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CANADA
MEDICAL RECORD

APRIL, 1902.

Original Communications.

RETROSPECT OF LARYNGOLOGY AND RHINOLOGY.

UNDER THE CHARGE OF GEO. T. ROSS, M.D., D.C.L.
Fellow American Laryngological, Rhinological and Otological Society, Laryngologist, Western Hospital, Lecturer on Diseases of the Throat and Nose, University of Bishop's College.

REMOVAL OF INTUBATION TUBES BY THE ELECTROMAGNET.

Collet describes this process as follows:—The instrument consists of a long, thin coil, which may easily be held between the thumb and forefinger. Two armatures should accompany the instrument, the longer to be used for adults. These are curved, in order to enter the larynx, and the ends are blunt, so that they will make perfect contact with the upper extremity of the tube. Before using the instrument, the circuit should be completed and the jaws fixed open. The curved extremity of the magnet is then introduced into the pharynx, and passed behind the base of the tongue towards the larynx, until it is brought in contact with the tube; it is then necessary only to withdraw the magnet with the tube attached. The proceeding is instantaneous and extremely easy. No special knowledge is required by the operator. Collet describes it as specially serviceable in case of sudden obstruction of the tube, when there is danger of death from asphyxia. The metalic part of the instrument can be easily sterilized; the coil is protected by a rubber covering which can also be easily sterilized.

TREATMENT OF VASOMOTOR RHINITIS.

To reduce the swelling, Lubinski recommends the submucus injection of 6 to 10 drops of a 10 per cent. solu-

tion of zinc chlorid, the mucosa having been first anaesthetized with a 10 per cent. eucain solution. The canula of the syringe should be twice the usual length, and it should be slowly withdrawn while the solution is injected drop by drop. A wad of cotton which has been dipped in a 10 per cent. antipyrine solution, is then pressed against the puncture to prevent bleeding. The general health must be looked after. A generous diet, iron and arsenic, cold baths and exercise, a light massage of the swollen tissues with an application covered with cotton that has been moistened with menthol parafine (1-4 to 1-2 per cent.) for five minutes, twice or thrice weekly, are remedial aids, and often suffice in milder cases.

This method is only another of the many modes devised for the sub-mucus application of a strong caustic. That of Norval Pierce, which he calls sub-mucus linear cauterization, is probably a more exact means of accomplishing the same object.

CARBOLIC ACID IN RELAPSING TONSILLITIS.

Kramer recommends injections of carbolic acid into the tonsils, in cases where these glands are the seat of repeated attacks of inflammation. This treatment prevents recurrence. The tonsil is to be cocainized, and 1-2 cubic centimetre (eight minims) of a 3 per cent. solution of carbolic acid, by means of a hypodermic syringe, the needle of which is thrust through the anterior pillar of the fauces to the depth of about one centimetre. The injections which are given between the inflammatory attacks, are repeated every two or three days; six injections are sufficient. Kramer believes that carbolic acid acts by destroying the latent foci of pure micro-organisms that remain in the tissue of the tonsil and which cause fresh outbreaks of inflammation.

NASAL HEADACHES.

Bronner thinks that if a careful examination of the nasal cavities were made, many of the chronic so-called incurable headaches would be relieved. Nasal headache is often neuralgic in character, and always worse in the morning, whereas headache due to eye strain is always

better in the morning. Nasal headache may be chiefly supraorbital or postorbital, and is sometimes felt at the top or back of the head, being more commonly diffuse in nasal obstruction. Dizziness is a frequent accompaniment.

HYPERTROPHIC RHINITIS.

This disease is growing quite common, and its treatment should be looked after carefully. Robertson concludes as follows:—

1. The utter uselessness of treating a growth of organized tissue in the nostril by the application of sprays and galvano-cautery.

2. Where such growths exist, treat as you would an overgrowth elsewhere.

3. Save all the venous sinus tissue, possible, and still secure breathing space enough.

4. The advantage of supra-renal extract in nasal surgery.

5. The absence of danger of synechiae forming, as they often do after the use of galvano-cautery or caustic.

6. The use of dry pledgets of cotton and the disuse of all fluids.

7. The great advantage of greased gauze as a surgical dressing in the nose, over old methods.

8. The danger in the use of cocaine lessened by the use of supra-renal capsule extract.

9. The disappearance of naso-pharyngitis after the nose becomes ventilated.

Griffin, of New York, refers to the difficulty of getting patients with hemorrhagic diathesis, to acknowledge the fact, if they think an operation is going to relieve them of their sufferings. One case cited, where life was finally saved after extreme efforts, the patient confessed a family history of this diathesis, but was anxious for operation, and took the chances.

DIAGNOSIS OF DIPHTHERIA.

Fussel, of Phila., constantly carries in his pocket a tube of blood serum, and makes a culture of every throat in any way suspicious. His reasons for doing so are the

following:—1. True cases of diphtheria may have few or no clinical symptoms. 2. Tonsillitis or pharyngitis may have severe symptoms and be serious, but not true diphtheria, and, consequently, not able to transmit diphtheria. 3. A diphtheric exude may be easily detached and leave no bleeding surface. 4. An exudate from some other organism may be a true membrane impossible to detach from the mucus membrane.

HEMORRHAGE FOLLOWING ADENOTOMY AND TONSILLOTOMY.

Roy, of Atlanta, gives the history of two cases of this character. The first occurring shortly after the removal of a small piece of adenoid tissue. There was no history of hemophilitic diathesis, but the menstrual period was due, and it was thought to be a factor in producing the bleeding, for, after hemorrhage stopped, the catamenia appeared freely. The second case was after the removal of one tonsil only, and bleeding did not appear until five hours after operation. This is very unusual at the age of the child (four years), where no family tendency in this direction was ascertainable.

CORRECTION OF SADDLEBACK NOSE BY INJECTION OF PARAFFIN.

H. Smith reported three cases for the correction of nasal deformities, and while not resulting in a perfect nose, the results were much better than the usual methods employed. The technique of the operation was described, and no inflammatory reaction followed.

TUBERCULAR RHINITIS TREATED BY RONTGEN RAYS.

Case shown by L. Lawrence. The applications were from seven to ten minutes. Result, abatement of symptoms, reduction of swelling of the nose, pain gone from eyes and forehead, and a more comfortable feeling generally.

NOTES FROM THE CASE BOOK OF A GENERAL PRACTITIONER.

By FRANCIS W. CAMPBELL, M.D., L.R.C.P. L., D.C.L.
Dean and Professor of Medicine, Faculty of Medicine, University of Bishop's College.

COUGH.

It is not always an easy matter to decide upon the cause of a cough, and, therefore, sometimes a difficult matter to relieve or cure it. Many patients go about their work, appear in excellent health, and yet suffer more or less from a persistent irritating cough. Examination of the chest in these cases does not show anything abnormal in the respiratory murmur. Examination of the throat often reveals an elongated uvula which is frequently cured by a simple astringent gargle, and the cough disappears. Again, examination reveals congestion of the vocal cords, and a soothing inhalation of a teaspoonful of compound tincture of benzoin in a teacup of hot water, frequently causes the cough to be relieved in a short time. But the general practitioner, especially during the winter or spring, meets with a great many cases of cough, the cause of which he cannot fathom. He calls it an irritating cough, but the cause of the irritation is a mystery. Experience will soon show that it is irritating to both the patient and physician. To the latter because he finds that it continues in spite of his best efforts, and at last the patient drifts from one physician to another without getting relief. Eventually he takes his case in his own hands, and buys from druggists some of the numerous cough remedies they have for sale. Still no relief, and he finds his stomach thoroughly out of order because opium has been a constituent of the quack mixtures he has taken. Nature, the *vis medicatrix naturae*, possibly comes to his aid, the cough disappears, but no thanks to his doctor or his own prescribing. This is a brief sketch of what I know occurs to hundreds of physicians, as it certainly has to me. Among the late remedies for this class of cases is heroin, and it certainly has proved a valuable addition to our *materia medica*. There are many combinations in use of which

heroin is the chief constituent. Some, in my opinion, are not to be recommended for general use. What is needed is a safe and efficient preparation whose action is positive and definite. Such a combination we have in glyco-heroin, made by Martin H. Smith Co., of New York, to which my attention was drawn about a year ago. Each drachm of this mixture contains heroin, gr. 1-16; ammonia hypophos, gr. 3; hyoscyamus, gr. 1; white pine bark, gr. 3½; balsam tolu, gr. ¼; glycerine, ad. ʒi. The astringent properties of white pine bark are of peculiar service in inflammations of the respiratory tract. It also is of use in arresting the night sweats of phthisis. Balsam of tolu is an aromatic stimulant useful in chronic bronchitis or in the advanced stage of the acute disease. Altogether, this mixture has, in my hands, proved to be of the greatest value, and at least a dozen of my medical friends to whom I have recommended it, are loud in its praise. I give below the report of a few out of many cases in which I have used it. I may state that the first case is that of the writer.

Case I.—F. W. C., aged 62 years, general health good. On the 23rd of January, 1901, about 10 p.m. visited one of the worst fires Montreal has had for years; was exposed to great heat for about fifteen minutes, when he left to return home. Had to stand some minutes waiting for an electric car, and found that the body, which had been perspiring freely, began to feel chilly. On reaching home lighted a cigar, but, before smoking half of it, was seized with a very severe rigor. Went to bed, and the rigor lasted at least twenty minutes when it left—no perspiration followed. Passed a restless night, and, in the morning, feeling quite ill, sent for a medical friend, who found my temperature 102, pulse 100, respiration 28, and evidence of commencing pneumonia in the anterior part of the right lung. It is needless to follow the case minutely. Briefly, the whole anterior portion of the right lung became involved, and the inflammation extended to the hepatic peritoneum. It was a serious condition for a man of 62 years, and for several days the

outlook was ominous. But a good constitution, good treatment and splendid nursing brought about a favourable termination. There, however, remained an irritative spasmodic cough without expectoration, which was most annoying as it disturbed sleep, and, therefore, retarded convalescene. To relieve this condition a mixture containing a couple of drops of dilute hydrocyanic acid with half a teaspoonful of parogoric was prescribed with but little relief. I then prescribed for myself, changing the mixture several times, getting some relief from day attacks, but at night the cough was bad as ever. Seeing in one of my medical journals an advertisement of glyco-heroin I sent for a sample to New York, as it was not to be had in any drug store in Montreal. I soon received through the Post Office four ounces, and within forty-eight hours very marked relief ensued, and by the time I had used the four ounces I was almost well. Four ounces more completely cured me. I have kept a bottle of it in my house ever since, and two or three times during the year a threatened return has been promptly relieved by two or three doses of a teaspoonful, which is the proper quantity for an adult.

Case II.—Miss A. P., about 24 years of age, has been a patient of mine all her life. For the last four or five years has every spring been attacked with a spasmodic cough which lasted from two to three months which I failed to relieve. Thinking possibly that there might be trouble in the throat, beyond my view, which might be the cause of the cough, I sent her once to Dr. Birkett, throat specialist. He reported that his examination was negative. The cough as usual continued till the weather became very warm. Last spring she consulted me for the same cough, and told me very candidly that if I failed to relieve her she would try some one else. I prescribed glyco-heroin four ounces, and before she had finished it she was completely cured. She, so far this spring, has had no occasion to consult me.

Case III.—J. L. F., a physician (specialist), consulted me in August, 1891, for a hoarse spasmodic cough, which

was most aggravating both by night and day. He feared whooping cough, as his sister's children, who resided in the same house, were all down with the disease. I prescribed for him four ounces of glyco-heroin. Within a few days he reported to me that he was fifty per cent. better. I think that he repeated the same quantity twice, by which time he was practically cured.

Case IV.—F. I. B., aged about 58 years, an old soldier, now employed as watchman in a Safe Deposit Company. Has been a patient of mine for the last 18 years. Is asthmatic, but the attacks are not frequent. Has had repeated severe attacks of acute bronchitis. In December, 1901, sent for me—diagnosis, acute bronchitis. Bronchial *rales* all over anterior and posterior chest. Cough severe, expectoration characteristic. Ordered croton oil liniment to chest, front and back, and gave a mixture of vin ipecac, vin antimon, tinct. of aconite and syrup of squills. For five days this treatment was followed without the slightest improvement to any of the symptoms. I then prescribed glyco-heroin. The following day when I made my visit the patient exclaimed on my entering the room, "Doctor, why did you not give me that medicine before? It has given me immense relief." And so it had; the cough was greatly diminished, the expectoration much less. Before he had finished a second four ounces I allowed him out of bed, for he was practically convalescent.

Case V.—W. McG., aged about 65, consulted me in January, 1902, for a persistent irritative cough which had persisted since October last. He had been under the care of his family physician without relief. I placed him on glyco-heroin—a four-ounce mixture cured him perfectly.

I have brief notes of at least a dozen such cases in which marked relief followed the use of glyco-heroin (Smith), but the above will suffice to show that in it we have a most valuable therapeutic agent.

Dr. George Hall, of Point St. Charles, Montreal, whose attention I drew some months ago to glyco-heroin, sends

me the following brief notes regarding its use in his hands:

1. In three cases of tuberculosis, where the cough was very troublesome, especially during the night, ʒi dose of glyco-heroin (Smith) was given before retiring. Not only was the sleep better, but the "night sweats" were diminished in severity and the sputum more easily expelled on rising.

2. L. L., Aet. 17.—*Acute Laryngitis.*—Commenced coughing at 11.20 p.m., coughed almost incessantly until 1.20 a.m. (2 hours), ʒi glyco-heroin given, cough ceased in about ten minutes, and patient slept until 7 a.m. without coughing once in the interval.

3. Two cases of chronic bronchitis, treated with the usual remedies for about four weeks, with little benefit. Glyco-heroin given in ʒi doses every fourth to sixth hour, expectoration was freely established and cough subsided. At the time of writing both cases are apparently cured in one case, one month has elapsed, in the other two months.

4. J. F., Aet. 6.—*Whooping Cough.*—Five drops of glyco-heroin every third hour relieved the paroxsyms, the duration of the latter were shorter and farther apart.

Cancer in the Male Breast.—Cancer is a rare disease in the male breast. I have only seen, in forty-nine years, three cases, one in the Montreal General Hospital when I was a student, where the breast secreted small quantities of milk, and was removed by the late Dr. Crawford. The second I saw in 1861 at King's College Hospital, London, the breast being excised by the late Sir William Ferguson. The third case occurred in my own practice, and I will briefly relate it. All were cases of true scirrhus. I regret I was unable to keep track of any of these cases, so cannot say whether the disease returned:

H. G., aged 23, French Canadian, and previously employed as a farm labourer, was examined by me in February, 1885, as a recruit for the Royal Canadian Regiment (St. Johns, Que., Depot) and passed. His height was 5 feet 6 inches and his weight 145 lbs. In the early summer of

1887 he complained of the straps of his knapsack hurting his chest. I examined him carefully and found the left breast somewhat enlarged and tender to the touch. I had him exempted from any duty requiring his wearing the pack and watched the result. The tenderness became less, but, by the autumn, he complained of sharp lancinating pain in a distinct hard nodule about the size of a large walnut. I decided to remove the breast, which I did in November. I opened well into the axillæ, but did not find the glands involved. The wound healed rapidly, and he was discharged from the Regimental Hospital the end of November. As his term of enlistment expired in February, 1888, he did not re-engage, and I never saw or heard of him afterwards.

PROCEDURE IN POST MORTEM MEDICO-LEGAL EXAMINATION.

By CHARLES A. HEBBERT, M.R.C.P., London.

Professor of Anatomy, Bishop's College.

Case 6.

This was a case of a young girl found in the River Charles, Boston, with evident marks of violence on the body.

The body was that of a young girl aged 14 years, 4 feet 6 in. high, well nourished and developed, black hair, brown eyes, pupils dilated, tongue protruding and clenched between the teeth with some frothy mucus on the lips; the lips were swollen and discoloured. In the mouth was some mud and sand. The right side of the face was much swollen and discoloured, the lower lid showed a small lacerated wound and there was an ecchymosis on the right cheek about 3 in. in diameter, somewhat irregular in outline.

Both arms showed similar marks of violence. On the anterior and inner surface of each arm, 1½ in. above the elbow, was a round dark bruise and on section showed extravasation of blood into the muscles beneath. On the extensor aspect of each arm were four small bruises each about ¼ in. wide and ½ in. long, and separated from each other by about ¼ in. Similar marks were found along the outer and posterior aspects of the thigh and a larger bruise on the

inner aspect of each thigh about 2 in. in width and irregular in shape. The left side of the vulva also showed bruising, and the inner side of the left *labium majus* was ecchymosed; the hymen was intact. It may be stated here that the girl had worn drawers fastened at the side, but old and ragged at the lower part in front.

Decomposition was commencing at the upper part of the trunk and neck. Hypostasis was remarked on the back of trunk and limbs.

THE INTERNAL SECTIONS.

Head, Scalp.—Showed no bruising. The *bones* were of a fair thickness and there was no fracture of the skull.

Brain, Membranes.—The sinuses full of dark fluid blood. The piamater congested. Vessels normal. *Substance of brain* apparently normal and there were a number of puncta cruenta noticed on section.

Thorax and Neck.—The larynx and osophagus both contained some mud and sand. The mucous membrane of the larynx, trachea and bronchi was swollen and congested, and was covered by bloody frothy mucus. The lungs were large, prominent on opening the cavity and were much congested, and bloody frothy mucus exuded on pressure.

Heart, Pericardium.—Contained a small quantity of fluid (blood stained.)

The *cavities* of the right heart were distended by black fluid blood and some black clots. The left side contained a small quantity of blood clots. The *muscle* was of a good colour and consistence. *Valves* normal.

Abdomen, Stomach.—Contained some partly digested food of prunes and milk and some dirty fluid, about one pint in all.

Intestines.—Normal.

Liver.—Substance normal, some congestion of organ.

Spleen.—Similar report.

Kidneys.—Similar report, capsules were adherent.

Pelvis.—*Uterus* 2½ in. long, virginal.

Ovaries.—Normal, no corpus luteum.

The *vagina* was narrow, rugose and showed no other marks of injury but that described at the orifice.

Comment.—The two questions to be answered in this case were: first, the cause of death, and secondly, what were the probable causes of the bruises and, how far were they to be considered in the decision as to the death.

It was clear that the death was due to the suffocation by drowning. The bruises had been inflicted before death; the one on the face having evidently been caused by a very heavy blow by some blunt instrument such as a clenched fist. The marks on the arms were such as might have been made by the forcible grasp of the hands. The somewhat linear character of those of the extensor aspect suggesting that the fingers had partly slipped from the first grip. The marks on the thighs suggested the forcible separation of the thighs, the position and size being such as might be made by the knees. The marks on the vulva and *labium majus* were made by a blunt instrument, but there was no penetration of the vagina and no rupture of the hymen, the attempt at rape being evidently frustrated in part by the closed drawers. The whole picture of the case certainly seemed to suggest that the child had been assaulted from the front with a view to rape and in resistance had been stunned by a violent blow on the face and then thrown into the river while alive and died of drowning.

Selected Articles.

OBSERVATIONS ON SEVEN YEARS' USE OF CREOSOTE IN PNEUMONIA.

BY J. L. VAN ZANDT, M. D., FT. WORTH, TEXAS.

When I left college in 1856 I had been taught that the proper treatment of pneumonia was by means of blood letting and tartar emetic in the first stage, and, later, calomel and blistering. Nothing or but little was said of the *vis medicatrix naturae*, and when Jim Miller, about four miles north of Dallas, got well, I congratulated myself that I had

cured one case of pneumonia.

Within a year or two I read a work on "Practice," by J. Hughes Bennett, of Edinburgh, in which he laid great stress on feeding and gave but little medicine, but yet his mortality was much less than I had seen elsewhere reported. Later, I read a little work, "Nature and Art in Disease," by Sir James Forbes. Then it dawned on me that a large per cent. of cases would get well with or without medicine if he could only keep them alive long enough. In other words, pneumonia was a self-limited disease and would run its course if not interrupted by death.

It is true I gave medicine from the beginning of the attack, hoping to modify the disease, though I had no hopes of aborting it or materially shortening its course. For a long time I gave carbonate of ammonia to all cases, and, later, except in asthenic cases I gave salicylate of ammonia. I believe the disease was distinctly modified by these remedies. Not until long after I began the use of salicylates of ammonia did I know that the salicylates had been vaunted as a specific in the disease. I did not give in sufficient doses for this and so got only a modifying effect. I believe that measles was about as amenable to an abortive treatment as was pneumonia.

So you will see I was not looking for a *cure* for pneumonia when I gave creosote to my first case, one with an enteric complication, and was as much surprised as anyone at the result.

A shrewd aunt of mine said, when I was a small boy, that I would learn better from observation than from books. From books I learn that pneumonia is a self-limited disease and must run its course. From observation I learn what is "better," that in a large per cent. of cases creosote has a decidedly curative, I might say, an abortive effect.

In a former paper (N. Y. *Med. Record*, March 30, 1901), I gave extracts from a number of writers who enthusiastically claimed the curative effects of creosote in pneumonia, also reported sixteen consecutive cases of my own, treated during the winter of 1899 and 1900, of which four were dismissed on the second day, five on the third, and one on the fourth, (10 or 62½ per cent. by the end of three days), one each on the fifth, sixth, seventh and eighth, and two on the tenth days. Since that time I have lost only one case; that I shall mention later.

As further evidence on the curative effects of creosote. I will give some extracts from personal letters received since

my last paper was written. Prof. Andrew H. Smith, of New York, says: "I have long felt that in all probability, the pneumonia of crisis belonged to the infection with pneumococci, while lysis indicated a mixed infection. This applies, however, only to cases not treated with creosotal or other germicide. I believe such treatment is capable of causing an early lysis, before time for crisis arrives, say by the second or third day the fall would begin. I have seen many such cases, and have rarely seen a crisis when the remedy was begun early."

Dr. A. H. Davidson, of Boerne, Texas, says: "I saw your first report on creosote in pneumonia 1898 and since then have used it in all cases with good results."

Dr. Emma H. Yates, of Ander, Texas, says: "You taught us that creosote gave startling results in pneumonia, and I have certainly found it so. I have been agreeably surprised that my patients did so well. I seldom needed to make a second visit. At first I doubted my diagnosis when they recovered so speedily, but I could not confirm my doubts. I was positive the diagnosis was correct." Having to make long trips to the country, she says she left medicine with instructions to send report the next day, and reiterates that she seldom had to make a second visit. She had been practicing only two years and had only ten or a dozen cases, but had been well pleased with results in all.

May 11, about six weeks after the publication of my last paper, Dr. Geo. H. Sanborn, of Henniker, N. H., wrote to "personally thank" me for it. The day after reading the paper he sent to Boston for the carbonate of creosote, and in a few days was called to see a lady æt. 45, sick two days, pulse 120, respiration 40 and temperature 105, with rusty sputum. He gave creosote carbonate and went back next day and dismissed his patient, thinking he had make a mistake in diagnosis. He was called back the same evening to find the symptoms as bad or worse. He resumed giving the creosote and had a speedy recovery. Further, he says he had treated three other cases, all getting well, in a very short time. The last case was a man 50 years old, temperature 105, respiration 50 and pulse 140, "raising large quantity of rusty sputum." This was the evening of the first day's illness. He gave creosote, and at his visit the next morning the wife met him at the door and said: "Well Doctor, I guess you made a mistake about that being pneumonia. My husband is all right this morning and is hungry." The

Doctor, to use his own words, " did not propose to run any chances and did not omit the medicine," but continued it for three days at longer intervals, and the patient was at work in a week. He then goes on to contrast this with his former experience and with the teaching of the books.

It will be noted that my report of cases shows an unevenness of results, 25 per cent. of cases being dismissed on the second day, 21 per cent. on the third day, and yet 12½ per cent. went on to the tenth, though in all the protracted cases the disease was distinctly modified.

One writer says: " When given early in the attack the results are almost specific." While admitting the beneficial effects of early giving I have seen as decided effects when given later, on all symptoms save the colour of expectoration, as when given early. It has occurred to me, from my own and the observation of others, that the difference of results was due not so much to the time of giving as to the difference in the infecting micro-organism. I have been impresssd with the idea that the pneumococci infected were the most amenable to treatment, but a lack of miscroscopical equipment has prevented me from putting this impression to the test.

Since I began using the *carbonate* of creosote, October 29, 1899, I have had but one fatal case of pneumonia That was April 7, last, and to that patient the carbonate of creosote was given early and freely and seemingly with no effect whatever. This case, while in a measure having the appearance of an ordinary attack of lobar or croupous pneumonia, had some very peculiar features. He was taken with a chill about 3 a.m. I saw him six hours later. He had pain in the side and cough and was expectorating a rust-coloured sputum. I diagnosed a pneumonia, but did not at the time locate the pulmonary lesion. Later, however, I I found the posterior part of the left lung involved from top to bottom, while the anterior part and the whole of the right one seemed to be entirely free from disease. These conditions continued throughout the attack, which lasted almost twenty-one days. All this time could be heard posteriorly tubular breathing, associated with fine and coarse crepitation. The expectoration varied very little.

The conclusions I have reached are these: A large per cent. of pneumonic cases are cut short or aborted, almost all the rest are mitigated, and the remainder, a very small per cent., are not at all affected by the remedy.

I have been thus particular to dwell on these unfavourable cases for two reasons. Honesty requires it, and should

one of you who has not already done so, be disposed to try the creosote and find first one of the non-yielding cases, he might be disposed to discredit the whole thing.

As illustrated in Dr. Sanborn's first case, it has been found that the medicine must not be omittted so soon as active symptoms have subsided, because there will almost surely be a recurrence, as I have known quite a number of times. The medicine should be continued in less quantity or greater intervals for at least three days. In broncho-pneumonia a longer time is generally better.

A few words with regard to the particular preparation and dose: My original formula was made by adding one drop of creosote to my then common dose of seven and a half grains of salicylate of ammonia. This combination I continued to use in most cases till 1899. In some creosote was given without the salicylate, because of great prostration or gastric irritability. I lost, as I now remember, two cases of my own, and two turned over to me "in extremis." Some of these I think might have been saved by my present medication.

In 1899 I read an abstract of a report of a case treated with carbonate of creosote, by Cassoute, of Marseilles, France, and as it furnished an easy and pleasant way to increase my dose of creosote, I at once adopted its use and have found no difficulty in giving it in any desirable dose to any patient. It is almost devoid of taste and odour and may be given in emulsion or stirred in hot sweetened water to be taken during agitation as it does not dissolve. The emulsion is an ideal way particularly for small children. Do not mix with alcohol or acids, as these will develop the taste and odour of creosote.

It may be asked, may not guaiacol or its carbonate be used instead of carbonate of creosote. I think not. Thinking to test the matter I gave thiocol, a preparation of guaiacol, in one case, but my patient grew steadily worse as the disease advanced, until, after about three days, I substituted carbonate of creosote, and in twenty four hours a marked mitigation of symptoms occurred. I have not half the courage or disposition to experiment further.

Dose: To an adult I have been in the habit of giving seven and a half to ten grains or minims every three hours, in urgent cases giving the dose more frequently for a few times. Some have recommended one dram night and morning, while others have put the daily amount at two and a half to

three drams. Dr. Sanborn, whose report of cases I have given, gave one drop every hour. It may be that some of us are giving more than necessary and that better results may be had by giving smaller doses at shorter intervals. In some cases I formerly got good results from one drop of creosote alone every three hours.

Ordinarily, I use the carbonate of creosote without other medication. I never use expectorants or nauseants. Occasionally, a few doses of some anodyne are given in the beginning of painful cases, and strychnine where indicated.—*The Medicus*, Feb., 1902.

RELIEF OF PAIN IN NEURALGIC CONDITIONS.

By E. H. Sickler, M.D., New Baltimore, Mich.

When called to treat a case of acute neuralgia, whether of purely nervous origin, or resulting from traumatisms, or of a malarial rheumatic, or gouty character, or a manifestation of auto-toxemia, the most important factor from the patient's standpoint is the relief of the pain, which is usually of an excruciating character. In trigeminal neuralgia the suffering produced is sometimes well-nigh unendurable. In sciatica it radiates from the hip to the knee or heel of the affected limb, making either walking or the sitting posture impossible. In the intercostal form the pain will shoot from one intercostal nerve to another. Occasionally, the pain may be of a nagging kind, a twinge of pain in the hip on moving the limb, but this mild form is quite unusual.

To effect a positive cure in cases of neuralgia it is necessary to submit the patient to a thorough examination, and to discover as far as possible the real cause of the pain. The presence of a uric acid diathesis, of chronic malaria, of kidney disease, of digestive disorders, or of a simple neurotic tendency, will all afford valuable clews as to the method of treatment to be adopted. For the immediate relief of the pains morphine has been the most extensively used, and, it may also be said, abused remedy. While a blessing in some cases it has been a distinct curse in others, by setting up a habit from which the unfortunate victim has found it most difficult, if possible at all, to extricate himself. Local applications, such as the use of heat and cold, of counter-irritants, and electricity, may be resorted to with more or less benefit in connection with the internal use of analgesics.

Among these I have recently found in heroin hydrochloride a drug which surpasses morphine in some important

respects. Morphine, even when given hypodermically, has the inhibiting effect of opium on the unstriped muscular fibers of the intestines, restraining bowel movements. This we know is contrary to what is most desired in neuralgias of gouty or rheumatic character—that is, the prompt elimination from the blood of all deleterious substances which are causative factors in producing the conditions from which the neuralgia results. Heroin hydrochloride does not have this effect on the intestines, and is not followed by the headache or nausea produced by morphine. The use of heroin is not attended with any cerebral manifestations; it is simply analgesic, and, to a lesser degree, hypnotic. Moreover, its continued administration does not give rise to any craving.

The following cases will show its mode of action in painful conditions:

CASE 1.—E. J——, aged thirty-five years, married, sailor, is not only exposed to inclement weather, but is also a moderately heavy alcoholic. He is a heavyweight (220 pounds). He has had attacks of sciatica lasting from two to ten weeks for the past five years, generally in winter. The present attack began January 15, 1901, and since then he complained of excruciating pains in the left leg, running from the hip to the heel along the great sciatic, lesser sciatic, and short saphenous nerves. Locomotion was impossible. Temperature 99½°; pulse 82; urine normal, except for hyperacidity and brick-dust (amorphous urates) deposit on standing. Apparently he was lithemic. I placed him on a rigid vegetable diet, forbade all liquors, applied hot bran bags along the limb, gave him a diuretic, a cathartic, and lithium citrate tablets, grains 5, every four hours. I also ordered tr. aconite, tr. iodine, and tr. opii, to be painted over the affected area. Morphine sulphate, ⅛ grain, was administered subcutaneously, and some ⅛ grain tablets of the drug left with the patient to be taken if necessary for the pain, as he lived some distance in the country. On January 17 I found him in about the same condition as at the previous visit, except that the pain was less severe, which was due to the fact that he had taken all the morphine (six ⅛ grain tablets). His bowels had not moved. Seeing that something else had to be done I withdrew the morphine, and gave him heroin hydrochloride, 1-12 grain, for the relief of the pain. Another cathartic was administered, and the previous medication continued. On January 19 he was much brighter. Heroin hydrochloride had controlled the pain very well; the bowels had moved, and there was very little

sensitiveness to pressure along the affected nerves. He could also move the leg to some extent. All previous medication was continued. On January 21 I found him sitting in a chair, and with the exception of an occasional twinge in the hip he felt very well. The temperature and pulse were normal. The lithium citrate was continued, as his urine was still hyperacid. He had not been compelled to take any of the heroin hydrochloride for the last twelve hours. In ten days he was around again, and has since had no repetition of the attack.

CASE 2.—T. N——, married, aged thirty-five, farmer; previous health good. On February 13, while drawing ice, he exposed himself to great cold by sitting on a block of ice which was covered with a little straw. On February 15 he awoke with severe pains, radiating from the right hip to the heel. On examination I found the great and small sciatic nerves painful from the gluteal region to the knee. Temperature 99°; pulse 76; urine normal. Diagnosis: Sciatica due to excessive cold. I gave him a laxative; applied hot bran bags to the leg, and administered two doses of 1-12 grain heroin hydrochloride hypodermically, injecting at different points along the greater and smaller nerves. In addition to this I left a few doses (1-12 grain) of the drug in solution. Before my departure he felt much relieved. On the 16th his wife came to my office, telling me that he was greatly improved, and only had a slight soreness in the hip. A few days after this the patient presented himself at the office, and expressed himself as cured.

CASE 3.—Emma G——, aged twenty-eight, has been a chronic invalid for the past ten years. I was unable to obtain a clear early history of the case, but my examination showed a probable reflex irritation of the spinal nerves due to utero-ovarian disorders. One of her first physicians put her in a plaster-Paris cast (jacket) for spinal curvature (?). She has become so accustomed to this support that she thinks she is unable to walk without it. As the results of the constant wearing of this hard plaster cast there has arisen an irritation of the intercostal nerves. This occasionally flares up into a severe intercostal neuralgia. In a patient of nervous temperament, especially in an invalid, it is obviously the better way to attempt to control the pain without the use of opiates. This has sometimes been impossible, and morphine has been given. Since my success with heroin hydrochloride in sciatica I have used this remedy in her

case with the best results, and have obviated any risk of establishing a pernicious drug habit.

In Cases 1 and 3 it is conclusively shown that heroin hydrochloride is much safer and as efficient an analgesic as morphine. In Case 1 especially is the result striking, for in previous attacks the patient had used a great deal of morphine without permanent benefit, and the attacks lasted longer. It is well for physicians to look forward to the patient's future, especially so when prescribing morphine for neurotic persons. Moreover, I can recall no previous cases of neuralgia, sciatica or otherwise, treated with morphine, in which the results were as satisfactory as in these two cases. —*Medical Age*, January 25, 1902.

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

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HEREDITY IN ITS RELATION TO IMMUNITY AND SELECTIVE ACTIVITY IN TUBERCULOSIS.

H. M. King (*Med. Record*, vol. 60, no. 15, *Memphis Medical Monthly)*, thus summarizes the result of observations in a series of cases:

(*a*) Of two hundred and forty-two consecutive cases of phthisis, approximately one in every four gave a history of phthisis in the parents. (*b*) Nearly one in three gave a history of previous phthisis in a brother, sister, or both. (*c*) More than two-thirds of those giving a history of previous phthisis in brother, sister, or both, had non-phthisical

parents. (*d*) As a rule, in the incidence of individuals of phthisical parentage afterward developing phthisis, a much longer period was found to exist between supposed exposure to infection and the subsequent appearance of the disease than was the case in the incidence of those giving a non-phthisical heredity. (*e*) Of one hundred and three fatal cases of phthisis, the average length of life after development of the disease of those giving a history of phthisis in the parents was to that of individuals of non-phthisical parentage approximately as four to three.

The following conclusions naturally follow:

1. The percentage of consumptives having a tuberculous parentage is actually smaller than that having a non-tuberculous parentage, and much smaller than would be more than accounted for by the additional risk of infection to which the former class is subjected.

2. Tuberculosis in the parents renders to no inconsiderable extent an immunity to the disease in the offspring, an immunity which, of course, is but relative and not sufficiently protective, but still demonstrable, as is shown by increased resistance to the progress of the disease and increased tendency to recover among this class.

SANTONINE.

This drug, which has generally been looked upon only as reliable anthelmintic and very seldom thought of except in certain forms of verminous trouble, is now found to possess a much wider range of action and to be of special value in the treatment of epilepsy and the pains of locomotor ataxia. The physiological action of this drug is markedly upon the nervous system; taken in large doses, producing great weakness, tremor, perspiration, coldness of the extremities, vomiting, and not infrequently quick, sharp convulsions, terminating in death from paralysis of respiration.

The effect upon the vision is very marked; at first, everything appears blue, which speedily turns to a greenish yellow, which may be followed, if large doses have been taken, by total blindness, lasting a week or more. The physiological action of this drug is so marked in its effect upon the nervous system that we obtain a clue to a remedial agent of great power in influencing general changes of nervous sensibility; In its action we have an excellent reproduction of the symptoms of epilepsy and the pains of locomotor ataxia, and Lydstone claims that he has obtained better re-

sults from it in epilepsy than from the bromide treatment. The dose recommended in these cases is two grains three or four times a day, gradually increasing to fifteen grains at a dose, if that amount is well borne. In the fulgurant pains of locomotor ataxia we have given two grains three times a day with better results than from any other drug, the pain almost entirely disappearing while under its influence. Studying the action of drugs, from the dual standpoint, there can be no doubt of the wide range of action of santonine on the nervous system and its great value in many other diseases.—*New York Med. Times.*

ARSENIC.

Dr. T. C. Simpson, of Louisville, contributes a practical article in the use of arsenic to the *American Practitioner and News.* We take the following extracts from it:

Arsenic is one of our most valuable medicines, and one that is not as popular as it should be among the profession generally. Many practitioners who do not see much of skin diseases seem to have an idea that arsenic is a remedy which can be administered in almost every lesion of the skin with advantage, and fail to recognize that, as a rule, it is contra-indicated whenever the layers of the skin are inflamed, being most useful when the epiderm is dry and improperly nourished, and of very little use when the corium is inflamed. Psoriasis is a typical disease of the former class, and in its treatment arsenic is a standard remedy. As stated above, the medicine should not be prescribed during the inflammatory stage of a skin disease. When used, it should be kept up for weeks, even months. Dr. Hare calls our attention to the use of arsenic as a valuable appetizer in doses of a minim of Fowler's solution with ten grains of bicarbonate soda and a tablespoonful of infusion of gentian before meals. I have used it this way and certainly found it a very valuable tonic. It is also useful in certain forms of morning diarrhoea and nausea; also it is valuable in the treatment of various forms of anaemia, in which case it must be given over long periods.

It is hardly necessary to remind you that it is almost a specific in the treatment of chorea, and its value as a blood tonic in malaria, and its great value in diabetes and asthma. It is held by Murray and others that it is useful in those asthmatic cases which are young, and the old with marked emphysema. It is also valuable in cases that have nasal disorders due to hyperemia of the respira-

tory mucous membrane. While recognizing the value of arsenic, we must not forget that it is possible for it to produce evil influence; that it is capable, when administered too long a time in large doses, of causing pigmentation of the skin, irritation of the stomach and of the respiratory tract, and, more serious still, peripheral neuritis.

In the treatment of chorea I find it of the greatest value. You must use it in increasing doses, and this is one of the few diseases in which arsenic is so valuable that you have to give it in ascending doses, even to tolerance. I find it of the greatest value in anemia; even the obstinate and often incurable cases of pernicious anemia yield better to arsenic than to any other known remedy; it is to be given in small doses and kept up for months. In the small dose you are not so likely to produce stomach disturbances. The effect of the drug in this disease is not due to its increasing the number and quality of the red blood corpuscles, but rather to its preventing or delaying their destruction in the portal circulation. By timely use of laxatives and carefully watching the dosage, you may easily adjust the blood-making forces.

TREATMENT OF MIGRAINE.

The writer leans to the view that migraine in the majority of instances is of toxic origin. He rejects the theory that it is a degenerative neurosis. The largest number of cases are among brain-workers and those following sedentary occupations. Sailors, truckmen, and others who lead an outdoor life associated with muscular exertion, are almost exempt. From this he argues that in migraine there is usually a passive congestion in the portal circulation. This leads to fermentation in the intestine and absorption of toxic products, with the development of the explosive headaches. The marked hereditary element in these cases is explained by the theory that all disorders of the alimentary tract have a tendency to pass from parents to offspring.

With these views of the origin of migraine the writer readily arrives at a method of treatment which aims at restoring the general tone of the nervous system, developing the muscles, improving the circulation in the abdomen, and so far as drugs are concerned, administering intestinal antiseptics with cathartics. In prophylaxis all cases should be regarded, without exception, as chronic dyspepsia, one of the commonest symptoms of which is constipation. The mercurial laxative should be given at least

every week. This should consist of a five-grain blue pill at night, followed by a saline in the morning. In addition, one to two drachms of sulphate of soda with ten grains of sodium salicylate is to be given in a tumbler of hot water, sipped every morning on arising. Half an hour before each meal a pill is taken containing one-twentieth of a grain of bichromate of potassium, with three grains of bismuth subcarbonate half an hour after meals. At night a full dose of an intestinal antiseptic, ten grains of phenol bismuth or ten grains of ammonium benzoate or sodium benzoate, is given in two capsules. Sometimes when the intestinal derangement takes the form of diarrhoea, the above prescription is quite as useful as in those cases in which there is constipation.—W. J. Thomson, *Med. Rec.*

BRONCHIAL AFFECTIONS IN GOUT AND OBESITY.

By Dr. J. Anders, of Philadelphia (*Med. Soc. State of Pa., St. Louis Medical and Surgical Journal*).

Although the pathogenesis of the abnormal conditions in the lungs in obesity is not clear, it can be assumed that the deposit of fat in the body plays a mechanical part. He describes the symptoms concurrent with over-fatness, namely, pain in the subscapular and intrascapular muscles, more marked when the patients make an effort to maintain the erect posture. The physical signs vary, but, as a rule, tactile fremitus and percussion notes are enfeebled on account of the abnormal deposition of fat. There is a weakened vesicular murmur, although in rare instances the murmur may be exaggerated. Among the adventitious sounds are moist rales, although the author has also observed whistling sounds, the presence of mucus, however, predominating on ausculation. The author discussed asthma in obese subjects and the theories of its cardiac origin. Asthma in corpulency is due to the high position of the diaphragm in individuals who overfeed. There is good reason to believe that hepatic inadequacy may be a cause. He believes that the severe paroxysmal dyspnoea in asthma can be helped by assuming the erect posture, as there is no characteristic sputum or vasomotor spasm in these conditions. The question of the relation of asthma to polysarcia is somewhat obscure, the author's conclusions being: (1) That asthma occurs in about five per cent. of the cases of obesity; (2) that it only occurs in extreme polysarcia; (3) that there is present a gouty state or history in most cases in which true asthma is secondary to the obesity; and (4) that about one-half of the cases are curable by overcoming the causative condition.—*Phil. Med. Jour.*

SURGERY.

IN CHARGE OF

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ON THE PASSING OF THE TREPHINE.

T. H. Manley, New York, records his objections to the trephine and his reasons for preferring the chisel. By using the trephine, sinuses may be opened; hernia cerebri may result; the serrations are cleansed with difficulty, and the operator is working in the dark.

In connection with the subject of vault fractures, he calls attention to a few things in connection with it of practical importance. (1). Make a large incision to freely expose the skull. (2). Leave all aseptic sub- or epidural coagula, however extensive, undisturbed. (3) Let all lacerations in the dura mater be securely closed with fine aseptic gut suture. (4) Reimplantation of trephine buttons of skull-bone invariably fails, and any procedure which will conserve the skull is of great advantage to the adult. In the child under fifteen years, as Ollier has correctly demonstrated, the periosteal layer of the dura mater will regenerate ample new osseous tissue to fill in a large breach. (5) Silkworm gut, or Crin de Florence fishgut, answers best for suture of the scalp; small wicks of aseptic gauze in the angles of the wound provide for ample drainage. (6) For antiseptic powder over the wound here, or indeed any scalp wound, nothing surpasses finely-ground fresh mustard.—*Kansas City Medical Rec.*

DIRECT INTRODUCTION OF PURGATIVE INTO THE LARGE INTESTINE IN CASES OF OPERATION FOR SEPTIC PERITONITIS.

A. M. Sheild calls the attention of the profession to a method which he believes is of great utility in the surgery of septic peritonitis—the direct introduction of purgatives into the intestines at the time of operation. It is not too much to say that in many of these cases the patient's life hangs on the possibility of overcoming the paralytic obstruction and the free evacuation of gas and feces. The worse the case the more difficult is this to bring about, since the patient vomits everything he takes by the mouth.

He has hitherto only used this method in cases of perforative appendicitis, and here the performance of the injection is very simple. The nozzle of a small syringe—the hydrocele-injecting syringe is a convenient form—is introduced into the "stump" of the appendix and the solution directly thrown into the cecum. Three drachms of magnesium sulphate, with ten drops of tincture nux vomica, and a drachm of glycerin in an ounce of water is the formula generally employed. Two hours afterwards a turpentine enema is given, and the result has been excellent. He has employed this method in five bad cases of septic peritonitis associated with perforative appendicitis. In every case the results were surprising. And though the number is too small for a pronouncement as to establishing intra-cecal purgatives as a definite line of treatment, yet the cases are sufficiently striking to justify him in urging a trial of it. It is obvious that in other cases the solution could be easily and safely thrown into the colon by means of a hypodermic syringe obliquely introduced. Further evidence may elicit better purgatives than magnesia.—*Brit. Med. Jour.*

THE SURGICAL TREATMENT OF ASCITES DUE TO CIRRHOSIS OF THE LIVER.

G. E. Brewer, New York, has collected from the literature 60 cases thus treated. The operation in most cases was that recommended by Morison, as follows: Under general anaesthesia open the abdomen and evacuate the fluid, then rub the upper peritoneal surface of the liver and the under surface of the diaphragm with gauze sponges until raw, freely-bleeding surfaces are produced. The same procedure should be carried out on the outer surface of the spleen and its adjacent peritoneal surface. Finally, stitch the great omentum to a freshened peritoneal surface on the anterior abdominal wall. A glass drain should be introduced to the lower part of the pelvis through a separate supra-pubic wound. The upper wound should then be closed and dressings applied. The fluid which collects in the pelvis should be frequently pumped out through the glass drainage tube for a week or ten days until the daily secretion is markedly diminished. The tube may then be removed and the wound allowed to heal. In reviewing the statistics furnished by this table, it will be seen that at least six cases have been cured of ascites by this procedure and have remained well for a period of two years or more; six others have been relieved of this symptom for from two to six months, but have

died, either without a return of the ascites, or have not been under observation long enough to demonstrate that the cure is permanent. Another case, that of a patient suffering from hemorrhages from the alimentary canal, was promptly cured by this operation, and a number of others have been materially improved. Thirty-eight have recovered from the operation, and, when we consider that in the great majority of instances these patients were in the last stages of an incurable disease, and if we are to accept the statements of White and Thompson, within a few weeks of an inevitable death, this fact should, the writer believes, encourage our medical friends to suggest the operation at an earlier and more favourable stage of the disease. If this is done the writer believes that later statistics will show a substantial improvement over those able at this time to present.—*Med. News, St. Louis Med Review.*

PERMANENCY OF CURE IN OPERATIONS FOR HERNIA.

The question of mortality in the radical treatment of hernia has been disposed of by the brilliant statistics of Coley, Bull, and others. Permanency of the cure after operation depends upon a small number of simple features. These are:

The wound must heal primarily. There must be immediate union without suppuration scars, and the least possible amount of cicatrical tissue.

The stitches should not be drawn tightly. This avoids pressure necrosis, which is liable to occur from the edema following an operation. It is possible that there is always a certain amount of pressure necrosis whenever a suture is used, but it is reduced to the smallest proportions by drawing the stitches just tight enough to place the tissues in apposition without causing pressure. A small amount of necrotic tissue will furnish a good culture medium and thus prevent primary union.

The edges of the surface to be united must be free from fat and other unstable tissues. No matter how perfect a union may be, if the attachment is to a tissue which has little resistance, the union is of no value. It is necessary to carefully dissect away the soft muscular or connective tissue, as well as masses of fat. For the same reason, blood-clots must not be allowed to interpose between the surfaces to be united.

The tissues should be manipulated with the greatest care during operation. The utmost care must be exercised to avoid rough handling. The less the tissues are disturbed, the better the primary union.

The wound should be supported by broad rubber adhesive plaster strips. This secures as perfect rest as is possible for the tissues, and favours a minimum of cicatrical tissue.

The patient should be kept in bed for two or three weeks. On this point there is a wide difference of opinion, but it seems reasonable to suppose that if an opportunity is given for the wound to become firm, there will be less likelihood of its giving way.

Abnormal intra-abdominal pressure should be eliminated. Constipation, strictures of the urethra, and enlargement of the prostate, as well as obesity, all favour increased abdominal pressure and should be eliminated by appropriate treatment.—A. J. Ochsner, in *Am. Med.*

NATURAL METHOD OF DRAINING THE PERITONEAL CAVITY.

In 1896 the writer suggested and began using the postural method of draining the peritoneal cavity. This consisted of introducing a liter of salt solution at the completion of an abdominal operation, and then elevating the foot of the bed for twenty-four hours. It is no longer thought necessary to elevate the feet, as absorption seems to be quite as rapid in the prone position. Aside from drainage, the introduction of normal salt solution into the abdominal cavity favours the movements of the intestines, and by being floated upward they are assisted in regaining their normal position. Since using peritoneal infusions, the writer has had no case of post-operative obstruction, The routine use of normal saline solution in the peritoneal cavity is free from danger, and is of great value in preventing general or local peritonitis. It prevents shock from loss of blood, and is one of the best general stimulants. Frequently when the pulse is 160 and weak, at the close of an operation, it will be found that within a few hours afterward the pulse has fallen to 120 and has become full and regular. Another marked advantage is the prevention of thirst and the stimulation of the urinary excretion. The effect upon the kidneys is the same, whether the infusion is made directly into the abdomen or a high saline enema is given. The average increase in the excretion of the kidneys in twenty-four hours, in those who receive salt solution, amounts to about 150 cubic centimeters. This dilution of the urinary excretion lessens vesical irritation, and catheterization after operation is much less frequently needed. The increased elimination tends toward the lessening of infection. The researches of Flexner

have shown that patients with moderate impairment of kidney function succumb to infections that are well borne by others who have a normal power of elimination. After saline infusions, patients may complain of distress over the diaphragm. This is obviated by the application of a two-inch strip of adhesive plaster around the base of the chest. This pain is attributed to an increase in the functional activity of the absorbing areas of the diaphragm; in no instance could it be attributed to peritonitis or pleurisy.—John G. Clarke, in *Univ. of Penn. Med. Bulletin.*

SUPPURATING WOUNDS.

The use of compresses of sodium bicarbonate in the treatment of suppurating wounds is again brought forward by *New York Medical Journal,* August 31. It is claimed that (especially in burns) these compresses rapidly arrest suppuration and promote cicatrization even in cases rebellious to all other treatment. Moreover, the dressing gives excellent results in wounds which heal rapidly without suppuration, by causing the resulting scar to be almost inappreciable. In abscesses the results are equally satisfactory. Compresses may be applied as moist dressings, either renewed every day, or by moistening in situ twice or thrice daily, or again by placing between the compress and the outer covering a compress covered with boric vaseline to prevent evaporation; in this last case, the dressing may be left in place for two days. The principal advantages of this dressing are its absolute inocuousness and its analgesic and antiseptic action, which render it invaluable in practice with children.—*American Journal of Surgery and Gynaecology.*

STIFFENED JOINTS.

In two cases of stiffened joints where the inability to move the limb has appeared to arise from rigidity of the tendons and muscular sheaths, I have injected, subcutaneously, olive oil into the structures, and with some success. I find that a fluid drachm of the oil can be injected around the knee-joint without causing any after inflammation or discomfort. In one instance, where the elbow was operated on in this way, the young woman obtained, for the first time, some degree of movement after six months' entire fixation from rigidity.—Ward, in the *Asclepiad.*

(Sweet almond oil is preferable to olive oil, as the latter is seldom had in a pure state in this country.—*Ed. Detroit Medical Journal.*

Therapeutic Notes.

Basham's Mixture.

An old, time-tried tonic in urinary affections, particularly in degenerative conditions of the kidneys, is "Basham's Mixture." The virtues of this preparation were extolled in lecture rooms quite half a century ago, and same is said to-day. In its particular field of usefulness it has well stood the test of time. Its composition is :—

℞ Tr. ferri chlor..... ..... f. ʒiij
Acid acet. dil..... .....f. ʒiss
Syr. simp..... .....f. ℥ss
Liq. ammon. acetat., q. s. ad.....f. ℥iv
M. Sig.:—One dessertspoonful every two hours.—*Clinical Review.*

Chilblains.

℞ Liquoris plumbi subacetatis.
Tinct, opii, of each, 1 ounce.
Aq. dest., q. s. ad 16 ounces.
M. Sig.: Keep applied freely on well-moistened soft cloth.

Dr. J. H. Vadikin recommends for chilblains a stupe consisting of one teaspoonful of acetate of zinc to a bowl of hot water. He has tried it very successfully.—*New York Medical Journal.*

Nutrient Enemata.

In many instances a nutrient enema composed only of whiskey and peptonized milk will not be retained by the patient. A better combination, and one which will give more satisfactory results, is the following :—

℞ Beef peptonoids, 2 drachms.
Yelk of egg, No. 1.
Whiskey, ½ ounce.
Tinct. opii, 5 to 10 minims.
Salt, q. s.
Peptonized milk, q. s. ad 6 ounces.—*Medical Fortnightly*

PRURITUS ANI.

The following gives great service in relieving the troublesome itching:—

℞ Alumnol, 30 grains.
Pulv. camphore, 1½ drachms.
Lanolini, q.s. ad 1 ounce.

M. Sig.:—Apply locally night and morning.—*Journal of the American Medical Association.*

HÆMOPTYSIS.

℞ Acidi gallici, 2 drachms.
Acidi sulph. aromat., 1 drachm.
Glycerini, 1 ounce.
Aq. destillatæ, q.s. ad 6 ounces.

M. Sig.:—Teaspoonful at dose; repeat frequently.—*Pepper.*

TO PREVENT BED-SORES.

℞ Alumin.,
Sodii chloridi, of each, ½ ounce.
Aquæ,
Alcoholis, of each, 1 pint.

M. Sig.:—Use twice a day locally.—Forbes (*Maryland Medical Journal*).

CALOMEL IN HÆMORRHOIDS.

This drug is not only curative, but also prevents the phlebitis which causes so much pain. For external hæmorrhoids give laxatives, and powder with calomel; for internal hæmorrhoids use calomel suppositories or an ointment of

℞ Calomel, 30 grains.
Vaselin,
Lanolin, of each, ½ ounce.

Add belladona or opium if desired. Wash anus with boric-acid water after each defecation.—*Journal de Médecine de Bordeaux.*

Jottings.

Tincture of iodine locally will abort a sore throat.

Codeine is the only opiate that should be given children.

To remove cerumen apply ether to the meatus with a pipet.

A good topical application in ivy poisoning is chloral hydrate.

In marked chlorosis give clysters twice daily of defibrinated blood.

For angina pectoris give ½ to ⅔ gtt. of tr. of lobelia every two hours.

Quassin is by all odds one of our best tonics combined with strychnine, it's the best.

For ringworm, wash and apply pyrogallic acid fifteen grains in collodion, one ounce.

When a urinary antiseptic is needed try lithium benzoate. It is eliminated through the kidneys, increases the flow of urine and sedates the urinary tract.

Always be on the lookout for "walking typhoid." If a man comes to you "feeling sick" be sure and take the temperature and inspect the tongue and abdomen.

INFANTILE COLIC.

A towel dipped in boiling water, wrung out rapidly, folded to proper size, and applied to the abdomen with a dry flannel over the hot towel, acts like magic in infantile colic.

ORTHOFORM IN TOOTHACHE.

Hildebrand, in *Therapeutische Monatsschrift*, states that orthoform instantly and completely relieves severe pain due to inflammation of the pulp in decayed teeth. It should be applied in alcoholic solution on absorbent cotton. —*Journal of the American Medical Association.*

WRITERS' CRAMP.

Several sufferers from writers' cramp are reported to have obtained great relief by becoming enthusiastic golfers. This game requires the use of the upper extremities just to the degree adapted to people who have lived a sedentary life. The movements are necessarily coordinate, and they are combined with proper exercise of the lower extremities, and a large amount of time is passed in the open air.

HOT MILK.

Hot milk is a most nutritious beverage—a real luxury, the value of which but few people know. Many who have abund-

ance of milk never think of using it as a drink—or rather as an eatable—for we should eat milk instead of drinking it, that is, take it in small sips. Why? Because the casein of milk when it comes in contact with the acid of the gastric fluid, coagulates and forms curd, and if swallowed in large quantities at once, a large curd is formed, which the stomach handles with difficulty. The gastric fluid can mingle much more readily with the small curds that result from sipping the milk.

TETRANITROL.

Huchard has used tetranitrol as a vaso-dilator in one hundred and twenty patients, and has found it free from the unpleasant effects of nitroglycerin, headache, throbbing of temporals, etc. He also holds that it does not affect the haemoglobin like other nitrates. It has the great advantage of mild prolonged action. Its action is manifest in from fifteen minutes to three-quarters of an hour, and if continued in from 1 to 2-grain doses, four or five times a day, it keeps the vessels in a state of reduced tension. It is indicated when there is increased arterial tension, as in arteriosclerosis, in coronary angina, in dilitation of the heart from peripheral vascular constriction, in uric-acid dyscrasia, in tabetic crisis and in interstitial nephritis.

LOCOMOTOR ATAXIA.

Dr. S. Leduc, Professor of Medicine in the School of Medicine at Nantes *(Gazette Medicale de Nantes)*, basing his practice on the theory that the syphilitic origin of locomotor ataxia is scarcely contested to-day, for a past history of syphilis is found in nearly all ataxics, has injected daily into the muscles of the patient's thigh 2 grammes—about 30 minims—of the following solution:—

℞ Corrosive sublimate,
Recrystallized sod. chlor., of each, 3 grains.
Aq. dest., *300 minims.*

M.—It is said that amelioration was at once manifest. Treatment was continued for periods of three weeks, followed by remissions of fifteen days. Six years from the commencement of the treatment the patient has lost the knee-jerk, and, although some lightning pains persist, he walks well, even at night, and leads a very active life.—*New York Medical Journal.*

"SOUVENIR DE JEUNE AGE."

(A reminisence of the Nurses Ball of the Graduating Class of 1892, Montreal General Hospital, held in the Victoria Armoury Hall, Cathcart Street).

I slept; and as I slept I dreamed—a curious dream to me it seemed,
—(A scene from long-ago redeemed), a spaceous hall, where in there gleamed
Faces bright which fairly beamed with joy and gladness; nor yet deemed
It wrong, that from their labours weaned, with light fantastic toe careened
With ardent youth; or on them leaned
with tender glances,

While sparkling eye and rosy cheek, and heaving bosom all bespeak
The pleasure they enjoy who seek the sensuous waltz's measure sweet
With a congenial partner—neat, yet manly; one whose feet
Scarce touch the floor, they are so fleet; one who is bold, and withall meek,
A strong protector of the weak—
Such fair maid fancies,

.....

But while I stood and pondered there, on scene so brilliant, face so fair,
On flashing teeth and wondrous hair, I suddenly became aware
That I was not alone, for there, beside me where I stood, the air
Was redolent with perfume rare.
Faint yet so sweet

A lovely voice, surpassing kind (like sighing of the summer wind,
Such voices may true lovers find, as walking with their arms entwined
Their oft repeated vows they bind—) "Tell me" it said "what do you find
"In me so strange you seem inclined to be afraid, are you so blind?
"You cannot see the mask behind?" I gave my card—, as I opened
In the blank space was "MEMORY" signed.
faithful but fleet!

Then she told in accents clear
How it came that I was here.

.....

"This is the room in the Armoury Hall, where the nurses (bless 'em one and all)
"From the General Hospital, Montreal, thought they'd like to give a ball.
"(For eight of them graduate this fall). So what did they do but a meeting call,
"At which those nurses short and tall, decided they *should* have a ball
"But alack! alas!! the question rose "What would Miss L. say d'you suppose?"
"When of our little plot she knows?" "She seldom opposition shews,
"Or counter to our wishes goes" says one, whose face is like a rose
With smiles alike for friends and foes—"I'll tell you, girls, what *I* propose
"Let's all draw lots to see who goes to tell that Miss (of portly pose)."
Then there was excitement great, among that class of nurses eight
To see on whose unlucky pate should fall the heavy hand of fate—
The papers torn in pieces straight, each took one with a heart elate
Hoping that *she* at anyrate, wouldn't have to face that maid sedate,
Fearing that what she'd to relate, might make her just a bit irate.

The ballot o'er, she with brown eyes, declares, amid profoun lent sighs !
" That she alas ! has got the prize," so straightway down the passage hies
In the direction where there lies the room which Miss L. occupies—
The Matron listens with surprise, while nurse lays forth in tempting guise
(In words which we can but surmise) the object of her enterprise.
The audience o'er, her sanction got, in that same meeting were a lot
Who (and, I think, quite rightly) thought, a private house too *small* and hot
To have a dance in,—that they ought to have some place more fitting sought,
Says one (whose name I have forgot) " The Armoury Hall is just the spot."
Th' idea was new, and so it caught, the fancy of the girls—they wrought
And baked and worked and ice-cream bought, called flags and flowers to their support,
Until they very air was frought
with an atmosphere of myst'ry.

At length th' eventful night came round ; their guests made welcome to the sound
Of sweet enchanting music (found where'ere there's beauty, I'll be bound
And dainty feet to trip the ground). Their words of welcome almost drowned
In the general buz of talk around.
Repeated now in History.

.....

But while I watched this fairy dell, methought I heard a tinkling bell
Which somehow seemed to break the spell—the voice beside me cried " farewell "
And vanished—where I cannot tell, while the tinkle-TINKLE seemed to swell,
Till it seemed to sound the very knell of earthly things, and with a yell ! :
I woke ; and thought I was in ..... well,
A place whence folk can't hurry !

—Envoi—

" 'Twas nothing but an aching tooth which some poor fellow had, forsooth and wanted me to quarry !
But it brought me back from scenes of youth:—I'm telling you the honest truth
Altho' the language *be* uncouth.
Hang it ! I was sorry ! !

—R. W.,
'93.

THE
CANADA MEDICAL RECORD

PUBLISHED MONTHLY.

Subscription Price, $1.00 *per annum in advance. Single Copies*, 10 *cents.*

Make all Cheques or P.O. Money Orders for subscription, or advertising, payable to JOHN LOVELL & SON, 23 St. Nicholas Street, Montreal, to whom all business communications should be addressed.

All communications for the Journal, books for review, and exchanges, should be addressed to the Editor, Box 2174, Post Office, Montreal.

Editorial.

A NEW GENERAL ANAESTHETIC.

The Dublin *Medical Press*, of December 11, 1901, says: "There are a number of minor operations in surgery that occupy from five to twenty minutes, a period of time too long for completion under the anaesthesia of nitrous oxide gas. To meet this difficulty the admixture of oxygen and nitrous oxide has been tried, but the compound has not met with general favour, and its use has never been very general. Cocainisation of the cord in the hands of some French surgeons has given good results, but in quite a number of cases the results have been disastrous. Schleich's infiltration method has gradually lost ground, if, indeed, it could ever be said to have been in favour in this country. For a time the freezing methods by evaporation of ether and chloride of ethyl were tried, but at best, they were only suited for a very limited group of cases. It is, therefore, with pleasure that we note the good results that are being obtained by the use of pure chloride of ethyl as a general anaesthetic. At the recent Congress of Surgery, M. Malherbe, who has been using the anaesthetic since 1898, when he first used it in the clinic of Professor von Hacker, speaks highly of

its properties as an anaesthetic and its comparative freedom from toxic or other undesirable after effects. We concede that the chorus of praise which ushers in new remedies, should be largely discounted without there are good grounds for anticipating that the drug will prove a satisfactory and safe general anaesthetic for minor operations generally. We will do no more than draw attention to the fact that it belongs to the ethyl group, and that its percentage of chlorine is small. All the volatile ethyl compounds have anaesthetic properties, and, as a rule, are not lethal; indeed, the oxide of the radical principally produces its injurious effects by producing inflammation of one or more of the tissues than by direct action as an anaesthetic. One of the great troubles of the use of the oxide is its irritating suffocative effect on the respiratory mucous membrane which the antecedent use of nitrous oxide or chloroform does not wholly overcome. The chloride of ethyl, if we are to judge from the clinical reports, has no irritant action on the respiratory tract, and it has the further advantage of acting very quickly, and is not followed by the headache, vomiting, bronchial irritation, and renal pains which so often follow etherization. The patient quickly recovers from the anaesthetic effects of the vapour, and the return to consciousness is complete. M. Malherbe (*Le Progres Medical*) employed the anaesthetic 170 times without one unpleasant result, and in each case, found the effects of the chemical were uniform. We cannot, however, judge from the experience of one surgeon in so small a number of cases, but we think a good case is made out for its tentative use.

SOME REMINISCENCES OF SYME.

Dr. Donald Maclean, Professor of Surgery at Ann Arbor University, Michigan, and an Ex-President of the American Medical Association, has published some interesting personal reminiscences of Syme, the celebrated Scotch surgeon, whose pupil he was at Edinburgh, forty years ago. Although no man could possibly be more abstemious in his habits than Syme, all through his life,

nevertheless he seems to have had a distinct feeling of dislike for teetotallers. Professor Maclean recalls how a boy of not more than twelve years of age presented himself, suffering from a peculiarly loathsome disease. Syme, with an expression of disgust on his face, said to the youthful sinner: "Are you a teetotaller?" and when the boy replied "Oh yes, sir," Syme quietly said, with an expressive twinkle in his eye: "I thought so." Coming once upon Dr. Maclean while sitting on the doorstep of the Royal Infirmary playing with a skye terrier pup which had been given him by a grateful patient, Syme said, with an air of mock severity, "Permit me to inform you that there are just three steps to ruin for a young man: first, a dog, second, a pipe, and third, a woman." Dr. Maclean recalls one of the boldest operations which even Syme ever performed. A shipwrecked sailor, in making a desperate leap for his life, ruptured the common iliac artry close to its bifurcation, with the result that an enormous aneurysm developed. Syme determined to operate, and asked Professor (now Lord) Lister to be present. The latter brought with him an instrument, now known as Lister's aortic compressor, which he had devised expressly for the case. Syme, who was naturally of a conservative disposition, was not particularly impressed by the instrument when shown to him. He proceeded to operate, and when he laid open the aneurysm, terrific haemorrhage took place, which, but for Lister's instrument, would, undoubtedly, have proved fatal. As it was, the aorta was controlled, and Syme was able to tie the common internal, and external iliac arteries, and to save the patient's life. Syme was one of the pioneers in the operative treatment of cancer of the tongue by entire removal of the organ. His earliest cases were unsuccessful, and, consequently, he was somewhat severely criticized in certain quarters. Undeterred by this, however, at the meeting of the British Medical Association at Edinburgh in 1858, he performed the operation once more before a large number of distinguished surgeons from all parts of the kingdom. After the patient had been removed to his bed, the audience loudly applauded the operator. Dr.

Maclean continues: "The professor calmly turned round as he was drying his hands and pointed to a notice on the wall requesting order and silence in the amphitheatre. This facetious act elicited a fresh burst of applause. He then stepped forward with the evident intention of saying something, and instantaneously every sound ceased, every breath was held, every ear was eager to catch the slightest sound which dropped from his lips. Rumour has it that the following was what they heard: "Gentlemen, permit me to assure you that I have reached an age and a position in the profession at which I care neither for censure nor commendation," and he bowed politely and walked out of the amphitheatre. The last time Dr Maclean saw Syme was in 1872, shortly after the great surgeon had had an attack of apoplexy. When he had shaken hands for the last time, Syme seized the collar of his coat, and with a quick, nervous movement, turned him rapidly round so that he could look into his face and said, "Be sure and keep your eye on Lister and his antiseptic investigations. I feel sure that there is something in them. And remember, sir, look forwards, do not look backwards." Prophetic words! But even Syme could hardly have foreseen how much there was in these investigations of his distinguished son-in-law.

THE STRANGE ADVENTURES OF AN ANATOMIST'S HEAD.

Xavier Bichat passed a considerable part of his short life in the dead-house, but his own mortal remains appear to have had a more singular fate than usually befalls the fragments of humanity in which he sought so eagerly to discover the secret of life. Writing recently in the *Temps*, M. G. Clarétie says it is well known that when Cuvier was put into his coffin an iron cage was placed over his head so that it might not be stolen as Bichat's had been. A writer in the *Chronique Médicale*, commenting on this statement, says that in 1808 there came in a curious fashion of doing honour to "masters of medicine" by keeping their heads

in the condition of anatomical preparations for 40 years. Bichat was buried in the St. Catherine Cemetery, in a small corner bought by one of his colleagues at the Hôtel Dieu, and might never have been found if the pious care of friends had not from time to time renewed the marks by which the grave was identified. The cemetery having been closed, Bichat's remains were removed to Père Lachaise. On November 16, 1845, the body was exhumed under the direction of Dr. Denonvilliers, and in the presence of four members of Bichat's family, one of whom was Dr. Adet de Roseville, assistant physician of Saint Lazare, husband of Bichat's niece. The report of the exhumation states that, under a gravestone bearing the inscription "À Xavier Bichat, par les Membres de la Société d'Instruction Médicale," there was discovered, at a depth of 1 m. 70 cm., in a soil of remarkable dryness, an excellently-preserved skeleton. The cervical vertebræ were perfect, but the head was missing. Further digging failed to bring the head to light. Professor Roux, who was present, came forward and stated that the head of Bichat had "come into his hands" three years after the death of the great anatomist. He described the head, calling attention to the following points: (1) The existence of a fracture of the occipital bone, which he himself had made at the *post-mortem* examination; (2) the obliteration of the alveoli of the first upper molar of the left side and of the corresponding one on the right, which Bichat had had extracted towards the end of his life, after having suffered much from those teeth, as he says himself in his article on the teeth in his *Anatomie Général*; (3) the perfect correspondence of the articular surfaces of the atlas found in the grave with those on the skull. M. Malgaigne had previously arranged in an oak coffin all the bones as they were taken up, and M. Roux completed them by restoring with his own hands the skull which had been so long separated from the skeleton. It may be mentioned that the ceremony of the translation of the relics to Père Lachaise was attended by some 4,000 members of the medical profession.

PRESIDENT McKINLEY'S CASE.

The Cleveland *Medical Journal* makes the following remarks in a recent issue. We commend them to our readers, especially those resident in cities, because a large amount of truth is condensed into a few lines :

"Under present customs the surgeon expects the general physician to call him in consultation in every surgical case; the surgeon, when first consulted, usually forgets to call a general physician. In the first case the surgeon assumes that the internist can know nothing of surgery, while in the second he credits himself with a full knowledge of internal medicine in addition to his surgical skill. The surgeon's experience does not lead him to the acquirement of facility in the finer methods of physical diagnosis, and in what appears to him a purely operative case he not infrequently overlooks slight morbid changes in the heart, blood vessels, lungs, kidneys or other organs. The time has now come when the surgeon, in asking the consulting support of the general physician on the ground of his especial surgical training and skill, must no longer assume to be a specialist in internal medicine. In addition to being distinctly unfair, this attitude is illogical in the extreme, and is at times productive of results much less happy than might be obtained by the hearty co-operation of both parties.....The medical profession would not now feel under the necessity to condone the want of care in prognosis that was shown by some at least of the President's surgeons. The thin-walled heart, accompanied by a disproportionately rapid and irregular pulse, could not have failed very early in the case to have unfavourably impressed the physician skilled in estimating the reserve power of a cardiac muscle."

A VERY TIMELY TREATISE ON SMALL-POX.

A very timely treatise on small-pox, to sell at $3, is announced for publication early in April, by J. B. Lippincott Company. It is written by Dr. George Henry Fox,

Professor of Dermatology in the College of Physicians, and Surgeons, New York City, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer and John H. Huddleston, all of whom are officials of the Health Department of New York City, and have had unusual opportunities for the study and treatment of this disease during the present epidemic.

The work is to be in atlas form, similar to Fox's Photographic Atlas of Skin Diseases, published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so coloured as to give a very faithful representation of typical cases of variola in the successive stages of the disease, also unusual phases of variola, vaccinia, varicella, and diseases with which smallpox is liable to be confounded. These illustrations number thirty-seven, and will be grouped into ten coloured plates, 9 1-2 by 10 1-4 inches, and six black and white photographic plates.

The names of Dr. Fox and his associates assure the excellence of the work, in which will be described the symptoms, course of the disease, characteristic points of diagnosis and most approved methods of treatment.

AMERICAN PRECOCITY IN FEMALE PUBERTY.

Dr. Geo. J. Englemann, of Boston, in a report at the recent meeting of the American Gynaecological Association in Chicago, gave the results of over 10,000 observations as to the time of first menstruation of American-born women. As a result of his investigation, he concludes that the American-born are more precocious than the women of other countries in the same zone; 14 is the age of puberty in the United States and Canada; 15.5 in the temperate zone of Europe. But racial characteristics fade rapidly away in America, the age of puberty in Germany being 15·5 to 16, in Ireland, 15.3, and for the girl born in America, of German or Irish parentage, 14.5. The Canadian French alone of all races are more precocious than the American of the same class when born

in this country, the mean age being found to be 13.7 whereas the age is between 14 and 15 in the native land. Mentality, surroundings, education and nerve stimulation stand out prominently in this country as the factors which determine our peculiar precocity.

THE EFFICACY OF VACCINATION.

According to Dr. J. E. Laberge, of the Contagious Diseases Hospital, Montreal, the efficacy of vaccination as a preventive of smallpox, has been abundantly proven within the last year in this city. Since May last there have been in the City of Montreal Contagious Diseases Hospital 240 cases of smallpox, and in no instance had a single patient been vaccinated. In addition to these, there was a staff of eighteen persons, physicians and nurses, who, for these months have been in daily and hourly contact with these smallpox patients, but not one of them has ever contracted the disease. The order issued to municipalities throughout the province of Quebec has been fairly well obeyed, and three hundred and forty-seven municipalities have so far adopted the prescribed by-laws with regard to general vaccination with its accompanying fines for non-fulfillment of same.

THE LATE DR. W. S. MUIR, OF TRURO, N.S.

Many of our readers will learn with deep regret of the death of the above-named medical man. He died last month from appendicitis, after two or three days' illness, an operation having been performed. Dr. Muir was a constant attendant at the meetings of the Canadian Medical Association, and ever evinced great interest in its welfare. He was most genial in his character, and was universally beloved by all who knew him. He will be greatly missed.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

This Society now occupies elegant quarters over the West End branch of the Bank of Montreal, St. Catherine street. The lecture room will seat a hundred and fifty.

There is a well supplied reading room, the nucleus of a good library and a writing room. These are practically open day and evening, to the members. The officers for the present year are: President, Dr. George E. Armstrong; Vice-President, Dr. H. S. Birkett; Secretary, Dr. Alfred Bazin; Treasurer, Dr. J. M. Jack; Trustees, Drs. Perrigo, Dr. G. A. Brown and Dr. F. J. Shepherd.

YOU'LL HAVE TO SHOW US.

A recent number of the *Medical Fortnightly*, says:—"Japanese dentists, according to a contemporary, perform their operations in tooth-drawing with the thumb and forefinger of one hand. The skill necessary to do this is acquired only after long practice, but when once it is obtained the operator is able to extract half a dozen teeth in about thirty seconds without once removing his fingers from the patient's mouth. A dentist in this country is mentioned in the papers as using this method with success, having learned it from a Japanese.

THE COW PEA.

The 'Cow Pea" is the title of the latest publication issued by the Experiment Farm of the North Carolina State Horticultural Society at Southern Pines, N.C. This book neatly bound and illustrated, in plain and concise manner, discusses the value and uses of this important crop, the "Cow Pea." Every reader can get a copy free by writing to the Superintendent of Experiment Farm, Southern Pines, N. C.

CANADIAN MEDICAL ASSOCIATION.

The annual meeting of the Canadian Medical Association will be held in Montreal on the 16th, 17th and 18th days of September, 1902. The President is Dr. Francis J. Shepherd, 152 Mansfield St., Montreal, the Local Secretary, Dr. C. F. Martin, Durocher St., Montreal, and the General

Secretary, Dr. George Elliott, 129 John St., Toronto. Dr. William Osler, Professor of Medicine in Johns Hopkins University, will deliver the Address in Medicine and Dr. John Stewart, Halifax, Nova Scotia, the Address in Surgery. Arrangements are already well in hand for a very large meeting.

Jonathan Hutchinson, F.R.S., General Secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's, Son & Co., of Philadelphia, the American agents of the Society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership in order to extend its work.

Personals.

Dr. Benoit has been appointed physician to the Montreal Goal.

Dr. J. Alex. Hutchison, of Montreal, has been appointed surgeon-in-chief to the Central Vermont Railroad.

Dr. J. W. Geoffrien, of Chicago, a graduate of Laval University, has left that city to establish himself in Montreal.

Professor J. S. Donald, of the Medical Faculty of Bishop's College, has been appointed public analysist in place of the late J. Baker Edwards.

Dr. A. G. McDougall, late house surgeon to the Toronto General Hospital, has been appointed medical attaché to the regiment in charge of the Boer prisoners at Hamilton, Jamaica.

Dr. Shirres, of Montreal, has been appointed Professor of Nervous Diseases in the University of Vermont, Burlington. Dr. Shirres came to Canada with Lord Aberdeen as physician to the Vice Regal family.

Dr. H. L. Reddy has resigned his position as one of the attending physicians to the Western General Hospital, with a view of devoting more time to the Women's Hospital, of which he is chief physician and accoucheur. Dr. W. Grant Stewart was elected to replace Dr. Reddy on the staff of the Western Hospital.

Dr. W. H. Drummond, M.D., Bishop's, 1884, Professor of Medical Jurisprudence in the Faculty of Medicine, Bishop's University, author of "The Habitant," "Johnny Courteau" and other poems, is to have the degree of LL.D. conferred on him by Toronto University, in June. Dr. Drummond was, on the 18th of March, the recipient of a public dinner from the Canadian Society of New York, at which over two hundred guests sat down, among them being some of the most distinguished men of the United States. Dr. Wolford Nelson, of New York, and Dr. Tetreault, of Orange, N. J., both graduates of Bishop's College, attended to do honour to their fellow graduate.

Book Reviews.

International Clinics.—A quarterly of clinical lectures and especially prepared articles on all branches of Medicine and Surgery and other topics of interest to students and practitioners. By leading members of the Medical profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U.S.A., with the collaboration of John B. Murphy, M.D., Chicago; Alex. D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landort, M.D., Paris; Thos. G. Marton, M.D., of Philadelphia, and Chas. H. Reed, M.D.; J. B. Ballantyne, M.D., of Edinburgh and John Harold, M.D., of London; with regular correspondents in Montreal, London, Paris, Leipsic and Vienna; volume IV.; eleventh series. J. P. Lippincott & Co., Philadelphia, 1902. Canadian agent, Charles Roberts, 1524 Ontario street, Montreal.

This the last volume of the eleventh series is not behind its predecessors in its quota of interesting and instructive articles. There are thirty one papers under the headings of Therapeutics, Medicine, Surgery, Neurology, Pædiatrics and Dermatology, with a special article on the Keeping of Case Records in Private Practice, by Frederick Packard, M.D., Judson Deland, M.D., John H. Musser, M.D., J. P. Crozier Griffith, M.D., J. K. Mitchell, M.D., Alfred Stengel, M.D.

The first of a serier of papers is given by Dr. Horatio C. Wood, jun., entitled a Description of the Methods of Investigating the Action of Drugs. He points out the fact that the older practitioners had not the advantage of seeing at college the methods of investigating drugs now to be observed in the modern pathological laboratory, and, as clinical methods do not give reliable results in ascertaining the true value of a drug, a description of recent methods will enable readers to interpret the results from the pathological laboratory. The present article considers the action of drugs on the circulation. The methods are described in detail and illustrated by lithographs of the various forms of apparatus used.

Prof. Albert Mathieu, of Paris, gives a special article on the Treatment of Muco Membranous Colitis, which is replete with practical suggestions. The relation of the local irritation and the general neurotic condition is pointed out and exhaustive direction given in regard to diet and local and general medication. The application of massage, hydrotherapy and moral hygiene in this affection is fully described.

Sir Byce Duckworth, M.D., LL.D., contributes an article on Clinical Observation on Certain Diathetic Conditions. His thirty years of experience has enabled him to sift from the old doctrines of the diatheses, facts which are of great importance in understanding two groups of pathological conditions—the strumous diathesis and the arthritic diathesis. He proves conclusively the existence of these two tendencies, the liabilities associated with their presence, their antagonism to each other, and the important bearing of a recognition of this state on the diagnosis, prognosis and treatment of these affections, and pays high tribute to the skill and acumen of our predecessors in the art and science of medicine who accomplished so much without the means of investigation which we now possess.

One of the most interesting articles in this number is that on Prognosis in Chronic Valvular Disease of the Heart, by J. Mitchell Bruce, M.A., M.D., LL.D., F.R.C.P., London.

Prognosis should, he stated, not be empirical, but be based on the practical application of scientifically determined facts. The facts are those connected with the etiology, pathological anatomy, clinical character and course of the affection.

An old rheumatic lesion is a scar, an affair of the past and rarely progressive, and a favourable prognosis can be made; while in syphilitic or atheromatous changes we must forecast less favourably.

The unfavourable local lesions, such as aortic incompetence, are so, because they are so often degenerative or specific in origin. Then the prognosis in any stated case of valvular diseases, he points out, depends much on the environments and conditions of life in each case, and the forecast must carry with it suggestions of measures for prevention, the avoidance of fresh attacks of rheumatism and over exercise in youth. The work engaged in by the adult, the abuse of alcohol, tobacco, syphilis. The child-bearing period in the female and in advanced life the influence of the various forms of degeneration, some of which are amenable to treatment; all have a distinct bearing on the prognosis and must be carefully estimated in forming our conclusions.

Among other interesting papers are: Winged Insects and their Larvæ as Parasites of Men, by James J. Walsh, M.D., Ph.D.; Types of Hemiplegia, by G. L. Walton, M.D.; Moveable Kidney, by Frank Lydston, M.D.; The Operative Relief of some Forms of Prostatic Hypertrophy, by Charles H. Chetwood, M.D.; Clinical Lectures, by Nicholas Senn, M.D., Ph.D., LL.D., and John B. Deaver, M.D.

J. B. McC.

PUBLISHERS DEPARTMENT.