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Original Communications.

A CASE OF IMPASSABLE STRICTURE OF THE URETHRA SUCCESSFULLY TREATED BY POST-PROSTATIC PUNCTURE.

BY N. E. MCKAY, M.D., C.M., M.R.C.S., ENG.

Surgeon to P. & C. Hospital, Halifax, N.S.

Of the various methods of operating for the establishment of continuous drainage from the bladder the operation termed "post-prostatic puncture," gives the best prospect of success. This operation is easy to perform, and the bladder is tapped in the same place as it is in the rectal operation. The danger of wounding the urethra, prostate, vesicula seminalis or peritoneum is imaginary. It is free from most of the objections which can be raised against the operations recommended in our Text Books on Surgery. It does not interfere with the process of defæcation, neither does it come in the way of the genital tract, and it affords an easy method of draining the bladder. The danger of extravasation of urine with its concomitant evils might be raised as an objection to its performance, but the same objection might be urged against the old operations, and besides, should extravasation take place the urine is likely to follow in the direction of the least resistance and will escape through the perineal opening. It is rather surprising that no author has yet seen fit to recommend in any work an operation, which in my opinion, is likely to supplant those hitherto in vogue. In support of the views set forth above I beg to report the following successful case :

W. W., engineer, aged 32, married, was admitted into the hospital Sept. 21st, 1886, suffering from impassable traumatic stricture of the urethra.

Previous history : Seven years ago patient received an injury in the perineum by falling astride a piece of wood after which he immediately passed a large quantity of blood by the urethra ; and ever since, the process of micturition has been attended with pain and vesical tenesmus, and a prolongation in the length of time taken to empty the bladder. Four years ago he had for the first time an attack of complete retention of the urine which was accompanied by severe pain and tenderness in the perineum, relief being afforded by a profuse discharge of blood and pus. Since then he has had periodical attacks of retention every three months, relief being always afforded by a copious discharge of sanguineous pus. In the intervals, although the stream was very much reduced in size, he could void urine without any very great inconvenience. Subsequent to his having received the injury he had two attacks of gonorrhœa but the clinical clerk who took his history omitted to record their dates. Fourteen days prior to his admission into the hospital the patient had an attack of retention, and as usual it was followed by a profuse discharge of blood and pus, which this time gave him no relief. He now consulted a physician, who made several attempts at different times with and without an anæsthetic to pass an instrument but without success. In trying to pass an instrument under an anæsthetic, the doctor, the patient says, used a steel sound, and the attempt was followed by a copious discharge of blood. Patient says the doctor when first called ordered him a warm hip bath, rest in bed, and some medicines, and that in two hours after using the means prescribed he was able with difficulty to partially empty his bladder.

Present Condition.—When admitted, patient was in great pain, having voided only eight ounces of urine during the past twenty-four hours, and that with great pain and difficulty, and most of it in driblets. His bladder was over distended, and rose about one inch above the umbilicus ; he had severe pains in the back, hypogastrium, and perineum. The perineum was extremely tender to the touch, and the part of the urethra immediately under the sub-pubic arch was quite thick and indurated to the extent of fully one inch and corresponded to the seat of the main stricture. In the penile portion of the urethra and about half an inch anterior to the scrotum a small cartilaginous ring was found which corresponded with the seat of

the second stricture. The penile stricture admitted a size 7 (English) bougie, and the stricture under the sub-pubic arch, was impassable. The urethra at the seat of stricture was extremely painful and tender. The patient was very restless and had an anxious and pinched appearance; had no appetite; his tongue was coated with a thick brown fur and his pulse weak and frequent. He was greatly emaciated and completely prostrated.

Immediately on admission the house surgeon, Dr. Lockwood, gave him two grains of opium and put him into a warm bath where he kept him until he was nearly faint, and then put him to bed and applied a warm linseed meal poultice to the perineum and hypogastrium. In an hour's time he was able with difficulty to pass eight or nine ounces of urine. Two hours after patient was admitted I saw him for the first time and tried to pass an instrument but the urethra being excessively tender and painful, especially at the seat of strictures, I had to abandon the attempt. To relieve the excessive pain and tenderness I injected two drams of a 4% solution of hydrochlorate of cocaine into the urethra at the seat of stricture, but no relief was afforded. During the next four or five days several unsuccessful attempts were made, with and without cocaine solution, to pass an instrument. During these days patient managed with much pain and difficulty to keep his bladder empty. In the afternoon of the second day after admission, he had a slight attack of retention accompanied by urethral fever, chills and rigors.

At a consultation of the medical staff of the hospital it was determined that an operation was essential to permanently relieve the patient. I accordingly on the fifth day after admission performed the operation termed "Post-Prostatic Puncture," in the following way: The bladder being distended and the rectum washed out thoroughly, the patient under an anæsthetic was put in the lithotomy position, the left index finger well oiled was introduced into the rectum and used as a guide. A rectal trocar and canula was thrust into the median raphe of the perineum three-fourths of an inch anterior to the margin of the anus, and gently pushed on between the rectum and urethra, guided by the left index finger until the posterior border of the prostate gland was reached. I then searched with my finger for the trigone, and having found it I suddenly and forcibly introduced

the trocar and canula into the bladder. The silver canula was left in for three days, and the urine drawn every two or three hours. On the third day the canula was replaced by a gum elastic catheter, and the urine allowed to constantly dribble away through a tube which was fastened by one end to the catheter, the other end being kept in an antiseptic solution. On the fifth day after the operation the catheter became blocked—it being only size seven, English. The patient's temperature suddenly ran up to $103\frac{1}{2}^{\circ}$, and he had a very pronounced chill—but on cleaning the tube thoroughly his temperature at once fell to normal, and henceforward his improvement was uninterrupted. From the time the operation was performed the patient was almost entirely free from pain, and the urine which was ammoniacal and loaded with mucus and pus, began to improve in colour and quality. On the 6th day of October—the tenth day after the operation—I succeeded in passing a flexible bougie, size 2 F., without giving the patient any pain, and on the tenth a size 3 was easily passed. From this time the rapid dilatation method as recommended by Mr. Savory was adopted and continued for five or six days until a size 7 F. was easily passed; after this the gradual dilatation method was resorted to. On the 7th of October the urine began to ooze a little on either side of the catheter, which was removed on the 11th, and the patient was allowed to pass urine *per viam naturalis*. During the following three or four days four drops of urine escaped through the opening in the perineum in the act of micturition, but at no other time. When he left the hospital on the 20th of October a size 9 F. was easily passed and he could void a good large stream, and there was no perceptible leakage through the perineal opening.

To perform the operation of "Post-Prostatic Puncture," with the best prospect of success, a trocar and canula of a size 12 English should be used and the canula should at once be replaced by the largest size gum elastic catheter that can be introduced. By using these precautions the danger of the catheter becoming blocked is almost entirely removed. In my case I was obliged by force of circumstances to use a size 8 Eng., and a correspondingly small size catheter.

The patient who was very unpleasant and hard to manage, left the hospital against our wishes

before complete cure could be effected. However the success of the case while under my treatment serves to prove the feasibility of the operation as well as its many advantages over the old operations. In conclusion I must express my gratitude to the Clinical Clerk Mr. Pearman, for the careful and accurate way in which he recorded the history of the case.

CASES IN PRACTICE.

BY PRICE BROWN, M.D., L.R.C.P., GALT, ONT.

CASE I. Mrs. D., a primipara, was delivered of a fine healthy female child on the 1st January, 1886. The labor was normal; and the mother made a good and rapid recovery. On the third day the nurse noticed a slight pink spot, circumscribed and nearly a quarter of an inch in diameter, in the centre of the infant's right cheek. My attention was not drawn to it until the middle of February. The cheek presented a well marked case of arterial telangiectasis. The tumor was bright scarlet, half an inch in diameter, and elevated a quarter of an inch; it was very hot, compressible, and producing an elevation of temperature on that side of the face of several degrees; I advised an early operation, but ineffectually. Two months later, during my absence from home, the mother applied to another physician who vaccinated the nævus, but without any good result.

In October the mother again applied; she still refused an operation, but was willing to have anything else done. The tumor was greatly enlarged, over an inch in diameter, circular, and elevated half an inch: still the same bright scarlet color. Thinking it a good opportunity to try the experiment, I determined to try "Borugeri's Treatment or Telangiectasis." He recommends that the spots and area of skin two mm. beyond, be painted four days in succession with a four per cent solution of corrosive sublimate in collodion. "The cure" he says, "is rapid and painless." The promise of good results was at first very fair; the application produced no pain, checked the growth of the tumor, and cooled the surrounding cheek; at the same time a dense thick scab was produced; in a few days this loosened round the edges, and could be partially taken off without resulting in hemorrhage; still the nævus was there, though slightly

less elevated. Accordingly I continued to test its efficacy for three weeks, making the applications at intervals of two or three days, and taking off the scabs as circumstances allowed.

At one time there was some ptyalism; but as the infant was teething, though no teeth had appeared, I did not think it arose from the absorption of mercury; several thick crusts had been shed, and the growth did not seem to be more than at the commencement. At this stage I doubled the strength of the corrosive sublimate, carefully watching its effects; no salivation resulted; the surface was however getting raw, and the application of the eight per cent. solution produced considerable pain; the crusts were thicker; but the arterial feeding branches beneath, being fully up to their work, seemed to sustain an almost equal combat. Believing that I had given the treatment a fair trial, with a very doubtful prospect of a successful issue, the little patient was given a two weeks' rest; by this time the crusts were thrown off; the tumor presented a smooth surface, outline almost as extensive as at the commencement of treatment, and with every prospect of a more rapid growth. The vein leading down from the nævus to the angle of the jaw, was very large and distinctly visible.

The parents having reluctantly consented to an operation, Dr. Sylvester kindly administered chloroform. I ligatured according to Liston's plan, with the exception that instead of passing the first needle across the tumor unarmed, and raising it by means of the needle, I armed the needle with strong silk cord, and raised the growth on it, so as to pass the cross needle below it, thus simplifying the operation. We thought it advisable also to dispense with cutting the skin. The sutures were drawn very tightly. In the course of ten days the outside shell separated, leaving a fungoid mass in the centre. Another ligature was thrown round it, completely separating the growth in the course of another day; a healthy cicatrix soon followed; it is diamond shaped, of the same hue as the cheek, and gradually contracting, giving promise of very little deformity.

The points of interest in connection with this case are: 1st. The impunity with which a strong solution of bichloride of mercury was so frequently applied without producing absorption, and the consequent ptyalism; and, 2nd. The possibility

which it presented of removing smaller nævi and similar growths effectually and without pain.

CASE II. Obstruction of the bowels. J. B., a retired farmer æt. 88 years, had in the summer of 1884 an attack of erysipelas of the left leg. The œdema was very extensive, to relieve which I lanced it freely in several places, resulting in copious discharges of pus and serum. The old man made a good recovery : but as he was thin, and his blood much impoverished, I prescribed dialysed iron to be taken for a considerable time. I then lost sight of the case until March 17th, 1885, when I was again summoned. He told me that with the exception of short intervals, he had taken the iron regularly for two months after I had prescribed it ; he had been very well, with the exception of some constipation and occasional chills. These chills occurred every two or three weeks ; he would go to bed, apply hot applications, and be all right next day. During the winter however, the chills had increased in frequency as well as severity, and for some days had been diurnal ; he had postponed obtaining advice, thinking that the symptoms were incidental to his extreme age ; latterly his stomach had ceased to retain solid food ; and even fluids in any quantities would be rejected ; his bowels were obstinately constipated and urine loaded with bile.

On examination he presented an emaciated appearance ; his whole body was of a dark hue ; eyes yellow, and tongue heavily coated. The abdomen was generally contracted ; but in the right upper portion of the umbilical region there was a solid tumor, placed almost vertically, inclining slightly to the left ; the length seemed about four inches, and the breadth and thickness two ; it was movable to a limited extent. The diagnosis was obstruction of the bowel—but not of the colon—the position not being identical with the latter. If of the colon, why should there be jaundice and emesis of all solids ? If of the duodenum these results would naturally follow. In treatment I refrained from injections, believing that it would be impossible to reach the obstruction with any prospect of a successful issue. One ounce of castor oil was administered and retained ; six hours later there had been neither vomiting nor purging. There was however considerable tympanites : so much so that it was impossible to accurately define the tumor. The ounce of oil was repeated and a slight poultice applied.

18th—There had been a stool, though scanty, containing small pieces of hard scybalous matter. The tympanites was somewhat less, and the tumor could be defined. It seemed smaller ; was a little lower down, and lying to the right of the umbilicus. The hour for the customary rigor had passed by without its occurrence. With some difficulty I got the patient to take another large dose of castor oil ; towards evening he had a very copious stool, composed largely of similar hard almost black scybalous matter in small angular pieces ; tumor still perceptible though smaller. During the next two days, the patient took a teaspoonful of castor oil each morning, resulting in full evacuations. The abdomen became quite flat ; tumor had disappeared, together with the jaundice. No rigor had occurred since commencement of treatment, and appetite for solid food was returning. By proper care his bowels subsequently continued regular ; and there has been no recurrence of the obstruction. Several weeks ago I met him taking a constitutional ; he told me he was ninety years old the previous Tuesday. *Remark*—If the obstruction had been in the ascending colon, its progress would naturally have been across the abdomen and down the left side, instead of diagonally and to the right of umbilicus. *Query* : Had the dialysed iron anything to do with producing the obstruction ?

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I would like to draw your attention to an omission in the statute regulating the jail delivery of the pauper insane, and the injustice frequently done to members of the profession by reason of it. I refer to the discretionary power given to the county judge or the sheriff to select a medical examiner, in addition to the jail surgeon, to fill the certificate of insanity.

Many of the patients whose cases require asylum treatment are among the poorest in the community, and the physician whose heart is reputed to be the largest is sent for, and on him devolves all the trouble and labor of securing entry for his pauper patient to the asylum, through the common jail. It is only after such patients are imprisoned and become wards of the State, that the services of the physician are recognized, that is, the statute provides for the payment of fees to two physicians

(one of whom is to be the jail surgeon), to certify to the mental condition of the patient. Now, in the name of all that is fair, reasonable and courteous, who should the other be? I believe the unanimous opinion of the profession is, that the one who initiated the proceedings and had all the labor, should be chosen. But what do we find? The gentleman who knows everything concerning the history of the case is entirely ignored, and one who is wholly unconnected with the case—whose qualifications are not those of a specialist in mental diseases, is selected by the sheriff to fill the certificate and claim the fee.

In several of the States, I believe, the law expressly recognizes the *right* of the attending physician, and names him to be one of the examiners. Our statute should certainly be amended in this respect.

Yours, VERA PRO GRATIS.

Reports of Societies.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

CHATHAM, March 11th, 1887.

Dr. Rutherford, president, in the chair.

Dr. Holmes related a case of lithotripsy in a young man aged 26. A phosphatic calculus was removed in two sittings, the fragments of which weighed 7 iii gs. Patient made a good recovery.

Dr. Fleming read a paper on a case of Fracture of the Trachea, with laceration of the external soft parts. On the 6th of March, 1884, he was summoned to see J. B., æt. 46, a spare, muscular man. Found him suffering from a fracture of the trachea, with laceration of the external soft parts, and just rallying from a profuse hemorrhage. An examination of the wound with the finger started the bleeding again, which nearly proved fatal from loss and asphyxia. His violent efforts to expel the blood from his lungs, made it almost impossible to do anything to stay the hemorrhage. He was placed on his side, as well over on his face as possible, and ice applied. The bleeding ceased in a few minutes; he was conveyed to his home and placed in a large airy room, kept at a temperature of about 80° F. and its air moistened with steam. No attempt was made to close the wound, which was dressed with oil silk, over which an ice-bag was kept constantly applied. Pulse 120, temp.

100° F. He was given ergot and bromide of potassium, with a diet of milk and beef-tea. Five days later violent secondary hemorrhage set in, lasting half an hour. Similar treatment was pursued to that adopted for the arrest of the primary hemorrhage. A large quantity of fluid and clotted blood was coughed up, and the bleeding ceased when nature seemed about exhausted. He rallied slightly, when, with an almost superhuman effort, he dislodged a firm, dense clot about as large as a horse-chestnut, with immediate relief. Nourishment was given him as soon as expedient, and the bromide increased. Pulse 126, temp. 102°, though both were about normal before the hemorrhage. Thirty-six hours later, moderate hemorrhage again occurred, lasting twenty minutes. For a week after this his temperature ranged from 100° to 102° F., but remained normal the balance of his convalescence. Six weeks after the injury the wound was closed by a fibro-cellular membrane, and during this time not more than 3 iv of pus was secreted. The fourth, fifth and sixth rings of the trachea were divided, the ends separating about half an inch, while the posterior portions of them were somewhat twisted upon themselves. The missile, a square-ended white ash stick, 3½ ft. x lin. x ⅜ in., was broken into two pieces by the resistance it met. It was shot like an arrow from a drive-wheel making 1400 revolutions per minute, striking immediately above the sternum and a little to the left of the median line. Since the accident, he has suffered from diplophonia and experiences much difficulty in expectorating mucus. *Treatment.*—The hemorrhage was controlled by ice, it being impossible to ligate the vessels or to apply sufficient pressure to arrest it. Inserting a tracheotomy tube and packing the wound was inadmissible, while the lungs were loaded with blood. Ergot and pot. bromide were given to lower blood-pressure and to lessen the irritation.

Dr. Holmes favored using ergot but not the bromide, owing to its depressing action on the system and its soothing influence on the bronchial tubes. Thought opium, combined with atropine, would perhaps be better.

Dr. McKeough said a night-cap device, applied to the head and fastened to the chest, was very useful in controlling the movements and keeping the chin in a flexed position. Opium was open to the same objection as the bromide.

The President would be inclined to use ergot and bromide, carefully watching their effect upon the patient. He thought belladonna might be useful. He wished to know the prospects of the patient always having a patulous trachea.

Dr. Fleming, in reply, said he used bromide, as the patient had no symptoms of heart failure at any time. Did not fear contraction of the trachea.

BRANT MEDICAL ASSOCIATION.

The regular quarterly meeting of the Brant Medical Association was held in Brantford, March 2nd; the president, Dr. A. J. Henwood, in the chair. There was a good attendance, including as visitors Dr. Rosebrugh, of Hamilton, and Dr. Carson, Brantford. Dr. Rosebrugh read a paper on "Points in Abdominal Surgery," confining his remarks to the uterus and its appendages. Among the laparotomists he mentioned were Tait, Bantock, Thornton, Keith and Schroeder. He described their different styles of operating, mentioned their hobbies, and gave some of their statistics with regard to laparotomies. The writer of the paper considered Mr. Tait the greatest living abdominal surgeon, and in the course of his paper touched on the points characteristic of Tait's method of operating. Among these points were the following: His assistants, three or four in number; his material for sutures, which has been boiled, but not otherwise disinfected; his utterly ignoring antiseptics; his anæsthetic, 1 part chloroform, 2 parts ether; his sponges and instruments, rigidly clean, but not antiseptic; the smallness of his incision; the rapidity with which he works; his great manual dexterity; the tying of the pedicle with the Staffordshire knot, cutting it short and dropping it; the flushing of the abdomen with a large quantity of hot water, to counteract shock and for cleansing purposes; the introduction of a drainage tube, and suturing of the incision, the sutures being one-half inch or further apart. The writer also mentioned Tait's method of treating incipient peritonitis by a brisk purgative, which, he asserts, cuts short the inflammation.

DR. J. H. PACKARD, of Philadelphia, is expected to be present and to read a paper at the meeting of the Ontario Medical Association in June next.

Selected Articles.

TREATMENT OF RETENTION OF THE PLACENTA AFTER ABORTION.

What is to be the conduct of a physician in cases of abortion, when the fetus has been expelled and the secundines remain in the cavity of the uterus? This question has been a theme for considerable discussion in the last years. Two complications have been observed as arising from the retention of the secundines, they are: *hemorrhage* and *septicæmia*. A certain number of accoucheurs, who look upon these complications as frequent, recommend constant intervention, when the adnexa have not followed the expulsion of the fetus in the course of several hours. The methods of procedure recommended by them are numerous and varied. Some introduce the finger into the uterus and seek to detach, break away or remove the placenta; others resort to the forceps for the better accomplishment of this purpose; others again employ the curette, either dull or sharp. Mundé, for example, uses only the dull curette, and also recommends the avoidance of a force which might injure the woman. But the curette with cutting edges also has its partisans, to scrape the walls of the uterus and to withdraw the debris of the ovum. Lately, besides curetting with the sharp or dull instrument the additional use of a tampon has been resorted to. In a certain number of cases the tampon is sufficient without a previous recourse to the curette.

It is, however, not always easy to operate within an uterus the dimensions of which are so small in the beginning of pregnancy, and whose cervical canal is hardly permeable; it may become necessary to practice dilatation, either with the finger or by means of mechanical dilators, as the sponge, laminaria or tupelo tent. To facilitate this method some physicians seize the neck with a pair of vulsellum forceps and draw it down to the vulva. In short, all means are resorted to, and these means vary according to the nature of the case, and the fancy of the physician for the purpose of removing the secundines from the uterine cavity. Is this mode of conduct really rational and necessary? It seems to us that two things must be shown to render it justifiable:

1. That retention of the placenta is really a source of frequent accidents.
2. That all digital and instrumental manipulations to which recourse are had offer no danger.

First.—Is the retention of the placenta following abortion really a source of frequent accidents? We have collected all the observations made in our service at the Charité from the month of May, 1883, to May, 1886, and in addition to this, with the permission of M. Tarnier, have included all the cases of abortion which

have been attended at the Masternité from July, 1883, to July, 1886. The following are the results :

Out of a total of 210 cases (57 at the Charité and 153 at the Masternité, there was 46 times retention of the placenta, giving a proportion of 22 to 100. The after period was habitually uncomplicated after complete abortion, and the morbidity was almost nil ; but what were the observations in cases of retained secundines ? At the Charité there was never any hemorrhage when the delivery was slow. At the Maternité only twice was their slight hemorrhage, which came on at the moment of expulsion of the placenta. Of 24 cases of retention observed at the Maternité, 21 presented no accidents, the puerperal state being normal. Three presented the following particulars :

One woman in whom the placenta remained in the uterine cavity showed some signs of infection, which rapidly disappeared after intrauterine injections of Van Swieten's fluid ; another case, a victim of criminal abortion, who was admitted to the hospital with an elevated temperature, recovered rapidly ; finally in another patient who had bronchitis and fever before her admission to the hospital, the placenta was expelled entirely in about sixteen hours. The offensive lochia disappeared completely after uterine injections, but the fever and all other symptoms which had existed at the beginning, increased, and the patient died from pneumonia fourteen days after the abortion. To recapitulate, out of 210 cases of abortion there were 46 cases of retention of the placenta. Accidents following this retention have been rare, only one woman died, and it is doubtful if her death could be attributed to septicæmia. Hence when women are placed in conditions favorable for asepsis, retention of the placenta is not so frequently a source of accidents as has been pretended.

Secondly, are all the digital and instrumental manipulations resorted to for the extraction of the secundines completely free from danger ? We will only ask those interested in this question to read carefully the observations which have been made up to the present day. They will see that the finger alone is generally insufficient in detaching the placenta and removing it entire. Forceps are managed with difficulty in the interior of the uterus, and often they will leave the remains of the secundines behind them. To the use of the curette, and especially the sharp curette, has been attached the chief blame as founded upon facts. P. Mundé says that they appear powerless in detaching the remains of a placenta situated in one of the horns of the uterus. In spite of a careful scraping of the uterus portions of the placenta have been left behind in the interior of the uterus, as the observations of Skjelderup and of Doleris have shown. In a case referred to by Moses, in which the uterus

had been well scraped, washed and cauterized with perchloride of iron, he was not a little surprised to find next day expelled "a fœtus without legs, 6 to 7 centimetres in length, which in spite of the use of the sharp curette, had remained in the uterine cavity without giving rise to any other symptoms." The curette acts blindly. It is also dangerous ; in cutting healthy mucous membrane it opens the gates for infection, says J. Veit ; a hemorrhage persists which is often very hard to arrest, of which Moses has cited a striking example. Finally, when one is obliged to have recourse to dilatation it is not always free from danger. Schwarz of Halle has reported two cases of considerable laceration of the neck, one of which extended up to the broad ligament.

Thanks to the use of the antiseptic method, the results have not been so bad as one would believe ; however it may be seen that these (so-called) preventive measures place the woman at the brink of septicæmia and possible hemorrhage, abundant loss of blood being not very rare. In one of the cases reported by Moses cauterization with the perchloride of iron was not sufficient to arrest hemorrhage, as the patient fell into collapse and he had to use the tampon. Not all patients have escaped septicæmia : Moses has noted an endometritis in four cases, and Mundé pelvic cellulitis ; Fehling has observed three instances of grave pelvic abscess ; Consentina and P. Mundé have observed death supervene in spite of treatment, or it was even due to the treatment itself.

Hence for our part, contrary to the opinion established by certain authors, the retention of the adnexa of the fœtus is only rarely the origin of complications, if recourse be had to antiseptics. On the other hand, of the different methods of intervention which have been counseled and put into practice, some are insufficient, others dangerous. Hence we never deem it necessary to interfere when, the fœtus having been expelled, the placenta remains in the uterine cavity. One may content himself with the observance of cleanliness and the use of antiseptic vaginal injections two or three times a day, and the secundines will be expelled spontaneously. But when complications arise, grave hemorrhages or the phenomena of septicæmia, either because no antiseptic precautions had been taken or because unsuccessful attempts at extracting the secundines have been made, which often favor the rise of these accidents, what ought then to be done ? Without desiring to enter into the details necessary for each case in particular, we will resume in a few words the proper mode of conduct :

Against severe hemorrhage the tampon is the means par excellence, and the only one which is truly efficient ; and when we speak of a tampon we mean one made of cotton or charpie, previously rendered aseptic by being immersed in a solu-

tion of carbolic acid, corrosive sublimate, etc. If the phenomena of septicæmia exists in the beginning, vaginal antiseptic injections should be made every two hours or every hour. They often suffice and the complications cease entirely. If at the time of the first visit the symptoms of infection are very grave, or if these accidents do not yield readily to vaginal injections, recourse should be had to intra-uterine aseptic injections, employing a solution of corrosive sublimate, 1 to 2000 or 1 to 3000, or carbolic acid, 2 or 3 to 100, etc. In making these intra-uterine injections care should be taken that no obstacle opposes the flow of the injected fluid; a ready flow can be secured by the use of the horse shoe shaped sound. In this manner the cavity of the uterus is in all probability rendered aseptic, a result rapidly attained, as evident from the cessation of the fetid character of the lothia and the fall of the temperature. General treatment should not be neglected, and we should especially insist on the administration of the sulphate of quinia. This method, practiced at the Maternité by M. Tarnier, and which we have followed at the Charité has given the results mentioned above. It seems to us difficult to improve upon them. It ought not to be implied, however, that this is expectant treatment, pure and simple to which we have recourse. The old expectant plan, good as it was, has come down to our day, improved, thanks to vaginal and intra-uterine antiseptics. This treatment has thus been benefitted by the improvements which have been gradually made upon it.

We will add that this method—expectant and antiseptic, can be followed by physicians and midwives, which is no small advantage.—*Dr. Budin in Progress Medicale.—Obstetric Gazette.*

THE CAUSE AND PURPOSE OF MENSTRUATION.

The object of this paper is to obtain an answer to the following questions: 1. Is ovulation periodic or not? 2. What connection exists between ovulation and menstruation? 3. Is there connection between menstruation and conception? The researches of Raciborsky, Pfüger, Leopold, and others, seemed to prove that there is a decided connection between ovulation and menstruation. Autopsies on many healthy woman, dying suddenly during menstruations, have revealed, in the majority of instances, the presence of a ripe or ruptured follicle on the surface of the ovary. The inference is therefore justifiable that ovulation accompanies menstruation, occurring either before, or just at the beginning, or at the end. This inference, however, is denied by many on the ground that the rupture of the Graafian follicle is known to occur also in the intermenstrual period, whence the opposite inference that there exists no causal relation between menstruation and ovulation.

The weight of evidence at the present day points to ovulation being not dependent on menstruation, and also not periodic. Such being admitted as the case, how are we to account for the periodicity of menstruation? Leopold's explanation is the following: Menstruation is a phenomenon typical of the female organism, its motor cause residing in the ovaries, its immediate source being the uterus. Its periodicity is analogous to other vital phenomena of the organism—pulse and respiration for instance, the rhythm of which we are as unable to account for as for the regularly recurring monthly uterine hemorrhage. F. considers the periodicity of menstruation to be rather analogous to the erection of the penis and ejaculation of semen in the male. The friction on coitus leads in a reflex manner to ejaculation of semen. Ejaculation is speedy after abstinence, the more frequent the act of coition the greater the amount of friction requisite before the reflex is strong enough to lead to ejaculation. Similarly with menstruation. Each ripening follicle is a cause of irritation to the ovarian nervous supply. This irritation is propagated to the sympathetic system and its vasomotor filaments. From the irritation of the vasomotors there result dilatation of the pelvic blood-vessels and hyperemia of the pelvic organs, evidenced by the sensation of congestion and fulness in the pelvis which women experience about the time of the periods. When this irritation becomes powerful enough—it being added to by the ripening of other follicles—there results menstruation, which is the external evidence of the inward congestion. (This theory is rather fanciful, and takes absolutely no account of the not rare cases where conception occurs during lactation, in the absence of menstruation and yet necessarily in the presence of ripening of Graafian follicles.) It having been proved that ovulation goes on uninterruptedly, should not conception be as likely to occur at one time as at another? Heuser has investigated carefully the subject of conception and reached the following deductions: The majority of conceptions result from the coitus occurring within a few days after menstruation. During menstruation, the chances of conception increase the nearer coitus to the end of menstruation. The number of conceptions following coitus before menstruation is small. At no time, however, during menstruation or in the intermenstrual period, is conception impossible. Since, however, ovulation goes on constantly, why, F. inquires, is conception more likely to occur at the end of menstruations and on the few days thereafter? The answer to this question is obtained from a study of the changes which occur in the mucous membrane of the uterus before and after menstruations. From the researches of Leopold and of Wyder and others, these changes may be briefly resumed as follows: Shortly before, during, and partially after men-

struation, the uterine mucous membrane is hyperæmic, the glands distended, the secretion increased, the muscular walls of the uterus softened, and the blood-vessels widened—in short the entire organ is in a condition of excessive nutrition. Coincidentally with the onset of menstruation, the epithelium of the mucous membrane becomes fattily degenerated, and, at the cessation of menstruation, this epithelium is renewed. It is evident now that the impregnated ovum can engraft itself more readily, and finds conditions suitable for its development whilst the above changes are going on in the uterine mucous membrane, than when this membrane is covered with intact epithelium. The shedding of the degenerated epithelium reaches its maximum at the end of menstruation, at a time when regeneration of epithelium is just beginning. The most favorable time, therefore, for the ovum to engraft itself is within a few days following menstruation. A further question to be answered is, how account for the cases where women have repeatedly conceived and yet never menstruated? At the outset, it has never been proved that the same changes do not occur in the mucous membrane of the uterus in such cases as where menstruation has occurred, and further, in many such women, close inquiry reveals the fact that, whilst there has never occurred menstruation in the sense of a red discharge, there has existed a more or less profuse white discharge, which takes the place of the customary red. In short, menstruation is not to be judged by the blood which appears externally, but by the changes which take place in the mucous membrane of the uterus, and these are causes of menstruation.—*Arch. f. Gyn.*

DANGER IN TOAST.

A Russian author in a recent novel makes all his principal characters devils. Satan, as chief, directs the lesser devils each to his separate task, which is to corrupt mankind, and to bring sorrow and woe where there had been happiness and rejoicing. With what success the story tells

If we can conceive of disease as some archfiend, bent upon bringing pain and suffering and helplessness and death to the whole human family, using as his emissaries broods of bacteria, each seeking and finding their own organs to attack, we have here materials for a tragedy equalling in interest Tolstoi's weird tale.

But the foes of health are not all included in the various forms of cocci. There are many other causes of disease that work with charming regularity, and all the more so because they are entirely unsuspected. One of these is toasted bread. An innocent-looking thing, and yet, like the Grecian horse before the walls of Troy, it works sad havoc when once inside.

It is with some hesitancy that I venture to say anything against toasted bread, for did not our mothers and our grandmothers and our great-grandmothers always give it in sickness, and does it not even now hold a sacred place in the heart of every housewife? Surely an idol-breaker is not to be envied, and yet I can not forbear giving a few plain facts from my own experience tending to show that there are times and circumstances under which it seems to do great harm.

Years ago, a room-mate in college was taken with typhoid fever. He passed safely through the disease and was considered convalescent, when near the fourth week his physician permitted him to eat a piece of toasted bread softened in milk. Three hours later he grew worse, had a relapse, and died in a few days.

Some time ago I was called away from my practice, at a time when I had two typhoid-fever patients in charge—one convalescent, the other in the third week. I cautioned the families not to give them toast as they grew better, but as soon as the morning temperature became normal it was given, resulting in a relapse, though not a fatal one, in each case.

Last summer several dysentery cases suffered relapses in the same way from eating toast.

One illustration will suffice; Mrs. B—, a delightful lady, was taken very severely with this trouble. Large enemata, and hydrarg. bichlor., gr. $\frac{1}{10}$, every two hours brought speedy relief.

A diet list was carefully made out and a special and emphatic warning left against toast. But with a perversity of appetite which others may be able to explain, toast was the one and only article of food which she wanted. A liberal bill of fare had no attractions for her; toast alone would satisfy her craving, and toast she ate. (Who is prepared, in the light of this incident, to say that the story of Eve and the apples is a myth?) An hour or two after indulging she was taken with violent pains (I refer to Mrs. B—, not to Eve) and all her symptoms returned in an aggravated form.

She was a very penitent and tractable patient during the rest of her illness and has permanently abandoned the use of toast in sickness. I had five other cases, where, after the pain and discharges had ceased, they were brought on again by the use of toast. I have seen it produce pain and vomiting in gastric catarrh, in fibroid induration of the stomach, or whenever there is inflammation of the mucous membrane of the gastrointestinal tract. In inflammatory diarrhœas of children the anxious mothers are forever giving toast, and it in turn is forever giving pain and diarrhœa. It would seem as if the gritty particles of charcoal, insoluble in the juices of the stomach, are shoved up and down over the irritable mucous membrane like so much powdered glass, and finding their way into the intestine scratch the inflam-

ed Peyer's patches, or the angry mucous membrane, as the case may be, renewing and aggravating inflammatory action.

We are taught to beware of the danger that is dissolved in our drinking-water, of the germs that lurk in the air, of the mince-pies that linger in our stomachs; ought we not in inflammatory conditions of the stomach and bowels, to enforce a strict quarantine against the "pernicious activity" of toast?—E W HEDGES, M.D. in *Med. Record*.

THE TRANSFERENCE OF SOME HYSTERICAL SYMPTOMS FROM ONE PATIENT TO ANOTHER UNDER THE INFLUENCE OF A MAGNET.

One of the conclusions which was reached by the Committee of the *Société de Biologie* in 1876, on the action of metals, was that sometimes when a magnet was applied to one side of a hysterical patient, such unilateral hysterical symptoms as there were, shifted themselves to the other side of the body, and, as M. Charcot afterwards remarked, oscillated for a while from side to side. Fresh experiments made by M. Babinski, as *chef de clinique* under M. Charcot at the Salpêtrière, have been recently reported in the *Société de Psychologie physiologique* as showing that two hysterical patients may play the part of the two sides of the body, even when there is no connexion between them; *i.e.* they may be placed back to back even without contact, and the symptoms of the one will shift to the other without any apparent means of intercommunication. There were two groups of experiments: (1) where two similar hysterical girls were experimented upon, and (2) where one of these girls was in combination with a new patient unknown to her. In the first group the two hysterical girls (whom we will call A and B) were put back to back on two chairs. They were both hemi-anæsthetic. A magnet was laid on a table touching B's arm. In a very short time A lost all her hemi-anæsthesia and B became completely anæsthetic on both sides. The bilateral affection was soon transferred to A, and B became normal, and there were several such oscillations: when A and B were widely separated, they relapsed gradually into their original states of hemi-anæsthesia. In these subjects, hysterical paralysis could be easily produced in any limb with or without contracture. If, for example, A's left leg was paralysed thus with contracture, and she was put back to back with B and in contact with her (B having meantime the magnet touching her arm), then the paralysis and contracture of A's leg disappeared, and was shifted to B's leg on the side generally which touched the magnet, and subsequently oscillated between the two subjects. In the same way A might be made dumb if she was told she could

not speak, and this dumbness would shift from one to the other. These experiments in transference were most easily done when both the subjects were in the somnambulant stage of hypnotism, but have sometimes been successful when both were in a normal waking state. If A was put into the somnambulant stage, and B left in contact with the magnet in a normal state, B soon became somnambulant and A woke. With a view to avoid collusion, a second class of experiments was made, in which one of the co-operators was A or B and the other a man or woman with hysterical paralysis, entirely unknown to A or B, who had never before been hypnotised. The method was that A or B should be hypnotised with the magnet in contact with her arm, and then the new patient introduced, and made to sit back to back with her. Under these conditions, the new patient generally lost the paralysis, and A or B acquired it, and for a time it oscillated between them, remaining finally with the new patient. In some cases, however, after several such experiments it disappeared altogether, so that this method might be called in some cases curative, and this suggestion M. Babinski proposes to follow out. He is anxious to emphasize the distinction between his cases and those in which the body has been said to serve as a conductor for the influence of the magnet. MM. Proust and Ballet have published such cases, in which two hemi-anæsthetic girls have been made to hold each other's hands; the magnet was applied to one of them, and after an hour both recovered complete sensation. M. Babinski considers that by his method of conducting the experiments, fraud and suggestion were both excluded, and points to the fact that the results were just as successful on the first trial as after practice. When a hysterical paralysis was produced in A, with a view to testing whether it would be transferred, B was always kept out of the way, so that she could not see or hear anything that had been done to A, and A was covered with a sheet to prevent her from being seen when B was introduced into the room. If the experiment was between A or B and a new patient, care was taken that A and B should be completely ignorant of the condition of the new patient. The magnet was always applied to the arm wherever the paralysis or contracture to be transferred might be.—*Progres Medical*.

CHALK OINTMENT AS AN APPLICATION IN ERYSIPELAS.

My former preceptor, Professor Hughes Bennett of Edinburgh, used to say that, whenever a long list of remedies was recommended as of value in the treatment of any disease, one might feel sure that very little was really known either about the nature of the disease or the means of expediting

recovery from it. I think he specifically mentioned erysipelas as an instance in point. Certainly, both the local and the internal remedies which have been vaunted as beneficial in this disease are sufficiently numerous. I feel, therefore, some hesitation in recommending one which may or may not be novel, but inasmuch as it is certainly harmless, if not actively beneficial, and has stood the test of some experience, I venture to direct attention to it. The local application I now allude to is an ointment composed of prepared or precipitated chalk and benzoated or purified lard.

It appears to be quite immaterial whether the *creta præparata*, or the *calci carbonas præcipitata* of the Pharmacopœia be employed. Although the latter is a crystalline powder, and the former amorphous, both, when pure, are for all practical (*i.e.* clinical) purposes impalpable. To secure suitable consistency, and to ensure full benefit, it is necessary to incorporate a large amount of chalk in the ointment. It is noteworthy that lard will blend with an extraordinary quantity of chalk, either by beating in a mortar, or by adding it gradually to the lard previously melted. It is possible to make a very dense ointment by blending two and a half ounces of chalk with one ounce of lard. This is too firm to apply to a painful erysipematous part, and in cold weather it almost crumbles. Experiments have been made for me both by Messrs. Dinneford and in the Hospital Apothecary's department with prepared and with precipitated chalk, and the best results as to quantities have been attained by mixing *equal proportions* of each, the lard being previously melted. Half a drachm of pure carbolic acid may be added to each ounce of the ointment. That prepared with *creta præparata* is of the color of putty. The other is pure white. Both are equally serviceable.

As I have already stated, I am unaware if this local application has been previously employed. I can find no recommendation of it in any work on *Materia Medica* known to me. I have used chalk ointment occasionally for many years, but not of the strength proposed in this paper. The earliest recommendation of a thick chalk ointment I can find is that of Mr. J. C. Spender, of Bath, who introduced it as an undoubtedly valuable preparation for intractable ulcers of the leg. In his book entitled *Observations on the Causes and Treatment of Ulcerous Diseases of the Leg*, published in London in 1835, he remarks that the best outward application is an ointment containing a very large quantity of prepared chalk. "The earthy matter," he states, "must be in a greater proportion than enters into any ointment in the Pharmacopœia, consisting of about three pounds of chalk to two pounds of lard." He advises that the lard be first melted and the chalk gradually added in order to secure more intimate blending than can be attained by simple admixture or trituration.

In a re-issue of this book by his son, Dr. J. Kent Spender, of Bath, in 1868, the same process is again recommended. The ointment is to be applied with the finger and smeared thickly over the erysipematous part. A mask of plain lint or of boracic lint should be laid over this and properly secured.

Patients express themselves as feeling relieved by this, and prefer it to other applications which may have previously been used. An ointment of this kind and consistency presents several advantages over the old method of dusting flour over the affected part, especially on the face, since, to be effectual, the dredger has to be constantly in use. The flour also gets within the eyelids, causing sometimes great irritation of the conjunctivæ. I venture to commend, with some confidence, the local application of chalk ointment in erysipelas as being at once cleanly, unirritating, readily procurable and trustworthy, and at the same time cooling and soothing. In severe cases, it may be necessary to re-apply the ointment twice or oftener every twenty-four hours. I think I may add that this preparation is now the favourite one in the erysipelas wards of St. Bartholomew's Hospital.—Sir Dyce Duckworth in *The Practitioner*.

THE TREATMENT OF CHRONIC METRITIS AND ENDOMETRITIS BY INTRA-UTERINE ELECTROLYSIS.

At the association Française pour l'Avancement des Sciences, Dr. Apostoli read a paper, of which the following is an abstract: In the treatment of chronic metritis, and more especially in chronic endometritis, intrauterine electrolysis has been used for the past four years with most satisfactory results, Dr. Apostoli employing it in preference to all other means of intrauterine treatment. The immediate chemical action of the electricity is to produce a gradual destruction of the mucous membrane, this being soon followed by a process of retrograde metamorphosis, which favors the absorption of exudation, hyperplasia, or new growths.

The apparatus necessary to make an intrauterine electrolytic application is as follows, it being necessary that the operator should understand its use and action: A. A medical galvanometer graduated to two hundred milliamperes, to measure the quantity of electricity used. B. A galvanic battery with large cells, so as to last a long time without being refilled. Thirty cells should never give less than two hundred milliamperes. The best cabinet cell is the Leclanche. A good portable battery does not exist, though the bisulphate of mercury from will answer for the purpose. C. An intrauterine electrode with insulated handle. D. Apostoli's clay electrode, which, when applied over the abdomen, produces neither pain nor heat,

even with an intense current. E. Flexible and strong connecting cords.

The rules for the electrolytic application are: 1st. Have the patient in the recumbent posture, and give an antiseptic vaginal douche. 2d. Adjust the connecting cords between battery and electrodes, and apply the clay electrode over the abdomen, telling the patient beforehand how cold it will feel. 3d. Carefully introduce the warmed and oiled intrauterine electrode. 4th. The uterine poles should be positive in all hemorrhagic uterine diseases, and negative in others. 5th. Start the battery. We should never take a patient by surprise or make a too painful application. Some uteri are very irritable, and can stand only a feeble current at first. Begin with a mild current, and increase the strength as the patient becomes accustomed to it. Generally after the third application, the strength of the current can be raised to two hundred milliamperes, the strength being regulated by the tolerance of the patient, the duration, gravity, and extent of the disease. 6th. The duration of the sitting should be from five to ten minutes, according to the intensity of the effect desired and the reaction of the parts. 7th. The application may be repeated every second day or once a week, according to the necessities of the case. 8th. A rest in bed of a few hours must be observed after each sitting to prevent an inflammatory reaction, and to aid the effects produced. 9th. Vaginal injections of carbolic acid or mercury bichloride solution should be used morning and evening.

This simple and inoffensive treatment is a galvanic-chemical destruction of the mucous membrane of the uterine canal, either by the acid or basic pole, as the case may require. The destroyed mucous membrane may be replaced by a new and healthy one, or may serve as a surface for exudation so long as may be required. Apostoli has shown the beneficial effects of this treatment in a large number of cases, improvement being shown after the first few applications, and cure soon following. The patients are only obliged to keep in bed for a few hours after each sitting. Compared with curetting, this treatment is more lasting, easier, and less apt to be followed by inflammation.—*Am. Jour. of Obstet.*

EXTRAORDINARY CARDIAC EXCITEMENT BEFORE A FIRST MENSTRUATION.

Dr. Draper reported the following case before the Obstetrical Society of Boston: The patient was an overgrown, nervous, well-developed girl, aged thirteen years and two months. Two years ago she was under medical treatment for chorea. During the past three years she had not attended

school. Recently, her health had been satisfactory, and it was the intention that she should presently resume school discipline. Her mind was undeveloped and her tastes were childish; she liked the plays and companionship of little girls much younger than herself. She had never menstruated.

In the night of July 1st, she was restless and uneasy, sleeping but little. Her mother attributed the unrest to a somewhat later and heartier supper than she was accustomed to and recalled also that the girl exercised rather more vigorously than usual after supper. Dr. Draper saw the patient at 3.30 A.M., July 2nd. She was tossing, restless, anxious, and irritable. She complained of pain in her left side and of the "thumping" of her heart. There was an occasional short, dry cough—the familiar cough of cardiac palpitation. The hand over the heart detected a rapid but regular and not violent action of that organ. The stethoscope discovered no abnormal sounds; the rapid action was the only abnormality. There was no irregularity or intermission, then or later. The heart-beats, at this visit and subsequently, were counted as follows:

July 2d, 3.30 A.M.	212	July 4th, 9.30 A.M.	234
" 2d, 7.30 P.M.	232	" 4th, 5.15 P.M.	230
" 3d, 10 A.M.	228	" 5th, A.M.	98
" 3d, 5.30 P.M.	236	" 6th, A.M.	80

The highest temperature which the thermometer recorded meanwhile was 100.5°, in the afternoon of July 2d. The culmination of the case was reached July 5th, in the afternoon of which day menstruation began in a perfectly normal manner, without pain or other disorder. The pulse quickly regained its normal rate and kept it thenceforward. In August and September there was no recurrence either of the catamenia or of cardiac disturbance.

During the three days, July 2d, 3d, and 4th, various measures directed to the control of the heart were wholly negative in their effect. Rest in bed, low diet, counter-irritants, emetics, cardiac sedatives and stimulants (aconite, veratrum, digitalis), proved unavailing; but with the premonitory indications of the menstrual function the heart resumed its natural action.—*Boston Med. & Surg. Jour.*

MEDICAL NOTES.

Prof. Parvin states that *pruritus vulvæ* may be sometimes due to wild hairs.

Prof. Bartholow thinks *ptyalism* can be averted by giving atropine combined with the mercurial.

A most valuable remedy for *functional impotence*, especially when accompanying hypochondriasis, is the chloride of gold and sodium.

Atropine can be better managed, the results more readily reached and controlled, than can be accomplished by any of the preparations of *bella donna*.

Prof. Da Costa, in a case of *polyuria*, gave fluid extract of ergot in ʒss doses three times daily. The cause was traced to grief occurring some time previously.

Equal parts of the fluid extracts of digitalis, ergot and ipecac, just enough ipecac to cause nausea, is, according to Prof. Bartholow, a good combination for *pulmonary hemorrhage*.

It may not be generally known that a poultice of digitalis leaves, to cover the whole abdomen, will act both on the heart and kidney in *scarlet fever* of other conditions, when its administration by the stomach is contra-indicated.

A *uterine fibroma* is being treated at the Jefferson Hospital by galvanism. The positive pole is applied to the sacrum, the negative pole to the tumor through the vagina. The strength of the current used is 15 milliamperes, as determined by a galvanometer.

As a lotion for *tinea circinata*, Prof. Da Costa advised the following:—

R Sodii sulphitis, ʒ iij
Glycerini, fʒ ʒ ss
Aquæ, fʒ iijss. M.

Sig.—Apply to part.

Paralysis of the arm, due to pressure on the nerves by lying with arm under the head, was treated at the Hospital by a blister along the course of the musculo-spiral nerve, the local use of a mild faradic current, and the internal administration of iodide of potassium.

A good test for *atropine or belladonna poisoning* is, that the urine of the patient when subcutaneously injected into a cat will cause dilatation of the pupil. Therefore, in order to prevent reabsorption in belladonna poisoning, it is always well to keep the bladder emptied.

For *chronic catarrh*:—

R Potas. acetatis, ʒ j
Tinct. ferri chlor., fʒ j
Acid. acetic. dil., fʒ ss
Elixir simplicis, fʒ j
Aquæ q.s. ad fʒ vi. M.

Sig.—Teaspoonful four times a day (Da Costa).

The centesimal solution of nitro-glycerine is of late being much prescribed in *chronic Bright's disease*, that form known as chronic parenchymatous nephritis, and with excellent results. The initial dose is usually gtt. j *ter in die*, and the patient is instructed to increase the dose gradually until the physiological effects are produced.

Prof. Da Costa states that the method of *intubation*, as devised by Dr. Dwyer, of New York, is one of the greatest advances in medical science. He speaks in its favor very warmly, because while

perfectly harmless in itself, it does not prevent an after-tracheotomy, if such should be necessary.

A case of extremely *fetid bronchitis*, which before treatment was expectorating one and one-half pints in twenty-four hours, was in a month's time cured, so that only half an ounce was expectorated in the same length of time; the agent used was oil of sandal wood, and was prescribed by Prof. Da Costa, in gtt. v. doses, to be taken three times daily; afterward increased to five times.

Prof. Parvin gave the following directions as to treating an *acute vaginitis* of cause unknown. Patient should be put to bed in order to insure rest, and twice in the twenty-four hours she should take a warm bath, with a Fergusson's speculum in the vagina to allow free access of the water to the parts. Give a saline cathartic, and for the first three days use soothing vaginal injection of ulmus or flaxseed. After this time can then use a 1:1000 solution of corrosive sublimate or a 2% or 3% solution of carbolic acid, warm. If the cause has been specific, nothing is better. After a week, we can then begin astringent injections of sulphate of copper, gr. ii-iv, tannin, gr. iii, or borax, or alum, gr. iv-v to the ounce. An objection to tannin is its staining. If good results do not follow the injections, resort to tampons saturated with glycerine and tannin, or paint the parts with solution of nitrate of silver, often swabbing them out thoroughly.

THE PROGNOSIS IN VALVULAR AFFECTIONS OF THE HEART.

Probably in nothing else is the young practitioner so much at sea as in the matter of prognosis, or so frequently the subject of derision at the hands of the laity. The importance of prognosis as an element of medical knowledge is often overlooked by authors and teachers, yet scarcely a day passes that a physician is not met with questions as to prognosis that demand for their solution a deep knowledge of the probable course, the effects, and the duration of some disease, and this is particularly true of diseases of the heart. A lad is brought to us, for example, with a damaged heart, and our advice is asked as to what course of life he ought to pursue. Shall we entail upon him a life-long course of idleness and incapacity? Another desires to marry. Shall we dissuade him from taking this step? A third is leading an active business life. Shall he be advised to retire and perhaps live in obscurity and comparative poverty the rest of his days—which may be longer than we predict? In view of the importance of such questions, the profession can but feel grateful to Sir Andrew Clark for presenting, at the last meeting of the British Medical Association, the results of his vast observation, as is to be found published in

the association's "Journal." What makes his remarks of particular value to the general practitioner is the fact that they treat of cases observed in private practice for a long term of years. More than this, they throw a ray of hope and encouragement into the darkness of despair brought about by the teaching of Laennec and the subsequent pathological school. The very title under which they are grouped is comforting—"Cases of Valvular Disease of the Heart known to have existed for over Five Years without Causing Symptoms." He has tabulated *in extenso*, with great care and precision, all the cases of which he has notes, occurring between 1873 and 1886—684 cases in all. Apart from the cardiac symptoms, the persons applied for advice on account of the most varied manifestations. In selecting his cases, the author excluded all instances of mere "murmurishness," all of murmurs that were inconstant and intermittent, all of murmurs occurring within the pulmonary and tricuspid areas, and all of murmurs, of whatever kind, in patients who, independently of cardiac examinations, had subjective or objective symptoms of heart disease. Attention is drawn to some "afternoon" cases, as the author styles them (eleven in number, not included in the tables), which very graphically illustrate the long duration of cardiac disease without characteristic symptoms. We can refer only to two of them.

In one instance, in 1842, the house-governor of one of the largest hospitals in London was rejected by a life insurance company on account of a damaged heart, and was told that he might not live longer than six months. In consequence of this he was superannuated, on full pay, by the hospital committee. In 1854 this person consulted the author for indigestion, and at that time a loud, rasping systolic murmur was heard, not only in the mitral area, but all over the left side of the chest. Beyond the symptoms of indigestion, due to the patient's indiscretions, the murmur was the only evidence of cardiac disease. Without being particularly careful, he continued to live, work, and enjoy life until 1874, when, at an advanced age, he died of an acute bronchitis.

In another case, that of a lad sixteen years old, there was enlargement of the heart, a loud systolic bruit was heard in the mitral area, there were direct and regurgitant aortic murmurs, the impulse of the heart was diffuse and heavy, the cervical veins were rather full, and the pulse was somewhat jerking and collapsing. The boy said he suffered nothing, but felt quite well. The family had been told that he was the subject of grave heart disease, and the consultation had been sought for merely to ascertain by what means his life could be prolonged as much as possible. They were advised to follow out their intention of giving the lad a university education, which they did. This was fifteen years ago, and now the subject of the consultation

is the incumbent of one of the largest parishes in England, and continues to pursue an active, useful, and comfortable life.

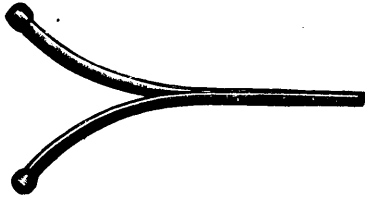
Sir Andrew Clark expresses himself to the effect that organic murmurs of the heart, although firmly established and lasting for some years, may eventually disappear, and cites several cases illustrating the fact. What are the conditions which justify a favorable prognosis in a given case of valvular heart lesion? According to the author, they are the following: (a) good general health; (b) proper habits of living; (c) no essential liability to rheumatic or catarrhal affections; (d) an origin of the valvular lesion independent of degeneration; (e) an existence of the valvular lesion for over three years without change; (f) sound ventricles of moderate frequency and general regularity of action; (g) sound arteries, with a normal amount of blood and tension in the smaller vessels; (h) a free course of the blood through the cervical veins; (i) freedom from pulmonary, hepatic, or renal congestion. To these must be added obedience to properly adjusted rules of health, which, however, need not interfere with the performance of the usual duties of life.

The author sums up as follows: 1. There are many persons with long standing disease of the heart engaged in the active business of life, who, without any symptom of heart disorder, have enjoyed good health and have reached an advanced age. 2. The mitral regurgitant murmurs so often encountered in cholera disappear for the most part within eight or nine years of the attack. 3. Valvular inflammations and their effects, arising in the course of rheumatic fever, do sometimes disappear and leave behind no clinical evidence of their former existence; this occurs, for the most part, in the young, but also sometimes in the middle aged. 4. The signs of valvular defects arising out of degenerative changes of middle life do also, on rare occasions, disappear, and when circulatory and respiratory disturbances accompany their beginning they sometimes subside and admit of apparently complete readjustment. 5. As there must be, in the histories, habits, occupation, and surroundings of patients with valvular disease, conditions which in one case bring about secondary disorders, and in another exempt from them, these differences should be searched for and made capable of application in practice. 6. Any systematic and critical study of the subject, likely to lead to practical issues, could be undertaken only by the Collective Investigation Committee, and not by it unless actively assisted by experienced general practitioners who possess in a special manner the knowledge necessary to the end in view. 7. A joint inquiry of the kind proposed, conducted with due patience, discrimination, and accuracy, would greatly extend our knowledge of the natural history of diseases of the heart, and largely increase

our means of assisting those who suffer from them.—*N. Y. Med. Jour.*

A NEW CATHETER ATTACHMENT.

This simple contrivance may be attached to a catheter, in washing out the bladder and other cavities. The attachment is shaped as the cut here represents. The extremity is to be inserted into a soft rubber catheter, or any other kind when required; one of the branches is connected with a Davidson or similar syringe by a short piece of rubber tube or directly to a fountain syringe; and the other to a rubber tube from one to three feet in length, as may be required; the latter is the



efferent or waste tube, to draw off the injection. The tube can be compressed by a clamp, wire spring, or, which is far better, the thumb and finger, while the injection is running into the bladder or other cavity. Empty the bladder by releasing the compression on one tube, and stopping the flow through the other; this operation may be repeated as often as may be desired. A fountain syringe or graduate bottle is the best to use, as the quantity of injection can be carefully regulated and pressure controlled. The attachment is nickle-plated, made by Codman and Shurtleff, Boston, and costs 75 cents.

“IDIOTS SAVANTS.”—This name has been applied to children who, while feeble-minded, exhibit special faculties which are capable of being cultivated to a very great extent. One youth was under my care who could build exquisite model ships from drawings, and carve with a great deal of skill, who yet could not understand a sentence, who had to have his food dissected for him, and who when writing to his mother, copied *verbatim* a letter from *The Life of Captain Hedley Vicars*, by Miss Marsh, although it had not the slightest appropriateness in word or sentiment. Another has been under my care who can draw in crayons with marvellous skill and feeling, in whom, nevertheless, there was a comparative blank in all the higher faculties of mind. Extraordinary memory is often met with, associated with very great defect of reasoning power. A boy came under my observation who, having once read a book, could evermore remember it. He would recite all the answers in *Magnall's Questions* with-

out an error, giving in detail the numbers in the astronomical division with the greatest accuracy. I discovered, however, that it was simply a process of verbal adhesion. I once gave him Gibbon's *Rise and Fall of the Roman Empire* to read. This he did; and, on reading the third page, he skipped a line, found out his mistake, and retraced his steps. Ever after, when reciting from memory the stately periods of Gibbon, he would, on coming to the third page, skip the line and go back and correct the error with as much regularity as if it had been part of the regular text. Later on, his memory for recent reading became less tenacious, but his recollection of his earlier readings never failed him. Another boy can tell the tune, words, and number of nearly every hymn in *Hymns Ancient and Modern*. Often memory takes the form of remembering dates and past events. Several children under my observation have had this faculty in an extraordinary degree. One boy never fails to be able to tell the name and address of every confectioner's shop that he has visited in London—and they have been numerous—and can as readily tell the date of every visit. Another can tell the time of arrival of all the children at an institution, and could supply accurate records in relation to it if needed. Another knows the home-address of every resident who comes under his observation, and they are by no means few. The faculty of number is usually slightly developed with feeble-minded children, whilst memory is fairly well developed; and yet I have had under my observation cases where the power of mental arithmetic existed to an astonishing extent. One boy, about twelve years of age, could multiply any three figures by three figures with perfect accuracy and as quickly as I could write the six figures on paper; and yet, so low mentally was he that, although having been for two and a half years in the almost daily habit of seeing me and talking to me, he could not tell my name. Another boy, who has recently been under my observation, can multiply two figures by two figures; while another can multiply rapidly two figures by two, and a short time since could multiply three figures by three figures, but since an epileptiform attack has lost this faculty to some extent. None of them can explain how they do it; I mean by what mental process. It has appeared to me, however, when by rare chances they have made a mistake, and some hesitation has arisen, the plan has been to clear of the multiplication of the higher figures first. Improvisation is an occasional faculty. I had a boy under my care who could take up a book, pretending to read—an art he had not acquired—and improvise stories of all kinds with a great deal of skill, and in any variety, to suit the supposed tastes of his auditors. Memory of tune is a very common faculty among the feeble-minded; they readily acquire simple airs and

rarely forget them. I have had one boy under my observation who, if he went to an opera, would carry away a recollection of all the airs, and would hum or sing them correctly. In none of the cases of "idiots savants" have I been able to trace any history of a like faculty in the parents or in the brothers and sisters, nor have I had any opportunity of making a necropsy, except in one instance. This was in the case of a boy who had a very unusual faculty, of which I have never since met another example, namely, the perfect appreciation of past or passing time. He was 17 years of age, and although not understanding, so far as I could gather, the use of a clock-face, could tell the time to a minute at any part of the day, and in any situation. I tried him on numberless occasions, and he always answered with an amount of precision truly remarkable. Gradually his response became less ready . . . his health became enfeebled, and the faculty departed. At a necropsy I found that there was no difference in his cerebrum from an ordinary brain, except that he had two well-marked and distinct soft commissures . . . All these cases of "idiots savants" were males; I have never met with a female.—Dr. J. Langdon Down, in *Br. Med. Jour.*

MANAGEMENT OF SIMPLE CONSTIPATION.—1. On first walking in the morning, and also on going to bed at night, sip slowly from a quarter to half a pint of water, cold or hot. 2. On rising, take a cold or tepid sponge bath, followed by a brisk general towelling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and if desired, and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When the tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by talking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil. 8. If by the

use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning massage of the abdomen practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

9. If the use of drugs is unavoidable, try the aloin pill. Take one half an hour before the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting right; only a fourth, or even less, should be taken for a dose. When the right dose is found it may be taken daily, or on alternate days until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn. The aloin pill is thus composed; R.—Aloinæ, $\frac{1}{2}$ gr.; extr. nucis vom., $\frac{1}{2}$ gr.; ferri sulph. ; $\frac{1}{2}$ gr.; pulv. myrrhæ, $\frac{1}{2}$ gr.; saponis, $\frac{1}{2}$ gr.; fiat pil. i. If the feces are dry and hard, and *if there is no special weakness of the heart*, half a grain of ipecacuan may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal, half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeed in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But, treated upon physiological consideration, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.—Sir Andrew Clark in *Lancet.*

THE SURGICAL TREATMENT OF HYDATIDS OF THE

LIVER.—The last meeting of the London Medical and Chirurgical Society was entirely occupied in discussing the treatment of hydatids of the liver. Mr. Barwell opened the discussion by reading a paper on the subject, in which he proposed a modification of the treatment of incision. He recommended that puncture, with a small trocar, should always be primarily employed, but where this failed he advocated the making of a free opening, to be kept open some time. In the paper read last Tuesday he advocated the employment of "a two-stage method." The abdominal walls were to be first incised, and the cyst or its surroundings stitched to them. After a few days' delay the cyst was then to be opened. Mr. Warrington Haward thought the method dangerous, as fluid might escape when stitches were inserted into the parent cyst. He preferred the use of caustic potash to form a fistula leading down to the cyst, and then free incision of the latter. Mr. Howard Marsh said he had successfully employed Mr. Barwell's method on a large cyst. Mr. Harrison Cripps narrated a case in which he had made an exploratory incision, and, finding a suppurating hydatid, had enucleated it along with its capsule. A large cavity was left in the liver, and into this a second tumor was seen bulging, and was removed. Sir Dyce Duckworth thought he had seen good results from all these surgical methods. Mr. Walsham observed that even tapping had its dangers. Cases of sudden death had occurred in which it had been suggested that a vein might have been punctured and the hydatid fluid introduced into the circulation. He had not himself had any occasion to perform any preliminary operation of stitching the cyst or its surroundings to the abdominal walls. After securing the cyst in a safe place by forceps, he emptied it at once. He then syringed it out with carbolized water, and after filling it with iodoform, inserted a drainage tube. Dr. Angel Money mentioned a case in which, during the operation of puncture, a daughter-cyst entered a vein and lodged in the right auricle, causing sudden death. Mr. Pearce Gould said he supposed no one would attempt such an operation as Mr. Barwell advocated while simpler methods, such as puncture, were available. If a further operation than puncture were required, he advocated free incision, and related two cases in detail. He would, he said, first tap with an aspirator, then pull out the half-collapsed cyst, stitch it to the abdominal walls, and evacuate the contents. Mr. Henry Morris said that, as to stitching to cyst to the abdominal walls before opening it, he saw no objection to Mr. Barwell's plan, but little in its favor. He considered it important not to interfere with the parent cyst in any way, to take out as many daughter-cysts as possible, and refrain from antiseptic injections. He had seen delirium produced by iodoform. Mr. Barwell, in his reply, also condemned iodoform as

dangerous. Potassa fusa treatment he considered tedious and painful. He remarked that the discussion had shown him that other surgeons had used the plan he advised, but he had not previously been aware of this.—*Med. Record.*

A CASE OF TETANUS SUCCESSFULLY TREATED WITH CHLORAL HYDRATE.—I think the following notes on a case of idiopathic tetanus treated with chloral hydrate throughout the greater part of its duration may prove interesting, as indicating the almost specific effect of the drug and the large doses tolerated in this often intractable complaint.

A healthy country lad, aged thirteen, employed in out-door work, was taken ill with symptoms of tetanus about a week before my attendance was requested on Nov. 16th. When I saw him he was lying on his back in rigid opisthotonos; dorsal region and thorax prominently arched, and stretched towards the right side; head drawn back; eyelids partly closed; lips retracted, exhibiting marked risus sardonicus; muscles of the neck and trunk hard and board-like; lower extremities extended; breathing hurried and shallow. The boy had been unable to sleep. The jaws were firmly clenched to within about a quarter of an inch. I ordered belladonna liniment to the spine, powdered jalap with calomel, and a sudorific mixture three times a day. As he resided at some distance from my house, two days elapsed before I saw him again, when his condition had undergone no change. The bowels had freely acted. Linseed-meal poultices sprinkled with turpentine were applied to the dorsal region, and ten grains of chloral hydrate, with twenty grains of bromide of potassium, were given every four hours. Nov. 21st: Has had two hours' sleep, the first he has had since the beginning of his illness. Decubitus natural; opisthotonos much relieved, but not disappeared. Countenance natural; lips no longer retracted, but the jaws are clenched as before. To continue treatment, and apply a mustard-and-linseed poltice to the nape of the neck. 22nd: Slight improvement. 24th: The chloral to be increased to twenty grains and the bromide of potassium to thirty, and taken every four hours. 27th: Can open his mouth more freely, and speak distinctly, but the rigidity persists in the abdominal and thoracic muscles; the neck is easier. To apply linseed poultice with turpentine to the neck as before. To continue the treatment. Dec. 2nd: Lies placidly in bed; answers questions distinctly; sleeps for two or three hours, but never more than three; bowels act regularly; takes semi-solid food. To continue the treatment. 6th: Is going on fairly well, but some rigidity continues, especially in the trunk; can move the feet freely. The chloral treatment was now suspended for four days, and Henbane with fœtid spirit of ammonia substituted, but no improvement followed. 10th: Ordered fifteen grains

of chloral hydrate, twenty minims of tincture of lobelia, and twenty minims of compound tincture of cinchona, thrice daily. 13th: Belladonna plaster applied to the whole dorsal region. To continue the treatment. 17th: Has obtained further relief, the rigidity becoming less. To continue the mixture. Is wearing the plaster, which he feels to be beneficial. 22nd: Is altogether better. To continue the mixture and repeat the belladonna plaster. 24th: Is very comfortable, and almost convalescent. 29th: Was able to enjoy his Christmas dinner downstairs with the rest of his family. Appears to be fairly well. To discontinue the treatment.

Remarks.—This was a case of idiopathic tetanus brought on by exposure to wet and cold. It presented the symptoms of trismus very markedly, and there was absence of sleep for a long time. It appears to me that chloral alone or combined with bromide of potassium controlled the severity of the disease, and if it did not actually cure the malady it afforded time for nature to exert its recuperative power.—Dr. Hawkes, in *Lancet*.

TREATMENT OF CHOREA.—In a recent number of the *Medical and Surgical Reporter*, Dr Hiram Corson emphatically calls attention to the value of *cimicifuga racemosa* in chorea of childhood. He affirms, as the result of fifty years of experience, that it is always successful in a brief time if a teaspoonful of a good fluid extract be given four times a day. This use of *cimicifuga racemosa* is a very old one, which was insisted upon by the late Dr. George B. Wood, and which, as pupils of that great master, we have long employed.

Some hundreds of cases of chorea have come under our care in the public service at the Philadelphia Hospital, and especially at the University Hospital. In the earlier years the fluid extract of *cimicifuga racemosa* was always relied upon and administered as soon as the patients presented themselves. Experience has emphatically taught us, however, that it is distinctly inferior to arsenic; so that at present every patient coming to the Dispensary with St. Vitus' dance is put upon the arsenical treatment. In the few cases in which this fails, the next routine administration is of the fluid extract of *cimicifuga*. We can only explain the superiority which *cimicifuga* has asserted over arsenic in the hands of Dr. Corson by the supposition that the doctor has never used arsenic with sufficient freedom.

The arsenical preparation must be given in ascending doses until it produces evidences of its physiological action, and to order this requires a little boldness on the part of the physician. If, however, the patient be well watched and the remedy be withdrawn as soon as puffiness appears

in the face, no harm can be done. *Cimicifuga* is not an inert substance, as seems to be thought by some practitioners. Probably much of the *cimicifuga* that is administered has lost its activity, which appears to depend upon a volatile principle. But we have seen a teaspoonful of the good fluid extract, even in an adult, produce headache, with excessive giddiness and great prostration.

We may add that when, some years ago, the bromide of iron was highly recommended by Dr. Da Costa in the treatment of chorea, we made an extensive and thorough trial of it, and found its therapeutical action as near negative as we can well imagine. In a number of cases it simply did no good at all.—*Therapeuti. Gazette*.

A RAPID METHOD IN THE TREATMENT OF FRACTURES.—Dr. von Donhoff, of Louisville, thus describes a rapid method of treating fractures:

"1. Strips of sole leather or gutta percha (tin will answer also) of suitable breadth and length being at hand, these are immersed in hot water and adjusted, by means of a roller, to the site of the fracture, previously reduced and properly swathed in cotton wool; the latter should be secured in position by a few turns about it with sewing thread. [Anæsthesia is a *sine qua non* to the proper manifestation and reduction of fractures.]

"2. If no suggestive incident intervene, such as shortening, angularity, or great uneasiness and pain, the *first* dressing, in cases of fracture of the shaft of long bones, should not be removed until the tenth day, but should never be permitted to remain longer than the sixth day in similar injuries of joints.

"3. On the fourteenth to the twentieth day, barring cases in which untoward diathetic or local influences have been demonstrated to exist, it will be found that the fragments are fixed, and that the dressing may be dispensed with altogether, except in fractures involving joints; in these the splints, properly stitched together, should be readjusted on going to bed, in order that the unconscious and possibly violent movements of the patient may not prove disastrous.

"4. Gentle, passive motion of fractured joints should be begun at least as early as the sixth day after the first dressing, and practiced every second day thereafter until the fourteenth, increasing the degree of motion as may be suggested by the judgment of the surgeon. After this date, the dressing being left off, the matter of moving the limb may be relegated to the inclination of the patient, unless he be too timid, when he may safely be encouraged to handle light objects and practice normal motions of the limb.

"5. The average duration of treatment need not exceed twenty-eight days, under ordinary circumstances. "The above rules of practice have proven equally reliable in the treatment of compound fractures produced in osteotomies done for the correction of deformities near the ends

or in the continuity of long bones. "6. The posture of the limb should be that best adapted to muscular equipoise—straight, or in an obtuse angle."—*Am. Med. Digest.*

TREATMENT OF ABDOMINAL WOUNDS.—The treatment of abdominal wounds has been under discussion by the Paris surgeons lately, and, as usual they are divided into two camps, one party holding, with Professor Trélat, that laparotomy ought to be done at once, and the other, with M. Verneuil, that the expectant treatment is proper. M. Trélat says that it is a precept in America that in all doubtful cases the belly must be opened to ascertain the condition of the intestines. M. Réclus lately expounded the idea of the expectant treatment, and it is that of many good surgeons. Setting aside wounds made with large projectiles in time of war, and referring only to the every-day cases of pistol-shot and stab wounds, "What happens," he says, "when an intestine is cut by a ball or a knife? Why, there is an effusion of lymph, and, if they can be kept quiet, the divided parts will certainly join and heal." Therefore with Taillaux, Déprés, and others, he proposes the following plan of treatment: "When the patient is first seen, don't attempt to probe the wound, but wash it with a solution of corrosive sublimate (1 to 1000), and close it with a little collodion; then put the patient's body in as complete a state of immobility as possible by position in bed, give opium enough to stop all peristaltic action, apply an ice-bag to the abdomen, and allow no food but iced milk, not more than a tablespoonful at a time." Of course if peritonitis comes on, or even if there is a discharge of fecal matter from the wound, laparotomy is indicated; but it is astonishing how a pistol-ball may remain in almost any part of the body during the life of the individual without doing the slightest harm. The lesson is, Don't probe!—*Paris Letter, N. Y. Med. Journal.*

WHAT TO DO IN PUERPERAL ECLAMPSIA.—Dr. Clarkson, in the *Virginia Med. Month.*, sums up his views on the treatment of eclampsia as follows: Encourage the attendants. Enforce quiet. Restrain your patient sufficiently to keep her from bodily injury. Place a cork between her teeth. Remembering that the whole surface of the body is in a condition of hyperæsthesia, make as few vaginal examinations as possible. Use the catheter only if there is distension of the bladder. At no time yield to the common suggestion to apply blisters to the nucha, or cataplasms to the calves. Evacuate the bowels by stimulating enemata. If there has been constipation, purge by calomel or croton oil. Apply cold to the head, and remove hair if necessary. Mustard baths to the feet. Do not dash cold water into the face. It may be done in hysteria; in syncope it is undoubtedly beneficial

but in eclampsia, Barnes says, "he has seen it provoke a fit, and knows it to be decidedly injurious." Give enemata of chloral and a bromide. Bleed only in decided plethora to relieve cerebral hyperæmia. Etherize, but not completely, except during a paroxysm. Keep your hands off your patient, save when necessary to perform some service, and then, if possible, do what is to be done under the cover of anæsthesia. The spasm over, prepare to empty the uterus. Puncture the membranes and leave the rest to nature. If nature refuses to respond, slowly dilate the os. Do not forget that the fingers in cone shape are the best dilators, and chloral their best assistant. Dilatation effected, deliver with the forceps for the head, or, in breech cases, by the feet. The uterus emptied, all unfavorable symptoms will vanish; if not, continue the chloral, the bromides, etc., as needed.—*Med. Rec.*

HORSFORD'S ACID PHOSPHATE IN SKIN ERUPTIONS AND SYPHILIS.—Speaking of the value of Horsford's acid phosphate, Mr. James Startin, late surgeon, St. John's Hospital for Skin Diseases, London (*Med. Press, Lond.*), says:

"It appears to me that the "Acid Phosphate" originally prescribed by Prof. Horsford, of Cambridge, U.S.A., is not so well known in this country as its merits deserve. A glance at the formula will, however, readily convince one of its value in suitable cases. Each fluid drachm gives on analysis $5\frac{1}{2}$ grains of free phosphoric acid, and nearly 4 grains of phosphate of lime, magnesia, iron and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success.

Mr. G., æt. 69, consulted me in November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., æt. 46, consulted me in December, 1885, for psoriasis, all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day with marked good effect. Patient had been much exhausted by continuous nursing of an invalid mother.

Mr. C., æt. 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., æt. 63, consulted me in November, 1885, for lichen ruber, which was accompanied with intolerable itching. He was a nervous, irrit-

able man. I prescribed the acid tonic, with the effect that, in December, he presented himself quite convalescent.

TEMPORARY PARALYSIS OF THE RADIAL NERVE IN THE INITIAL STAGE OF LOCOMOTOR ATAXIA.—Prof. A. Strumpell (*Berl. klin. Woch.*) reports an interesting case of this nature. Briefly the history of the case is as follows: B., æt. 55, a waiter, was suddenly seized with paralysis of the left hand. On a Sunday afternoon he was reading a newspaper which he held in his left hand; all of a sudden the paper dropped from his hand and he then learned that he had lost power in it. He had never experienced any pains or abnormal sensations. On examination, it was found that all the muscles supplied by the radial nerve were paralyzed, the sensibility of the forearm and hand was intact, and the electrical excitability of the paralyzed muscles, with both currents, was quite normal. The author found some difficulty in accounting for the paralysis; the most plausible theory was that it was due to alcohol, but its sudden appearance and the absence of pains and other signs of alcoholism strongly opposes that theory. On further examination, however, it was found that the patient had the Argyll-Robertson pupil, the sensibility of the feet and legs was somewhat diminished, and there was absence of the knee-jerk on both sides. On repeated questioning, the patient confessed to having had for some time past "tearing pains" in the legs and a weakness of the bladder. A history of syphilis could not be obtained. Under four weeks' treatment with electricity the paralysis disappeared, without any change, however, in the other tabetic symptoms. [The case is of considerable interest, as bearing upon the recent pathological researches of Pitres and Vaillard on the condition of the peripheral nerves in tabes. In our last report on General Medicine, we gave an abstract of their work in this direction, and we would advise our readers to compare it with the clinical history of Strumpell's case.]—*N. Y. Med. Journal.*

WHAT PROFESSOR HUXLEY THINKS OF MATERIALISM.—Before launching the three torpedoes which have so sadly exploded on board his own ship, Mr. Lilly says that with whatever "rhetorical ornaments I may gild my teaching," it is "materialism." Let me observe, in passing, that rhetorical ornament is not in my way, and that gilding refined gold would, to my mind, be less objectionable than varnishing the fair face of truth with that pestilent cosmetic, rhetoric. If I believed that I had any claim to the title of "materialist," as that term is understood in the language of philosophy and not in that of abuse, I should not attempt to hide it by any sort of gilding. I have not found reason to care much for hard names in the course

of the last thirty years, and I am too old to develop a new sensitiveness. But, to repeat what I have more than once taken pains to say in the most unadorned of plain language, I repudiate, as a philosophical error, the doctrine of materialism as I understand it, just as I repudiate the doctrine of spiritualism as Mr. Lilly presents it, and my reason for thus doing is, in both cases, the same; namely, that, whatever their differences, materialists and spiritualists agree in making very positive assertions about matters of which I am certain I know nothing, and about which I believe they are, in truth, just as ignorant. And further, that, even when their assertions are confined to topics which lie within the range of my faculties, they often appear to me to be in the wrong. And there is yet another reason for objecting to be identified with either of these sects; and that is that each is extremely fond of attributing to the other, by way of reproach, conclusions which are the property of neither, though they infallibly flow from the logical development of the first principles of both. Surely a prudent man is not to be reproached because he keeps clear of the squabbles of these philosophical Bianchi and Neri, by refusing to have anything to do with either?—*Popular Science Monthly.*

THE CONTAGIUM OF DIPHThERIA.—From a number of incidents and cases cited by Dr. Lancry, in a recent thesis on the subject, one fact becomes very evident, and that is, that the spontaneous diffusive power, or what might properly be called the infectiousness of the toxic principle is very feeble. Dumez reports that in a certain communal school under his medical care there were two groups of children studying and playing in the same hall, but separated by an open area a few yards wide, on one side of which were seated the girls and on the other the boys. One of the girls took diphtheria and the disease was communicated to eight of her companions, though not a case occurred among the boys, right across the open aisle. In another school there were nineteen children, seven of whom were in a building in immediate contact with one infected with diphtheria. The balance of the children, twelve in number, were located a few metres away. All of the first group contracted the disease, while all of the second escaped. This fact simplifies the prophylaxis of the disease very materially, and points to the value of rigorous quarantine—a hint emphasized, by the way, by another incident drawn from M. Lancry's thesis, viz.: In one of the hospitals of Paris, the ward for children suffering from porigo had a playground that adjoined the enclosure in which was the building for the isolation of diphtheritics. While cases of diphtheria became quite frequent among the children who used the playground, scarcely a case occurred in the balance of

the institution. An element of danger disclosed by the researches of Dr. Lancry is the great vitality of the diphtheritic germ. Examples are quoted, on the authority of M. Revilod, of Geneva, where one or more years had elapsed between attacks of diphtheria in the same family, and which were attributed by Revilod to a hereditary tendency to diphtheria; but which Lancry, in the light of his investigations, very properly thinks should rather be attributed to the vitality of the infection of diphtheria.—*St. Louis Med. and Surg. Jour.*

TREATMENT OF ACUTE RHEUMATISM.—Prof. Dal Costa states that there are laid down two principal plans of treatment of acute rheumatism:

1. Salicylic acid and the salicylates. These are unquestionably the most speedy remedies, but should not be employed in those cases in which much weakness exists, for it greatly increases the sweats and depression, or in those cases where tendency to cardiac complication is manifested. In these latter it has been stated to be worse than useless.

If the acid be used, which is preferable to its salts, give not less than sixty to ninety grains in twenty-four hours. Ten grains may be given in emulsion for six hours, if borne well, and then the same doses may be given at intervals of two hours.

If the salicylates are used, give three drachms in twenty-four hours. If this plan acts at all, it will do so promptly; and if good results are not achieved by the second or third day, it had better be abandoned.

2. The alkaline plan. This consists in rapid saturation with the alkalies. It lessens the complications, but no good can be achieved by small doses. An ounce to an ounce and a half of either the bicarbonate or acetate of potassium must be given the first twenty-four hours, half as much the following day, and three or four drachms each day thereafter.

Employ until the urine becomes neutral or alkaline, and then diminish the dose as above named.—*Col. and Clin. Rec.*

THE HEAT CENTRE.—At the recent session of the Helvetic Society of Natural Sciences, at Geneva, Professor Girard gave an interesting account of some late experiments of his in Schiff's laboratory to ascertain the location of the heat centre. These experiments, which were made on hares, have led him to conclude that the cerebral centre of thermogenesis is the corpus striatum. Every lesion affecting this body in its median part produces a pronounced hyperthermia, which does not result from spasm of the vaso-constrictor nerves of the skin, but from an augmentation of caloric production. Electric excitation of this region, which is followed

by a marked augmentation of heat, justifies the assertion that the hyperthermia is a phenomenon of excitation and not of paralysis. Moreover, after puncture and irritation of this region of the cerebrum, there was a considerable increase in the quantity of nitrogen excreted in the urine, indicating an increase of the organic combustions; this was accompanied by notable emaciation of the animal. Girard considers the thermogenetic centres as including not only this median portion of the striate body on both sides, but all the subjacent parts to the base of the brain. There is here, according to him, an apparatus whose excitation increases the production of animal heat, and which probably concurs under physiological conditions to regulate heat productions. In answer to the question, "Is the artificial hyperthermia thus obtained identical with fever?" he answers, "No." Augmented heat production and diminished heat emission, such, in his view, are the two necessary factors of that pathological calefaction which constitutes fever. But the last of these factors was wanting in his experiment.—*Boston Med. and Surg. Jour.*

SKIN—ABSORPTION.—Dr. Peter F. Fedoroff has made fifteen experiments on three men and three women, to settle the question as to whether the intact human skin can absorb solid medicaments from solutions applied by means of an atomiser. To guard against any possibility of inhalation of the drug, the patient, in each case, was stripped to a certain part of the thigh, placed on an easy chair, and his or her legs passed through a hole in a door, so that the patient was in one room and the legs in another; all holes and cracks in the door were then hermetically sealed. Before operation the legs were washed with warm soap and water, and after operation they were carefully washed and dried (not rubbed) with a hygroscopic towel. A steam atomiser was used and kept at such a distance as gave the greatest strength of jet. A quart of solution was pulverized on each occasion, the time employed being 50 minutes to 2 hours. In ten cases a 3 to 15% solution of pot. iod. was used; in the remaining 5, a 6 to 12% solution of hydro-chlorate of lithium. After each experiment the writer collected the urine voided during the next 24 hours, and in no case was a trace of iodine or lithium ever found.—*N. Y. Med. Abstract.*

SIMPLE TEST FOR WALL-PAPER.—A simple and easily-applied test for wall-papers has been devised by Mr. F. F. Grenstedt. No apparatus is needed beyond an ordinary gas-jet, which is turned down to quite a pin-point, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth of an inch wide, and an inch or two long. Directly the

edge of this paper is brought into contact with the outer edge of the gas flame a grey coloration, due to arsenic, will be seen in the flame (test No. 1.) The paper is burned a little, and the fumes that are given off will be found to have a strong, garlic like odor, due to the vapor of arsenic acid (test No. 2). Take the paper away from the flame and look at the charred end—the carbon will be colored a bronze-red, this is a copper reduced by the carbon (test No. 3); being now away from the flame in a fine state of division, the copper is slightly oxydized by the air, and on placing the charred end a second time, not too far into the flame, the flame will now be colored green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arseniate is commonly used in preparing wall-papers. Tests 1 and 2 would be yielded by any paper containing arsenic in considerable quantities.—*Brit. Med. Jour.*

TANNIN IN PHTHISIS.—French physicians have been experimenting upon rabbits, in order to discover some substance which would render them insusceptible to inoculations of tuberculous matter. They found tannin to act in the manner desired. Six rabbits were treated for a month with doses of tannin varying from fifty centigrams to one gram. Two inoculations were then made, one with lung tissue from a patient who had died of acute tuberculosis, the other with miliary tubercle from a hospital patient. No trace of infection followed, while three other rabbits, to which tannin had not been given, died in consequence of inoculations with the same material. Upon this suggestion, over fifty cases of phthisis have been treated by giving tannin in doses of from two to four grams daily; and improvement was perceptible in two weeks, the patients increasing in weight. The final judgment upon this plan of affording resistance to the action of tubercular virus, is anxiously awaited.—*Pop. Science News.*

EFFECTS OF PROLONGED LACTATION UPON THE OVARIES AND UTERUS.—Japp. Sinclair presents the following conclusions, based upon the study of a large number of cases of prolonged lactation:

1. Lactation tends to prevent conception by retarding the return of the ovaries to a condition in which ovulation is perfect.
2. After weaning, the evolution of the ovaries is much more rapid than during lactation.
3. The abrupt cessation of a prolonged lactation may be followed by an evolution of the ovaries and uterus so rapid as to induce symptoms of ovarian and uterine hyperæmia.
4. Prolonged lactation may produce a superinvolution of ovaries and uterus, and under favoring

circumstances a prolapse of the latter organ.—*Revue Medicale.*

THE FILIFORM BOUGIE.—A correspondent of the *Atlantic Medical and Surgical Journal*, writing from New York, says: "The most simple application of common sense is in the little instrument known as Banks' filiform bougie. We all can recall times when we have worried for days, trying to dilate an old, inveterate stricture, when we have taxed our ingenuity and the patient's patience, trying all the means of our command, and making but little satisfactory progress. I well recall one case in which it took me three days to get down three ordinary filiform bougies, putting in one and leaving it fifteen or twenty hours, and then passing another down beside it, and so on till I could get in a small steel sound, and thus I was three weeks accomplishing what I could now accomplish, with Banks' filiform, in thirty minutes. Banks' filiform and cocaine now are masters of the situation in most strictures. The only surprising thing about these filiform is that we didn't think of the same thing a hundred years ago."—*Med Rec.*

TREATMENT OF DIPHTHERIA.—Dr. F. B. Drescher informs us that he has made use of the following treatment in diphtheria with marked success:

R—Hydrargyri bichloridi, . . . gr. $\frac{1}{2}$
Spts. frumenti, $\frac{5}{3}$ j.
Syr. simplicis, $\frac{5}{3}$ j.—M.

SIG.—Teaspoonful every 3 hours, night and day.

R—Liq. ferri subsulphatis, . . . 3 ij.
Glycerine, $\frac{3}{5}$ ij.—M.

SIG.—Brush throat once or twice a day.

R—Tr. ferri chloridi, 3 ij.
Potassii chloratis, 3 j.
Glycerini, $\frac{3}{5}$ iss.
Aquæ cinnamomi, q s. ad. $\frac{3}{5}$ ij.—M.

SIG.—Teaspoonful in teaspoonful of water every 3 hours, night and day.

—*Am. Med. Digest.*

LOCAL REMEDY FOR NEURALGIA.—A mixture of one part of iodoform, to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Review.*

CONSAUQUINITY AND MENTAL UNSOUNDNESS.—From the physician's point of view, the evidence from the animal world is important. Here there is almost consensus, that, while the effect of "in-and-in breeding" is to intensify *points*, in the long run it is opposed to vigor of constitution. It is to be remembered that every breeder takes care to exclude any animals with any known morbid tendency, while, on the contrary, in the genus *Homo*, as Dr. Clouston remarks, there seems to be "a special tendency for members of *neurotic* families to intermarry." The result of this will be that in some portions of the population the offspring of such marriage will show the evil results of it to an unusual extent. And thus we find, that in rural and especially in mountainous districts, where the population is small and fixed, the comparative amount of idiocy is greater than elsewhere. Statistical information is inadequate on the subject; the motion to include it in the census returns of England was rejected "amidst the scornful laughter of the House, on the ground that the idle curiosity of speculative philosophers was not to be gratified." In France the returns had given rise to various estimates (varying from $\frac{1}{4}$ to $2\frac{1}{2}$ or 3 per cent.) of the frequency of consanguineous marriages. Mr. G. H. Darwin came to the conclusion that in London $1\frac{1}{2}$ per cent. of all marriages were between first-cousins, in urban districts $\frac{2}{3}$ per cent., and in rural districts $2\frac{1}{4}$ per cent.

If, now, we ascertain the ratio of idiots and insane patients that are the offspring of such marriages to the total number of patients in the asylums, we will have some means of estimating the results of consanguinity. From quite an extended series of records, it is concluded that the ratio just referred to in the idiot-asylum is from 3 to 5 per cent: hence "first-cousin marriages, at any rate, are to some extent favorable to the production of idiot children." But this conclusion must be tempered by the consideration that in a large amount of such cases of idiocy and imbecility other causes for this condition are present; and this consideration leads Dr. A. Mitchell to the opinion that "under favorable conditions of life the apparent ill effects of consanguineous marriages were frequently almost *nil*, while, if the children were ill fed, badly housed and clothed, the evil might become more marked." From such facts and figures we may conclude that first-cousin marriages should, as a rule, be discouraged; but that, if a close scrutiny reveals no heritable weakness, neurotic or otherwise, the bans need not invariably be forbidden.—*Science*.

BRAIN INJURY IN FORCEPS DELIVERY.—At a recent meeting of the Edinburgh Medico-Chirurgical Society, Byron Bramwell showed a boy suffering with left hemiplegia, which he attributed to an injury received at birth. The delivery of

the patient's mother was tedious, and had been finally effected with the forceps. Since infancy the child had been subject to epileptiform seizures, but at the time of observation there was no mark of injury of the cranium. The surgical aspect of the case involved the question of operative interference, suggested by the fact that the patient could localize a painful point over the motor area of the left arm. The judgment of the Society was adverse to it, and we do not see how it could have been different.

This case, however, is not cited so much on account of its surgical aspects as on account of its bearing upon the question of the effect upon an infant of the compression of the head by the forceps. That decided compression of the child's head often takes place in forceps delivery, in spite of the greatest care on the part of the accoucheur, and notwithstanding the use of the most suitable form of forceps, cannot be doubted, and it would be interesting to have some collection of the proportion of cases in which subsequent manifestations of brain disturbance could be reasonably attributed to the accidents of such delivery.

One of the ablest neurologists of this city entertains the opinion that very many cases of impaired brain function are due to compression at the time of birth; and his opinion seems reasonable enough. The case related by Bramwell is one in point, and others might be cited. Although it is not perfectly clear, it may be, however, that those who think that the remote dangers to the child in forceps delivery are much greater than is generally supposed, may speak more from a general impression than from a careful study of the subject. Still, their views are so plausible *à priori*, that it is desirable that enough evidence be collected to settle the question definitely for the benefit of the many accoucheurs who apply the forceps frequently.—*Medical News*.

MEDIAEVAL NASTINESS.—We have received a volume which claims to be the *American Homœopathic Pharmacopœia*. It does not appear to be published by the authority of any convention or body of men, and we suppose it to be a private effort to meet a commercial demand. We have been very much amused by noticing in it a survival of mediæval remedies comparable to the survival of the strange gar fish of the Chesapeake which remains as almost the sole representative of the monstrous misshapen ganoid fishes which have been swept out of existence by the successful cataclysms of geologic ages. Thus, in this Homœopathic Pharmacopœia uric acid is directed to be prepared from human urine by concentration, or from excrements of serpents; guano is obtained from the accumulated excrement of sea birds; lava from the overflow of Mount Hecla in Iceland. Hippomanes is a glutinous mucous substance sep-

arated from the allantoic fluid or membrane of the pregnant mare, or cow. Lysin is the dried saliva of the mad dog. Mephitis is the desiccated stinking fluid of the skunk. Psorium is obtained by squeezing the pus from the festering itch eruption of the negro—whilst the dried bodies of the little red lice which render sad the bright summer days of the domestic fly, appear under the more than regal title of *Trombidium muscæ domesticæ*. Dried fox liver and dried fox lungs, centipedes, wasps, and other things uncanny and unclean seethe and bubble in this witch's cauldron that streams in these later days, not in the darkness of night, but in the full light of a great medical centre.—*Med. News.*

THE MICROCOCCUS OF TUMORS.—The belief that some forms of tumors are caused by micro-organisms has long seemed very plausible, and diligent efforts have been made to discover these. So far, however, among tumors, only the fungus growth known as actinomycosis, a growth presenting some of the clinical appearances of a malignant tumor, has been discovered to be caused by a parasite.

Dr. Luigi Manfredi, while working in the Laboratory of Cantani, at Naples, discovered quite recently a minute organism which possessed extraordinarily specific and virulent properties. It was obtained from the sputum in two cases of pneumonia, each being a sequel of measles, and running a rapid and highly malignant course. The pneumococcus of Friedlander was observed in each case also. The new organism is oval in form, often appears as a diplococcus, and is about 0.5 mm. in diameter. It has a characteristic method of growth, which is described by Manfredi in his original article (*Fortschrift der Med.*, No. 22, 1886).

A large number of inoculation experiments with pure cultures were made upon dogs, rabbits, guinea-pigs, mice, and birds. With the exception of the last named, which seem to die from blood-poisoning, Manfredi found that the micrococcus uniformly caused one and the same pathological condition. This consisted of the deposit of gray, or grayish-yellow, nodules in the parenchyma of organs, especially of the spleen and lymph gland. The lungs showed in addition the characteristic marks of a more or less intense pneumonia. The nodular masses belong to the type of the granulomata, or infectious granulation tumors. They consist of masses of newly formed cells without blood-vessels, and they begin gradually to become cheesy, to soften in the centre.

The infective granulomata include tubercle, lupus, syphilis, glanders and farcy, leprosy, and actinomycosis. The parasite described by Manfredi produces pathological changes somewhat similar to those of the diseases of the class mentioned.—*Med. Record.*

AN ANATOMIST TO HIS LADY LOVE.

I list as thy heart and ascending aorta
Their volumes of valvular harmony pour ;
And my soul from that muscular music has caught a
New life 'mid its anatomical lore.

O, rare is the sound when thy ventricles throb
In a systolic symphony measured and slow ;
While the auricles answer with rythmical sob,
As they murmur a melody wondrously low !

O, thy cornea, love, has the radiant light
Of the sparkle that laughs in the icicle's' sheen !
And thy crystaline lens, like a diamond bright,
Through the quivering frame of thine iris is seen !

And the retina, spreading its lustre of pearl,
Like the far away nebula, distantly gleams
From the vault of black cellular mirrors that hurl
From their hexagon angles the silvery beams.

Ah, the flash of those orbs is enslaving me still,
As they roll 'neath the palpebræ, dimly translucent,
Obeying, in silence, the magical will
Of the oculo motor—pathetic—abducent.

O, sweet is the voice, as it sighingly swells
From the daintily-quivering chordæ vocales ;
Or rings in clear tones through the echoing cells
Of the antrum, the ethmoid, and sinus frontales.

—*Med. Advocate.*

PAINLESS SUTURE.—To avoid the pits and creases caused by sutures in wounds of the face, cut two pieces of adhesive plaster somewhat longer than the wound and an inch and a half wide. They should be shaped so that one edge of each will follow the course of the lesion, but if the wound be irregular it is better to use more pieces. Turn the inner edge (or that intended to be next the wound) of each of these strips under, so as to form a non-adhesive border a quarter of an inch wide, and leave an adhesive surface of from three-quarters of an inch to one inch in width. Apply these to the uninjured skin on each side of the wound, and make them adhere firmly by holding them to this with a hot, dry towel. The stitches may now be taken from side to side, thrusting the needle through the double edge of the plaster instead of through the skin, and after the fashion of shoe-lacing, uninterrupted.—F. L. T., *St. Louis Med. and Surg. Jour.*

DANGER OF WATER GAS.—The experience of the people of Troy in the use of water-fuel gas, shows that, unless this gas is made odorous, so that its presence in the air can be ascertained by the sense of smell, its manufacture and delivery in a city may largely increase the death-rate. Water gas having no odor, and being very deadly, may be as fatal to a man who is awake as illuminating gas is to a man who is sleeping in a close room. This gas is an excellent fuel, and it is cheap. In Troy it was made for nine cents a thousand and sold for fifty cents.

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MEDICAL SCHOOL AMALGAMATION.

An effort has recently been made, by a few individuals connected with one of the medical schools in this city and certain members of the Senate of Toronto University, to organize a medical school in more immediate relation to the Toronto University, by the amalgamation of the two affiliated schools now in existence in this city. A report emanating from the Senate of the Toronto University at its last meeting, recommended the advisability of establishing a school in connection with the University, and a committee was appointed to confer with the authorities of the two medical schools with the view of giving effect to the recommendation.

The question of the amalgamation of the two medical schools in this city is not a new one. It has been discussed again and again for several years past, but has not yet found favor among those immediately interested, for various reasons. Each school has been content to work along in its own way, feeling that nothing was to be gained, under existing circumstances, by amalgamation. Being supported entirely by the fees from students, the one having the greater number had certainly nothing to gain financially by joining the other. The greater number of professors in one school as compared with the other; the rivalry as to the deanship of the united schools; the want of accommodation in the present lecture rooms for the united classes, and last but not least, the great

certainty of the immediate establishment of another school—had a deterring influence in the consideration of the question of amalgamation. There is no power to stop the multiplication of schools. The days of monopoly are forever past and gone. Even the proposed scheme, no matter upon what basis it is placed, will not, and cannot prevent the establishment of other schools.

There is much to be said in favor of the present system of competitive schools: such as the stimulus of healthy rivalry, the value of keen competition, the desire to be first in point of efficiency and thorough training, the praiseworthy effort to turn out the best men, etc., and the success of the schools in the past under this system is a sufficient answer to those who are desirous of a change. It must be remembered, also, that in medicine at least, the multiplication of schools does not and cannot lead to the lowering of the standard of medical education, because the Ontario Medical Council lays down the standard and the schools must keep up to it, or fall off altogether. Besides, all candidates in medicine who desire to practise in Ontario, must pass the examining board of the Ontario Medical Council, no matter what their attainments may be, so that the public is fully protected, and if on examination the standard is found to be too low, it can easily be raised from time to time, in accordance with the advancing progress of medicine.

If, however, it is considered desirable, in the interests of the profession and the public, to have one medical school in the city of Toronto, then let us have one on a grand and comprehensive scale, one that will give great promise for the future, and one that will forever place the professors in a position of independence—both as to the number of students in the classes, and the necessity of engaging so largely in private practice. We are in favor of amalgamation, if thereby we can obtain such results. But it must not be forgotten that the establishment of such a school requires money—a considerable sum—to carry it to a successful issue, and unless this is secured, it is needless to expect any great change in the present system of medical education. The present schools are not willing to unite and carry on a large establishment without any assistance other than the fees to be derived from the students. They could not do so without loss to their present incomes, and would

be under the necessity of engaging more extensively in private practice, than many of them do now. Hence, so far from being a success, such a union would be a comparative failure. In fact, the schools are not foolish enough to make the experiment. The senior professors have labored for years to acquire their present position and emoluments, and they will not readily relinquish anything of their hard-earned advantages, unless sufficient guarantees are forthcoming not only to secure them in the undisturbed possession of their respective chairs, but also adequate remuneration for their services, and provision for the payment of retiring allowances when they become incapacitated by age or infirmity.

In the carrying out of any great scheme, the fundamental consideration must always be the financial one, and here it is not less important than in any other. If a great medical school has become a necessity, it must be endowed, or supported by the Government—public funds must be forthcoming to sustain it. Hitherto medical education has been left to take care of itself, and no one can say that either the public or the profession has suffered greatly. In fact, it is said on the contrary, that the public is too well supplied, that there are too many doctors. It is not claimed, be it remembered, nor can it be truthfully asserted, that the doctors are not properly qualified. Their great success, both at home and abroad, gives the most complete refutation of any such assertion. If the promoters of the scheme are sincere, let them at once seek to raise the necessary funds for its accomplishment. It is utterly useless, nay, childish, to formulate a scheme which may be satisfactory to their own minds, and call upon the medical faculties of the two schools to come forward and voluntarily sacrifice the earnings of a life-long labor to carry it into effect.

NORMAL POSITION OF THE UTERUS.

For many years a great deal of attention has been devoted to the rectification and treatment of the various alleged mal-positions of the womb. While much knowledge has been acquired, better treatment secured, and many of the then thought incurable uterine troubles of an earlier period, made amenable to successful treatment in our day, yet we fear there is a strong tendency to over-estimate

the pathological effects on the system, of the so-called uterine displacements. Some danger exists, that other causes of uterine pelvic, or other diseases may be overlooked, by the prevailing tendency to convict the uterus on insufficient evidence, to which it might often justly plead "not guilty." The temptation to ascribe many of the ills to which female flesh is heir, to dislocation of the womb is powerful. It lets the careless or ignorant Dr. out of many difficulties; it obviates the necessity for further thought or investigation, and is usually, for a time at least, quite satisfactory to the patient and her friends. But is this creditable to the Dr. or the profession, or just to those who seek relief at our hands?

That such a tendency prevails at least among the less painstaking and conscientious, cannot be questioned, and that many of those, who deem their whole duty done, when they, from a very brief examination, confidently pronounce the disease to be caused by ante-version, ante-flexion, retro-flexion or version, procidentia, etc., etc., might possibly find some difficulty in describing or defining the normal position of the uterus in any particular individual.

As healthy women, and especially virgins, are seldom examined during life at least, most physicians must acquire such knowledge as they possess from description, and from examinations made upon women suffering from pelvic troubles, or when the uterus is greatly modified in shape and position by pregnancy. The few healthy women, whom we may have had the privilege of examining, must almost necessarily have been mothers, therefore we can only be somewhat familiar with the normal position of the uterus in parous women.

The position naturally occupied by the uterus in the majority of cases is in, or nearly in the long axis of the pelvis, and so high that no part of the surface of the body can be reached either anteriorly or posteriorly by the finger in the vagina. In shape it is usually either straight or slightly concave anteriorly. When the uterus is so far inclined forward that the anterior surface of the body can be explored by the finger, it is called ante-flexion or ante-version, and when the posterior surface can be examined in a similar manner it is retro-flexion or version. But a more correct definition of the shape and position of the womb would be any position which is found consistent with health. Each

of these deviations has been found in healthy women, who were free from any discomfort therefrom, and each has been described by some writers as the normal one. We must not forget that much variation obtains, consistent with health, in various individuals, and also in the same individual at different times, not only in anterior, posterior and lateral positions as well as in elevation and depression, but also in shape and size. In virgins the uterus may be straight or bent forward to a degree that an acute angle is formed, and even so far that the body and Cervix become nearly parallel. Yet any of these shapes may be normal, that is, consistent with health, and painless functional activity. The effect of pregnancy and child-bearing is to straighten out these flexions. Bandl says: "In living women the phenomenon of ante-flexion or ante-version, is one so common, that one might say without gross error, that all women in whom the uterus is not in a condition of retro version or retro-flexion, present ante-version or ante-flexion more or less pronounced." Again, the uterus in various women may be firm or soft, dense or yielding, and possess different degrees of flexibility, and freedom of movement, without indicating disease in any way. It is not therefore more than probable that many women are suffering from the disagreeable inconvenience, discomfort and even distress of wearing one of the many mechanical contrivances for rectifying the alleged malposition of the uterus, for worse than no purpose, because of the prevailing fashion, while the real cause of their trouble is left to nature, or possibly aggravated by the very means used to remove the erroneously supposed cause.

We willingly admit that a properly selected and adjusted pessary, in some instances, does afford support to some forms of dislocation and relieve the distress therefrom. But we apprehend that a large majority of pelvic troubles for which mechanical appliances are employed are not caused by displacement, and therefore cannot be remedied by such means, and may be aggravated by their employment, especially by inexperienced and unskilful hands.

THE LEGITIMATE BUSINESS OF DRUGGISTS.

The doctor who, either from choice or necessity, dispenses his own medicines has the pleasing assurance that he knows what his patients are taking,

and if the remedies do not act as he expects they will, he can blame no one but himself. But in our cities and larger towns, most medical men now depend upon some druggist or druggists to supply the medicines which are prescribed. True, even in large cities and towns, some doctors have private dispensaries and apparently make them pay, but the great majority simply write prescriptions and consequently chemists flourish. Now if said chemists kept strictly to the prescriptions, this system would possess many advantages, too obvious to need mentioning, and neither patient nor physician would suffer, as undoubtedly both sometimes do now. It seems a sweeping assertion to make, but we believe it to be true, that substitution of drugs obtains largely in many chemist shops. An article went the rounds of the medical journals a short time ago, in which was copied the advertisement of a firm of chemists who had the audacity to state openly that they would see that all remedies put up were so combined that they should be most certain to act in the most beneficial way for the patient, thus bare-facedly ignoring the physician's instructions as to what remedies his patient should have. This is an extreme case, and most dispensers would undoubtedly keep the matter of substitution a secret, but it shows to what length men's audacity will carry them. Not content with counter prescribing they even presume to tamper with the treatment laid down by the physician who is alone responsible for the result. In a late editorial in the *St. Louis Medical and Surgical Journal* it is asserted that this practise has done much to force practitioners into prescribing proprietary medicines of known value and purity. We believe this is true, but the editor goes on to say that even these proprietary medicines are tampered with by various manufacturing houses, and that the "substituting druggist laughs at the wrappers and unique designs, at signatures and brands," with the result that the original manufacturer gets the blame for allowing his preparations to deteriorate, and suffers the loss which is certain to attend such deterioration. Comment on such fraud, whether it be in putting in low priced drugs for expensive ones, or of manufacturing unworthy compounds to take the place of those of known value, is surely unnecessary. We make these remarks to call the attention of the profession to the necessity of watching closely any such

attempts at fraud on the part dispensing chemists. The honest dispenser also should take every opportunity of exposing the tricks of those known to practise this deceit, and they will gain the confidence of physicians to whom they are known, as well as confer a material benefit on the public at large. The practice of counter prescribing is one also which calls for concerted action on the part of the profession, for it has grown to gigantic proportions. The number of cases of gonorrhœa, for instance, which are treated by regular practitioners must be small, compared with the number treated by druggists, and so with many minor complaints such as coughs, scabies, ringworm, etc. We owe it to ourselves to bring such druggists to a due sense of their legitimate function, by sending our patients to shops where such practices are not allowed.

BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

We are glad to notice that a branch of the British Medical Association is about to be formed at Halifax. The profession in Canada has been slow to avail itself of the advantages offered by such organization. Australia has three branches, Jamaica one, Madras one, British Guiana one, while there is an immediate prospect of branches being formed at Ceylon, Cape Town, and St. John's. Of course the membership of the Association can always be obtained direct, on application, suitably endorsed, to the Council of the Association, London, by any properly qualified medical man. This qualification consists in being legally entitled to practise in the colony where the applicant may reside, irrespective of diplomas from licensing bodies in the United Kingdom. But such isolated membership can not be of great value to practitioners, and it is with the view to offering to the profession an opportunity to participate more fully in the benefits which the mother Association confers upon its members that these branches have been instituted. This plan of uniting the medical forces of all English speaking countries is a grand one, and must, we think, result in the advancement of the science of medicine and surgery, as well as the lower interests of the medical world. As the journal of the Association puts it:—"It creates in every district an ethical tribunal, a

scientific society and a medico-political organization of which the advantages are at least as great in the colonies as they are in the heart of England." These advantages are many, but among the most important we may mention the influence of the parent association in the decision of all questions, social and ethical not only as affecting individuals, but "in appeals, addressed to Municipalities, Governments and States," this influence being "always at the command of any of the branches in response to every legitimate appeal." It is to be desired, now that our Eastern brethren have taken the initiative, that branches shall be established in the Westerly portions of the Dominion.

THE CLINICAL SIGNIFICANCE OF ENDOCARDIAL MURMURS.—In a report of the proceedings of the Medical Society of the State of New York, the *Medical Record* gives the following propositions and conclusions, from a paper on the above subject, by Dr. Wesley M. Carpenter :

Propositions : 1. The only definite relation between endocardial murmurs and valvular diseases of the heart is that of determining exactly where the lesion exists. Even this has limitations. 2. Clinical studies and pathological observations have determined that no definite ratio exists between endocardial murmurs and the amount and gravity of valvular disease. A very loud murmur may accompany a very small amount of disease, and, *per contra*, extensive valvular and organic disease of the heart may exist unaccompanied by any cardiac murmur. 3. Endocardial murmurs, when present, enable us, as a rule, to ascertain definitely which auriculo-ventricular opening is involved. They may indicate the amount of damage which the valves have sustained.

Conclusions : 1. That endocardial murmurs and chronic valvular disease of the heart are not synonymous terms.

2. That the existence of a persistent endocardial murmur is not inconsistent with long life and the enjoyment of a fair degree of health.

3. That the knowledge, on the part of the patient, of the presence of an endocardial murmur should guard him against exposure to all influences that may give rise to any of the diseases which are liable to have cardiac disease as a sequel, or that will cause increased cardiac action.

In the discussion which followed Dr. Loomis said that he never mentioned to the patient the fact that a cardiac murmur existed; until evidence of degeneration of the cardiac walls was made out, but that then he explained to him the exact condition present.

ALBUMINURIA NOT NECESSARILY DANGEROUS TO LIFE.—Dr. Grainger Stewart in *The Am. Jour. of Med. Sciences*, mentions four kinds of albuminuria which may occur without giving rise to alarm, viz.: 1. Paroxysmal albuminuria; 2. Dietetic albuminuria; 3. Albuminuria from muscular exertion; 4. Simple persistent albuminuria. In the first class the albumen appears suddenly and in large quantities, with numerous casts, but lasts a very short time. These symptoms may or may not recur. As to the treatment of this variety the kidneys should be guarded against irritation, and the hepatic function carefully attended to. He has never known serious results to follow this form. The second form is better known, and requires the avoidance of whatever article of diet is found to induce the condition. The third form is best treated by rest, careful diet, and general tonic measures. In the fourth variety, there is a persistent loss of albumen, small in quantity, without casts, or any of the attendant symptoms of organic renal disease. This condition may continue for years, and diet and exercise seem to have no perceptible influence on its course.

ONTARIO MEDICAL ASSOCIATION.—This year the meeting of the Association is to be held in Toronto, and promises to be most interesting, not only in regard to the various papers which our own talent so abundantly furnishes, but also as to the list of invited guests who have promised papers on interesting subjects. Dr. Wyeth, Prof. of Surgery, Polyclinic, New York, has promised a paper on "Osteo-plastic operations on the foot," and Dr. Satterthwaite, Prof. of Pathology, New York Post Graduate School, on the "So-called uric acid diathesis" Prof. Packard, of Philadelphia, has also promised a paper, and no doubt there will be others before the time of meeting, which this year comes on the 8th of June. Dr. Arnott, of London, opens the discussion on Medicine by a paper on "Phosphaturia." Dr. W. T. Aikins opens the discussion on Surgery, and Dr. Taylor, of Goderich, on Obstetrics—"The functional paralysis of pregnancy."

CURE FOR WARTS.—*The Medical Press* says it has been now fairly demonstrated that these unsightly growths, may be cured by small doses of Epsom Salts, taken internally. Several children have been cured by 3 grain doses, taken morning and evening, and other cases in adults are reported as cured by the administration of from 10 grains to a drachm and a-half daily. When these excrescences occur on the face, such medication would certainly commend itself in preference to the old fashioned practice of removing them by caustics.

DATES OF MEETING OF IMPORTANT MEDICAL SOCIETIES.—The largest and most important meeting this side the Atlantic will this year be the "International Medical Congress," which meets in Washington on the 5th of September. The "British Medical Association" meets in Dublin on the 1st of August; the American Medical Association, in Chicago, on the 7th of June; the Canadian Medical Association, in Hamilton, on the week following the meeting of Congress in Washington, and the Ontario Medical Association, in Toronto, on the 8th and 9th of June. Our readers will please note the above for future reference.

ACUTE BRONCHITIS.—Muirhead (Ed. Med. Jour.) gives the following in the preëxudative period of acute bronchitis:

R	Vin. antimon	ʒiii.
	Lig. potassæ	ʒii.
	Lig. amm. acet.	ʒiij.
	Syr. aurant	ʒip.
	Aquam	ʒvi, M.
S.	ʒss. in water every 3 hours.	

A GOOD IDEA.—Dr. Jones at a recent meeting of the Ohio State Board of Health, introduced a resolution, requiring that every railroad company doing business in that State shall be required to carry an emergency case containing necessary appliances in cases of accidents, and that the employes of the road shall have instruction in their use given them by the company's surgeon.

ARMY MEDICAL SCHOOL, NETLEY.—The friends of Dr. B. H. Scott (Trin.) will be pleased to learn that he has successfully passed his examination for entrance into the army. He received "honorable mention," standing third on the list, having gained 731 marks out of a maximum of 900.

DETECTION OF BLOOD-SPOTS ON IRON.—Dr. Daunenberg says that if the spots be loosened by a few drops of a 10% solution of caustic potash, scraped off and treated with ammonium sulphide and water, beautiful rhombic crystals will be formed. He calls them "Hæmidin" crystals and considers them conclusive proof of the existence of blood in the stain.

WESTERN UNIVERSITY MEDICAL COLLEGE.—The following is a list of the successful candidates in the recent examination in that school: R. S. Smith, *Gold Medalist*; C. D. McDonald, *Silver Medalist*; J. Proudfoot, *3rd Year Scholarship*; C. A. Cline, *2nd Year Scholarship*; A. Reid, *1st Year Scholarship*. Degree of M.D.: R. S. Smith, J. D. Balfour, C. D. McDonald and J. Haggart.

KINGSTON MEDICAL COLLEGE.—The following are the successful candidates in the recent examinations. M.D., C.M.—A. G. Allen, J. J. Anderson, J. V. Anglin, W. C. Beaman, J. W. Begg, Ella Blaylock, D. Cameron, A. J. Errett, A. G. Ferguson, A. J. Fisher, A. E. Freeman, Ada A. Funnell, M. Gallagher, A. Gibson, J. F. Hart, M. W. Hart, J. E. Hislop, M. James, Miss Livingston, E. McEwen, J. E. Mabee, M. Mabee, W. D. Neish, A. F. Pirie, W. Ranstead, T. Scales, S. H. Thorne, A. F. Warner and Dr. Dunlop.

BRITISH DIPLOMAS.—The following Canadians have passed the Triple qualification, Edinburgh: J. C. Carlyle, F. Primrose, R. C. Coatsworth, J. G. Morrison. Dr. I. S. Freeborn, Victoria, has obtained the license of the K. & Q. C. P. I. to practice medicine.

CORONERS.—Dr. Youker, of Belleville, and Dr. Giles, of Haliburton, have been appointed associate coroners for the Counties of Hastings and Haliburton, Ont., respectively.

THIRST IN DIABETES.—Duchenne recommends (*Nouveaux Remèdes*), the administration three times a day, of a drachm of a solution of potassæ phosphas 2 parts in 75 parts of water. It is best given in a little wine or hot tea.

WE are pleased to notice that Dr. Baxter has been elected to the office of Speaker of the Ontario Legislature. This mark of distinction will be gratifying to the profession at large, for while we

have always a good representation in Parliament, the places of honor have mostly fallen to the law.

WE are pleased to notice that Dr. Wm. Gardner, of Montreal, has been elected a vice-president of the Brit. Gynæcological Society.

The Council of the Royal College of Surgeons of England, has expelled a member for advertising in the secular papers.

"Medical Notes" in this issue and the last should have been credited to *Col. & Clin Record*, Philadelphia.

We regret to announce the death of Prof. Arlt, of Vienna, at the ripe age of 75 years.

PROF. CARL SCHRÖDER, of Berlin, is dead.

MICHAEL BARRETT, M.A., M.D.

The death of Dr. Barrett, on the 26th ult., was very sudden and unexpected. Although about 71 years of age, he appeared to be in the enjoyment of good health, and was in the regular discharge of his duties on the day of his death. Dr. Barrett was born in London, Eng., and received his early education in Caen, France. He came to Canada in 1833 and was engaged in various pursuits until 1837. At the time of the rebellion he was connected with the "Queen's Rangers." After the close of the rebellion he went south for a few years, and on his return he was appointed English master of Upper Canada College, a position which he held upwards of thirty years. During the early period of his incumbency he availed himself of the opportunity of taking a course in Arts and Medicine in Toronto University. He was subsequently appointed a professor in Rolph's school, but at the time of the disruption he joined his fortunes with the Toronto School of Medicine, in which school he held the position of Prof. of Physiology up to the time of his death. He also lectured in the Veterinary College, and was president and one of the principal promoters of the Woman's Medical College, Toronto. He was examiner in chemistry and chairman of the board of examiners of the Ontario Medical Council, having been elected to the latter position for three or four years in succession.

Dr. Barrett's life was almost wholly spent as a teacher and lecturer in the schools and colleges of

this city above referred to. He never engaged in practice nor identified himself directly with the profession of which he was an ornament, but he was in active sympathy with everything which tended to advance its best interests. He was possessed of more than ordinary intellectual attainments, a thorough gentleman and highly esteemed by all classes of the community. His loss will be deeply felt by all who knew him intimately. His funeral was largely attended by professors and students of all the schools, the members of the profession and the general public. His wife died only a short time ago. The family have our deepest sympathy in their affliction.

Books and Pamphlets.

A TEXT-BOOK ON SURGERY. General, Operative, and Mechanical. By J. A. Wyeth, M.D., Prof. of Surgery, N. Y. Polyclinic. New York: D. Appleton & Co., 1887.

To many Canadians who have visited New York, this new candidate for the commendation of the lecturer, and the approbation of the student and the practitioner, will recall pleasant recollections of its author. They will remember that as demonstrator of Anatomy, at Bellevue, a dozen or more years ago, he used to dissect rapidly and accurately *before the class*, the subjects used to illustrate Dr. Crosby's lectures. The fame he has won since then by his original investigations in regard to the surgical anatomy of certain arteries they will not have forgotten. As secretary of and a moving spirit in the N. Y. Polyclinic, he has contributed in no small degree to the success of an institution which has brought over the Atlantic for us those peculiar methods of teaching which have made Vienna famous the world over. He has also as President of the N. Y. Path. Soc'y, as Surgeon to Mount Sinai and other hospitals, and as a teacher of operative and clinical surgery done much good work, and has enthused numberless others with his own tireless desire not simply to know and to practise, but also to advance the art of surgery. If it be granted that after such an experience Dr. Wyeth is a fit and proper person to write a text-book on surgery, it may still be asked: "Have we any need for such a work? With Ashhuret, Agnew, Bryant, Erichsen, Gross, Holmes, Hamilton, and

Treeves, to choose from, why seek we for another? The best work on surgery for use in student days will, we take it, be one which within the compass of a single volume teaches clearly and attractively the latest certainties of surgical science, bringing out most strongly those things which it is important the memory should retain, and rigidly excluding all extended discussion upon theories just advanced or long exploded, as well as all unimportant details. From the list given above we can, on account of their bulk, exclude the works of Agnew, Erichsen and Gross. Students have no time to master them, and it is better and safer in every way to know a smaller work well than to know something about a large one. Dr. Hamilton's fame rests securely upon his great work on "Fractures and Dislocations," and it has been advanced but little by his general treatise on surgery which took a decade to reach its second edition. As he was out of practice for some years before this last edition was called for, and out of sympathy with many of the more recent advances on surgical practice, his book is not one to which we can assign a first place. After a somewhat close examination of Dr. Wyeth's Text-book we are of opinion that with any of the others named it can hold its own, while in certain particulars it is the undoubted superior of any work hitherto before the profession. Its readers will have nothing derived from its study to unlearn. Its teachings are the accepted ones of to-day, while within its nearly 800 pages we have found but very few superfluous sentences. As in speaking, so in writing, Dr. Wyeth has a way of getting at the pith of a matter, and he wastes no words in stating his conclusions.

Aseptic surgery is taught in such manner as to make the application of its principles easily available in back-woods cabins and in city tenements. No other work extant brings out so clearly the changes which have taken place in this department of surgery within the last ten years. Perhaps the strongest chapter in the book is, as might have been expected, that on the ligation of arteries. Artistically and anatomically the 27 colored plates which illustrate this part are superior to any that have appeared before this in a general treatise. The illustrations in the entire work have cost, we are informed, over \$7,000, and they are mostly new or being from recent German sources, will be new to a large proportion of readers here. An interesting cut is that showing the author's case of genu valgum and varus in the same patient straightened by a double osteotomy. Another represents the result obtained by Humphrey's operation, the transplantation of the urethra to

the perineum after amputation of the penis for epithelioma. Of the German cuts or plates some of the best are the illustrations of sections through joints (after Broune), and those (after Socin), in the chapter on genito-urinary diseases. Instead of entering here into any extended review of the work we may at a later date present to our readers certain selections from its pages. In conclusion we may say that the book is characterized throughout by good practical common sense, wide research and excellent judgment as to what should be left out of, as well as what should enter into, a work of this scope. A student who has become thoroughly conversant with it need not fear being ploughed in examinations or tripped in practice, and he will need nothing more than this upon surgery till he ceases to buy text-books and substitutes for them the monograph that now cover every department of surgical science so admirably. The practitioner also who desires to regain touch with those who march in the front rank of surgical teaching, will find that in reading this book he will be able to judge wherein he has lagged behind. The work of the publisher is all that the most exacting could wish for.

DISEASES OF WOMEN : a Hand-book for Physicians and Students, by Dr. F. Winckel, of Munich. Translated by Dr. Williamson, of Alleghany, under the supervision of Theo. Parvin, M.D., Jefferson College, Philadelphia.

HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS, by Samuel O. L. Potter, M.A., M.D., Professor of Medicine, Cooper Medical College, San Francisco. Philadelphia : P. Blakiston, Son & Co.

The two volumes before us belong to a series of manuals which the publishers are now presenting to the profession in order to meet what is felt to be a growing want, viz. : A set of text-books that shall be manuals in point of size and yet include all that is likely to be required by students or practitioners. Many of the present text-books are overgrown, and so replete with unnecessary details that they are confusing to the student, points of minor importance being discussed that are of interest only to the specialist. The authors have spared no pains to make the books useful, practical and in every respect thoroughly up to the times ; long experience as writers and teachers enabling them to present their subjects clearly and concisely. The success already accorded one or two of the volumes warrants the publishers issuing them at the very low price of \$3.00, bound in cloth, and \$3.50 in leather ; this, other conditions being favorable, will be an argument for their adoption and use. We give here a list of the series now ready : Galabin's Midwifery ; Yeo's Manual of

Physiology ; Goodhart & Starr's Diseases of Children ; Waring's Practical Therapeutics ; Reese's Medical Jurisprudence and Toxicology, and Richter's Organic Chemistry.

THE PAST, PRESENT AND FUTURE TREATMENT OF HOMŒOPATHY, ECLECTICISM AND KINDRED DELUSIONS, which may hereafter arise in the medical profession, as viewed from the standpoint of the history of medicine and of personal experience. By Henry I Bowditch, A.M., M.D., of Boston. Boston : Cupples, Upham & Co.

The pamphlet before us is the printed address of the venerable author delivered before the Rhode Island Medical Society, on its 75th anniversary in June last. After giving reasons for the rise of the sects, he asks, Have we treated these sects wisely ? He answers in the negative and quotes a long letter written to him in 1857 by Dr. James Jackson of Boston, at that time the recognized leader of the profession in New England. This letter is a most able and eloquent defence of his own course in his liberal treatment of irregular practitioners, and a vigorous protest against the absurd folly of quarrelling with those who hold opposite beliefs to those entertained by the regular profession. Dr. Bowditch endorses this letter and gives the weight of his opinion in favor of consultations with all "legalized medical bodies." "The present hostile attitude of the Old Code Physicians toward the New Code practitioners, because of the opinions of the latter upon the proper treatment of Homœopathists and Eclectics, is equalled in absurdity only by the late trial held at the United States Hotel in Boston to decide whether a man can be allowed to enter upon a devoted Christian missionary life, who admits that, possibly, all unbaptized infants and Heathen men and women, ignorant of Christian "ethics," may have a chance of escaping from perpetual Hell Fire after leaving this world. The Priest and Physician were in old times united in one person. The modern follies of the Orthodox in religion and in medicine seem to point to their common origin."

Births, Marriages and Deaths.

At Kingston, on the 11th ult., the wife of Dr. W. H. Henderson, of a daughter.

On the 5th ult., Dr. O'Sullivan, of Peterboro', Ont., aged 50 years.

On the 22nd of January, W. J. Mitchell, M.D. of Unionville, Ont., aged 41 years.

On the 22nd ult., Dr. F. L. Nesbitt, of Angus, aged 49 years.