where there exists a juster appreciation of what is due to their students. We have not one word to say against Dr. England, who no doubt is well fitted to discharge the duties of this office, but we protest in the interests of those young men who have qualified for practice in the wards of the Winnipeg General Hospital and who are now so cavalierly and unjustly treated. The position of Resident Medical officer with its salary of \$1,200 a year, board and residence, if reserved for the students of the hospital and attainable by competitive examination, would be an incentive to closer study and an object of laudable ambition.

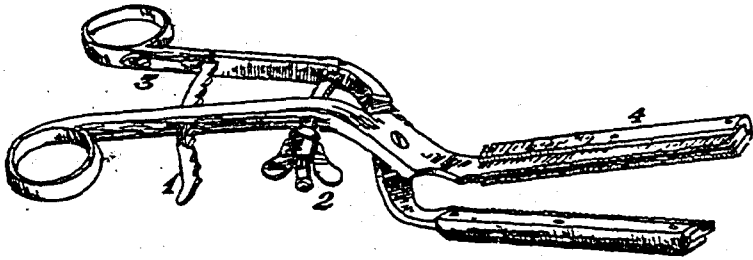
THE HOSPITAL FOR INCURABLES.

Sometime since it was announced that a non-professional person had been appointed to the Superintendency of this Hospital, which is now nearing completion. We concluded that there must be some mistake, but are now informed that such is the case, and an Institution which of all others requires the unceasing supervision of a well qualified and experienced medical man is to be handed over to the tender mercies and unskilled management of one whose only qualification for the

post is that he is a friend of the official having the appointment. The human being suffering from incurable disease is perhaps the most pityable object in nature and the utmost medical skill is ever exerted to alleviate the sufferings and render tolerable the existence of the sorely stricken frame. How can an unprofessional man, no matter how good his intentions are, perform these duties of which he is entirely ignorant? True, it is proposed to attach a visiting Physician to the Hospital, but, unless a qualified practitioner is paid such a salary as will permit him to hold himself at the service of the hospital at all hours, the appointment is useless, and if it is intended to offer such inducement in the way of salary, why should the Province be saddled with the expense of two officials, when, one medical superintendent can efficiently discharge all the duties, professional and otherwise, in connection with the office? It is not too late for the Government to reconsider this matter. The Incurable Hospital will soon fill and their taking such an unprecedented course as the appointing a non-professional man to preside over it, will furnish grave cause for scandal.

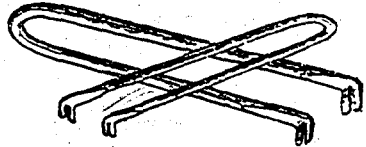
WE regret to record the death of Dr. Lipsett at the early age of twenty-six years, of lung disease. He graduated at Manitoba College in 1888.

HYPODERMIC INJECTIONS OF A COMMON SALT SOLUTION IN POST-PARTUM HÆMORRHAGE.—This plan of treatment in acute anemia has been successfully employed in the Dresden Lying-in Hospital in a large number of cases. The quantity of fluid used is nearly a quart of a six per cent. solution. The solution should be sterilized by boiling, and cooled to 98°F. The infraclavicular or infrascapular regions are the preferred sites for the injection. The dispersion of the fluid may be promoted by gently manipulating the swollen tissues about the point of puncture.



DR. O'REILLY'S RETRACTORS.

These Retractors are made out of ordinary telegraph wire. The introducer claims they have several advantages, viz., their simplicity and adaptability for the purposes required. In case of lack of assistance they can be tied back. The flexibility of the metal is such that they can be readily bent to a required shape.



By reversing the end, a bone can be embraced in the loop, and steadied while being operated on, the instrument guarding the soft parts. They are easily kept septic, take up but little room, as the set of five fit one into the other, and their cost is very trifling. Dr. O'Reilly has used them in the practice of the Winnipeg General Hospital and has found them to answer well.

CONTAGIOUS PNEUMONIA.

BY DR. O. E. LATIMER.

Having noticed in the March journal reference to a paper read by Dr. F. Mosler before the Greifswald Medical Society, describing several cases of pneumonia which he believed to have been due to contagion, and having met with a somewhat similar series in my own practice, I send you an account of the same, as, although perhaps not interesting to my more experienced brethren, the occurrence is not a common one. In the month of November, 1888, Mrs. C., living a few miles from this place, was attacked by pneumonia, which

BEING long a follower of Mr. Henry Smith, the well known London surgeon, in his method of treatment of hæmorrhoids by clamp and cautery, I have many times encountered difficulties in using his instrument. Its width, when the tumors were situated high up the rectum, making it unhandy, and a graver trouble when both hands were occupied—one grasping the tumor with a forceps, and the other applying the clamp—its necessitating a second person to screw the blades together. In several instances, undue pressure in doing so has, to my annoyance, broken the forceps away from its attachment. I find the above instrument to be an improvement on Smith's. It was made for me by the celebrated firm of surgical instrument makers, Messrs. George Tiemann & Co., of Park Row, New York, who have faithfully carried out my design. The ratchet (figure 1) I find of sufficient power for all purposes, it being governed by the strong spring (figure 3). I have retained the screw and nut as in Smith's clamp, so that if required in prolonged operations it may be applied as an extra guard, but I do not think it will be found necessary. The bridge existing in the old instrument I have done away with, the blades opening on a plane. The width of the blades I have also considerably curtailed, and, instead of bone, they are cased in talc (figure 4), with the exception of a small groove over the teeth to allow of the application of the cautery. I have found this instrument so handy that I feel justified in bringing it to the notice of the profession.

J. P. PENNEFATHER.

Winnipeg.

rapidly invaded both lungs and caused her death in about a week. She was attended by Dr. R., an old army surgeon, and in conversation with him he assured me that the disease was so well marked as to leave no room for doubt regarding the diagnosis. Just before her death, her son, a young man about 30, who had been constantly in attendance, was taken ill, Dr. R. was again called, and pronounced the disease to be pneumonia, exactly similar to that from which his mother had died. A consultation being desired, a physician was brought from Portage la Prairie. He confirmed the diagnosis, but little could be done, and the young man died in a few days. During his illness he had been attended and nursed by his wife and a Mr. W., and after his death the latter attended to the removal and washing of soiled clothing, &c. A couple of days later he also was taken ill, and called Dr. E., of N., who pronounced the disease to be pneumonia. Dr. E. attended him for three or four days, and, having been called to another case, asked me to visit the patient. I found him in a state of coma; temperature 106°, respiration 50, inflammation involving nearly the whole of both lungs. The prognosis was of course death, and the patient succumbed the same evening. He had during his illness been nursed by his wife and Mrs. C., the widow of the young man who had died a few days before. On the second day after his death I was called to see Mrs. C., and found slight though decided signs of pulmonary trouble, which, however, disappeared in two or three days. The first two cases did not come under my personal observation, but from conversations with the medical men attending them I have no doubt as to the correctness of the diagnosis. I regret that I cannot give exact dates, but certain it is that the three were attacked and died in less than four weeks. There had been no sickness in either family for years before, nor do I know of any cases of pneumonia in the district for months before or after. Whether or not the last case would have developed pneumonia, I am unable to say.

If the spread of the disease in this way be accident, it is certainly a rare one; if it be due to contagion, in what way? To my mind, the subject is worth investigating, or if any of our older practitioners can explain it, I would like to have, through your columns or otherwise, the benefit of their research, as, though I may be exposing my own ignorance by admitting it, the matter has been a puzzle to me since the occurrence.

MISCELLANEOUS.

A DISCUSSION ON ELECTROLYSIS IN URETHRAL STRICTURE.—At a recent meeting of the Medical Society of London Mr. Bruce Clarke reported fifty cases of urethral stricture and the results of their treatment by electrolysis. He claims that

the process is not in reality a destructive one. It consisted in modifying and softening the cicatrices by which the strictures were produced, a fact which could be witnessed by any one who would take the trouble thus to treat a stricture of the urethral orifice. Some of the cases could not, he thought, be explained merely on the theory of absorption. He mentioned one case, in which an ulcer was present, where electrolysis produced a rapid cure. He cited instances to show that just as it had been shown that a rectal stricture might begin by spasm of the muscular fibres, so urethral stricture could, and often did, begin in a similar fashion, an irritable ulcer being the starting-point. The caustic alkali, liberated by the negative pole of the battery, cured the ulcer, and thus relieved the muscular spasm, whilst if it failed to cure the ulcer it might, in rare cases, aggravate it, and so intensify the stricture. Some instances of this kind were related. Of the fifty cases, twenty-three were known to be well after periods varying from one and a half to three years, and in two cases no relapse had taken place after four years, whilst only nine were known to have required subsequent treatment.

Mr. Reginald Harrison said that his experience of treating stricture by means of electrolysis was not great, but what he did know of it was not in favor of the method. He had seen a number of cases which had been submitted to electrolysis in this country and in America, but none of them had increased his regard for this plan of dealing with stricture of the urethra. The amount of thickening that had taken place in these cases was very considerable, though whether this was incidental to the stricture or to the treatment employed he was not prepared to say. He had never met with a patient who expressed unbounded confidence in the treatment, and the results, so far as he had been enabled to observe them, were not of a nature to encourage him to extend its use. He much preferred gradual dilatation, and he had no reason to complain of want of success by this method.

Mr. Hurry Fenwick alluded to his own experience of stricture of the urethra, and said that in twenty cases in which he had

tried the electrolytic treatment, they were all considerably worse after than before the treatment. Thinking his plan might be faulty, he had applied to Dr. Stevenson for advice and counsel, but without any improvement in the results obtained. He pointed out that the treatment was by no means devoid of danger, and he quoted instances in which the electrode had been pushed into the rectum, etc. He also mentioned one case in which the fatal result was attributed to this method. He said that only certain forms of stricture were amenable to electrolysis, namely, those in the deeper parts of the urethra associated with spasm. He concluded with the remark of an American practitioner—"that the brilliant results said to have been obtained by electrolysis of stricture depended upon the credulity of the patient and the ingenuousness of the practitioner, or possibly upon some fortuitous act of Providence upon which it would not be safe to count."

—*Brit. Med. Jour.*

EUCALYPTUS IN WHOOPING COUGH.—During an epidemic of whooping-cough, which recently occurred, I was induced by the continual failure of the various popular remedies, such as belladonna, atropine, alum, etc., to effect cures, to try the effect of the oil of eucalyptus. This is a powerful antiseptic, being more than three times as strong as carbolic acid in preventing the development of bacteria, has not the caustic properties of the latter and does not produce that irritation which the latter does, even when diluted on the lips or mucous membrane. In combination with terebene the oil forms a mixture having a pleasant aromatic odor, somewhat similar to sandal-wood, exercising a sedative influence on the lining membrane of the air passages, and possessing, besides antiseptic properties, the power of destroying the virus of the sputum, which is not only found clinging to the thickened and congested mucous membrane of the epiglottis, larynx, and bronchi, but is with every fit of coughing ejected by the mouth, with the possibility of infecting others. This sputum being crowded with bacteria and micrococci, it is upon the destruction of these with their extraordinary power of development and mul-

tiplication that our success depends. As a spray, a mixture composed of two drachms of oil of eucalyptus, two drachms of terebene, one and a half ounces of rectified spirit of wine, is of value. The spray may be used half an hour before each meal and at bedtime, while internally I give terebene in drop doses to a child from two to three years of age, in combination with two grains of carbonate of magnesium, and ten minims of compound tincture of camphor to one or two teaspoonfuls of water, repeated every three hours. The two former constituents to be triturated together, the magnesium being used simply as a carriage for the terebene, which is not miscible with water. The paregoric allays the irritability of the cough until the disease succumbs to the specific treatment. In every case where the above treatment has been properly carried out it has effected cures in about a fortnight.—W. W. HARDWICKE, M.D., in the *Lancet*.

THE AMERICAN ALOE IN HYDROPHOBIA.—Dr. Pablo Patron mentions in the Peruvian journal *La Cronica Medica* that a rabid dog having bitten a boy in Ayacucho, the boy, notwithstanding that the wounds had been well cauterised, began in a few days' time to show unmistakable signs of having hydrophobia, and one day, when no one was watching him, he ran away into the fields and gathered some leaves of the American aloe (*Agave Americana*) and sucked them. After this the symptoms of the disease began to abate, and the boy recovered. The American aloe is very common in some parts of Peru and Central America, and the Mexicans are said to be very fond of a tea made from the leaves. The plant is also used for poultices, and forms a tolerable substitute for soap. Dr. Patron has been induced to publish this case through having read in some Spanish medical journal of a somewhat similar occurrence.

CEREBRAL COMPLICATIONS OF EAR DISEASE.—Dr. Otto Korner, of Frankfurt, points out that all the cerebral complications of ear disease are more frequent on the right than on the left side. Thus, of 31 cases of cerebral abscess, 18 occurred

on the right side from disease of the right ear, and 12 on the left from disease of the left ear, and in one case there was abscess on both sides following disease of both ears. Similarly, of 61 cases of thrombosis of the lateral sinus, 35 were met on the right side and 26 on the left. Of 23 cases of meningitis from ear disease, 17 affected the right side and 3 the left. Adding these together, we have a total of 115 cases, of which 70 were on the right side, 44 on the left side, and 1 bilateral. Korner traces the greater frequency on the right side to the fact that the groove for the lateral sinus passes further forwards and outwards into the petrous and mastoid bones on the right than on the left side. The bony wall separating the sinus from the mastoid antrum is therefore thinner on the right side. Added to this is the fact that in brachycephalic skulls the anterior cerebral fossa is considerably nearer the mastoid antrum than in the dolichocephalic. In the former, cerebral complications of ear disease more readily ensue than in the latter.—*Deutsche Med. Zeitung.*

ACETANILID AND ANTIFEBRIN.—The *Journal* has several times called the attention of its readers to the fact that antifebrin and acetanilid are identical chemical products. Then why should physicians continue, as some of them do, to prescribe the "proprietary" antifebrin, which costs at wholesale twenty-five cents per ounce, while the non-proprietary acetanilid costs but seventy-five cents per pound, or not quite five cents per ounce. *Notes on new Remedies*, published by Lehn & Fink of New York, points out the fact that the German government does not protect the manufacturer of "antifebrin," and that his product is sold in that country at about thirty-five cents per ounce, which would make the price here—freight and duty added—fifty cents per ounce. The moral of this is that American physicians should always prescribe the non-proprietary acetanilid.—*Indiana Medical Journal.*

FOREIGN BODY IN THE BRAIN.—The following case was recently the subject of a coroner's inquest:—W. R., aged 38, came to the hospital complaining of weak-

ness and shortness of breath. It was found that there was œdema of the legs and albuminuria, and patient was admitted. On further examination he was discovered to have extensive phthisis of both apices. He gave a history of an old injury to the head, for which he was treated as an in-patient at St. Bartholomew's Hospital. He had not suffered from headache, vomiting, fits, or any other cerebral symptoms. Ophthalmoscopic examination showed that the fundus was normal in both eyes. There was slight alcoholic tremor of the hands. At the *post-mortem* examination, on opening the skull, a portion of the blade of a penknife, about three-quarters of an inch in length, was found impacted in the left temporal bone, passing down into the fissure between the middle and inferior frontal convolutions, to which its plane was parallel. The dura mater was thickened around the site of puncture. There was no injury to cerebral tissue. On examining the outer table the point of entry was found to be covered with scar tissue. There was an old, pale cicatrix on the scalp.

THE DRY METHOD OF OPERATING.—Dr. W. W. Van Arsdale, in the *Annals of Surgery*, describes a dry method of operating as practiced by Dr. Landerer, of Leipsic, and reported by him in a paper before the late Congress of Surgeons in Berlin. The method consists in not allowing a drop of fluid of any kind to come in contact with the wound during the operation. The hands of the operator and the field of operation are cleansed first with soap and water and then with a 1-2000 solution of sublimate in alcohol. As soon as the first incision is made no more fluid is allowed to come in contact with the wound. Sponging is done with pieces of sublimated (absorbent) gauze, and all parts are kept tamponed with it, except at the point where the surgeon is working. Hemorrhage is much lessened by this method; hardly any vessels in the muscles require ligation. As soon as the operation is finished and the larger arteries are tied, the wound is to be kept tamponed for a few minutes with gauze, after which it presents absolutely dry surfaces, and is in excellent

condition to unite primarily. Buried sutures are used to bring the deeper portions together; the skin is united by sutures. No drainage tubes are applied, but all the blood finally forced out of the wound by direct pressure. There is no secretion whatever, so that no care need be taken to evacuate it. Even cavities may be treated in this manner (as after castration) provided the walls can come together. The dressings are to be applied under moderate pressure of the bandage. The advantages claimed for this method by the author are the following: (1) The patient does not get at all wet or chilled. (2) Hemorrhage is minimized. In cases of amputation of the breast, where the axillary glands were removed, the towel placed beneath the shoulder was not even wet. (3) No antiseptic substances are absorbed, and therefore no intoxication is possible. (Sterilized gauze would be even safer to use.) (4) The duration of operations is shortened, because there is not so much time spent in controlling hæmorrhage. (5) Rapid and safe recovery. In the ninety cases of the author he never once observed a flush around the wound; the temperature never rose above 100.4°. There is no secretion from the wound, so that only one change is necessary to remove the stitches. The patients are not prostrated, even after larger operations, such as excision of the breast and axillary glands, and can be up and about as soon as the effects of the anæsthetic are passed. (6) Great convenience of the method. Instead of big bottles, unreliable dishes and fluids, as are met with in country practice, well-packed gauze may be carried along in a small tin or glass vessel, thus simplifying matters greatly for the general practitioner. (7) The hands of the surgeon are not harmed or roughened, which is a great comfort. The author reports 90 cases, mostly all major surgical operations, such as amputations, resections, laparotomies, extirpations of tumors, osteotomies, plastic operations on the nerves, etc. They were performed partly in private hospital, partly in city and country practice, and partly in a crowded dispensary.

ON THE IRRATIONALITY OF THE TREAT-

MENT OF DIPHTHERIA BY STEAM.—When, in bacteriology, we proceed to make pure cultures, one of the first things required is proper temperature; the ground for breeding having been selected and prepared, we inoculate it and place the culture in the required atmosphere, which is nearly always up to 35°C, and moist. In short, then, in moist warm atmospheres, colonies of micrococci flourish best, consequently, if we, by playing warm vapour upon such a festering hot-bed of micrococci as diphtheritic membrane presents, furnish the one essential necessary to promote their multiplication, is it any wonder that the results of such treatment prove negative, and that the membrane grows under our very eyes? The addition of an antiseptic substance does not neutralize the evil consequences of such unscientific treatment, for were the antiseptic fluid sufficiently strong to kill the micrococci, it would likewise kill the patient by absorption. Feed the patient on beef tea, chicken broth, and the like, in addition to this, and you supply him with the very materials we use in bacteriology for pure cultivations, in which micrococci develop best and increase prodigiously. Steam and antiseptic vapour, then, is decidedly injurious in the treatment of diphtheria since it promotes the growth of the parasite, according to bacteriological dicta which are indisputable; the diet, which includes bouillon or gelatine, is also unscientific, and must be reformed. The frequent and continuous use of steam necessitates tracheotomy, by washing down into the larynx all the soluble and infectious constituents of the diphtheritic membrane, notably the micrococci, which are caught at the vocal cords and forced to breed through being fed continuously from above.—*W. Elsner, in Australasian Med. Gazette.*

INJECTIONS IN ACUTE GONORRHEA.—Dr. L. Friedheim, assistant in the clinic of Professor Neisser at Breslau, who has made a large number of observations with several drugs, such as zinc, lead, bismuth, tannin, various preparations of mercury, permanganate of potash, creolin, etc., to test their astringent effect as well as their capacity for destroying gonococci, is

equally dissatisfied with all the usual drugs. They all had either no permanent effect in destroying gonococci, or they irritated the mucous membrane to such an extent that their administration had to be stopped. Nitrate of silver alone acted quite satisfactorily. The author reports on 318 cases treated with this drug, 237 of which proved its antibacterial effect satisfactorily. Unfavorable results were chiefly obtained with out-patients who lived in unsatisfactory circumstances. The following is the *modus operandi* in Professor Neisser's clinic:—Every acute gonorrhœa is immediately treated with an injection of nitrate of silver of the strength of from 1 in 4000 to 1 in 2000. The discharge generally increases at first, becoming thicker and more purulent, but very soon decreases and becomes thinner, whiter, and more epithelial. The gonococci decrease in a remarkably short time, and sometimes entirely disappear in a few days. The injections are first administered from four to six times a day, and are then reduced to one or two in the twenty-four hours, when at the same time a mild astringent like zinc or boracic acid is injected; but even after entire cessation of the discharge, the nitrate of silver is still injected once a day for many weeks. The proper regimen must be followed for an equally long time. The injections are administered even when complications occur, especially epididymitis.

ALCOHOL IN THE TREATMENT OF PUERPERAL FEVER.—Martin, of Berlin (*Annals of Gyn.*, Nov., 1889) pleads for the more extensive use of alcohol in the therapy of puerperal fever as proposed by Runge. It acts mainly by fortifying the resisting and recuperative power of the individual, and is particularly adapted to the stage of general septic infection. The plan of treatment is not intended to replace, but rather to supplement local disinfectant measures and the use of tonics and forced feeding. The forms of alcohol most used by Martin have been cognac, champagne, the heavy wines and punches. The quantity given amounted in many instances to little less than a bottle of cognac or its equivalent daily. Several severe

cases of septic disease in childbed are reported in detail, which afford striking proof of the value of alcohol in the treatment.

DR. KONIGSTEIN, (Medical Press), while giving directions in his class on the uses and prescribing of spectacles, said that green glass as a protection against strong rays was worse than useless, and did more harm to a sensitive eye than good as it allowed the yellow rays to be transmitted, and unnecessarily irritated the eye. Against strong rays the blue or smoked glasses were the only real protection. The blue should be light, as a deep blue color produces a clear violet disk in the centre of the lens, which apparently corresponds to the fovea centralis, and by a protracted use of dark blue spectacles the patient may become annoyed by the mosaic work of the fundus of the eye appearing before him. The phenomenon seems to be connected with the pigmenting changes in the macula lutea.

VERATRUM VIRIDE IN DIPHTERIA.—In a case of malignant diphtheria occurring in a child four months old, Dr. Boyol tried tincture of veratrum viride internally, one drop every two hours. About the third or fourth dose he found that the pulse had fallen from 180 to 89 beats, while the false membranes had melted with exceptional rapidity, so that in twenty-four hours the occlusion of the nose and larynx had disappeared, permitting the child to take the breast. Dr. Boyol has since tried veratrum in not less than sixty cases, and has always had excellent results from the careful administration of the drug in appropriate doses. Experience has shown him that the tincture should be pushed when there is marked increase in the frequency of the pulse-beat. If the frequency of the pulse diminishes under the use of the drug the rapidity of the circulation is much reduced and the local inflammatory processes are mitigated. Moreover, the organism seems to acquire a certain resistance to the later progress of the disease and against the spreading of the false membrane.—*Ed in N. O. Med. and Surg. Jour.*

CORROSIVE SUBLIMATE IN DIPHTERIA or mercuric chloride, was very largely used

as a local application by spray or gargle, about 1 to 500 for spraying, and oneto 4000 for gargling. A large number of physicians used this agent locally, and a small number used it systemically. In no case had there been toxic effects, and in one case only there was mild salivation, and the experience from its use was generally favorable. When used internally, the doses were generally small and frequently repeated, and the administration was carried to the production of the characteristic diarrhœa with green stools.

CURETTING OF CHANCROIDS.—Dr. O. Peterson, of St. Petersburg, has employed the following treatment in 162 cases of chancroids, the average period of healing being eight days. After injecting a four per cent. solution of cocaine into the base of the ulcer, he scrapes out the sore thoroughly with a small sharp curette, so as to leave behind a clean surface. Care should be taken that no pockets remain under the excavated margins of the chancroid. After the curetting the ulcer is irritated with a two per cent. solution of carbolic acid or a 1 to 2,000 sublimate solution, and an iodoform dressing applied. No hæmorrhage was observed from the scraping, even in cases where the sore was situated on the glans penis.—*Allg. Wiener Medic. Zeitung*. [P. J. R.]

CREMATION FEES.—The Municipal Council has decided that a uniform fee of 50 francs will be charged for cremation in the furnaces in the cemetery of Pere Lachaise, including the right to a compartment in the *Colombarium* for five years. The necessary expenses (decorations and ceremonial) vary from 200 francs down to nothing at all, according to the social standing of the defunct. So far, fourteen bodies have been cremated—eight men, four women, a youth and an infant. The duration of the proceeding was 50 minutes in a child of eight months and nearly three hours in the case of an embalmed body, the average being 1½ hours.—*Paris cor. Medical Press*.

ENLARGED CERVICAL GLANDS IN CHILDREN.—Mr. Edmund Owen, in the Lettsonian lecture before the Medical Society of London, January 6, 1890, spoke of the treatment of enlarged glands of the

neck. He remarked that the presence of branching scars implied a blame either of the parents not seeking advice in good time, or of the medical attendant for not availing himself of the means at his disposal to effect a cure without waiting for suppuration and consequent loss of tissue. He urged that, instead of painting the skin over the glands with iodine or iodide of lead, the surgeon should remove the enlarged glands without loss of time, and before the patient has been exposed to extension of the trouble or to the dangers of septic absorption.—*British Medical Journal*, Jan. 11, 1890 p. 78.

TREATMENT OF ABSCESS OF THE LIVER.—Dr. Vaughan Harley, in an address before the British Medical Association, August, 1889, describes “a rapid mode of curing hepatic suppurations.” So soon as the presence of pus is suspected its exact situation should be prospected in the following manner: A six inch long, fine exploring trocar is to be passed up to its hilt, obliquely from right to left, into the liver, or from left to right, according to which lobe the abscess is supposed to occupy. The pus is then searched for by slowly and gradually withdrawing the instrument. If pus be found, note its depth and situation. Before withdrawing the trocar allow all the puss to flow that will then withdraw the exploring trocar and introduce a larger one (No. 8 or 10 E catheter scale), and through it aspirate the abscess. Then wash it out with warm boracic acid solution (1-48), until the solution returns clear and odorless. Insert a large drainage-tube (silk-elastic catheter), and apply a large, hot, sloppy linseed-poultice over the liver. If the pus-cavity rapidly refills, make a counter-opening a short distance from the first and introduce through it a second drainage-tube in the cavity.—*British Medical Journal*, Nov. 23, 1889, p. 1145.

THE USE OF STROPHANTHUS IN INFANTILE THERAPEUTICS.—I have used strophanthus in the case of infants affected with cardiac lesions, which presented evidence of cardiac weakness and diminished arterial tension. The patients ranged in age from 3 to 73 years. In all cases I used the tincture made by Frazier, of

Edinburgh, in doses of from 8 to 20 drops in twenty-four hours. There never was a single failure to tolerate the medicine, and the therapeutic effects were always similar to those already mentioned by him at the Society of Medicine of Paris in 1888, and published in the *Union Médicale* of Paris. The tone of the heart muscle was improved and its action became more rhythmical. The arterial tension was almost invariably increased.

Finally, diuresis increased in all cases after the second day of treatment by strophanthus. This effect of the drug was in all cases easily demonstrated. It is worthy of mention that the results obtained by the use of strophanthus persist for a long time after its discontinuance.

—*Dr. Moncorvo in Satellite.*

TUBERCULOSIS AND BUTCHER'S MEAT.—

The *Nineteenth Century* for September, 1889, contains an article by Henry Behrend, a Hebrew physician of London, relating to the Hebrew method of butchering and inspecting meat. If the statements therein made are facts, they show (1) the great advantage of rigid meat inspection as a means of preventing tuberculosis; (2) an alarming proportion of diseased animals; and (3) an equally alarming lack of altruism in the Hebrew race as regards other races. We quote a few of the statements: "Of 13,116 beeves slaughtered for the Hebrew trade in London in six months, only 6,973 were deemed fit for Jewish use." The average rejections for five years have been forty per cent. But these rejections are often sold to the Gentiles for food. "In a large practice of over thirty years he has never met a case of consumption in a Jew, and other busy physicians make similar statements." *American Microscopical Journal.*

APHRODISIAC EFFECTS FROM COCAINE.

—*Dr. C. W. Richardson, Philadelphia,* reports a case of a married lady, modest and reserved, from whom he proposed to remove a growth under cocaine anaesthesia. A few minims of a ten per cent. solution were injected. This was followed by erotic excitement, with both facial and verbal expressions that left no doubt in the mind of the medical attendant and

of the lady's companion as to the impulses which actuated them. It required some time to bring her to even a moderate degree of quietness. An attempt to perform the operation the following day, using the cocaine very sparingly, led to a similar, though not so extreme condition. No other unpleasant symptoms occurred on either occasion. Surgeons are warned of the development of these symptoms, not only by this case, but by the published observations of Sandre, of Vienna, Cunningham of England, and others. Particular attention is called to the medico-legal aspect of the subject. A female friend of the patient should be present whenever it is proposed to operate upon a woman under cocaine anaesthesia.—*Journal American Medical Association.*

THE TREATMENT OF A COMMON COLD.—

"It may not be so widely known as it deserves to be," says a writer in the *British Medical Journal*, "that twenty grains of salicylic acid given in liquor ammonia acetatis three or four times a day will so far control a common cold that the aching of the brow, eyes, etc., will cease in a few hours, while the sneezing and running from the nose will also abate, and more fortunate still the cold will pass off and not finish up with a cough.

The doctors of Brooklyn have followed the lead of their brethren in Jersey City and established a Physicians' Protective alliance. The society has grown until it now numbers four hundred members. The bills turned in during the first month by the members aggregated \$32,000, and two black lists have been printed, in which are the names and addresses of 1,440 residents of Brooklyn who are in arrears for their medical attendance.—*Times and Register.*

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