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TYPHOID FEVER.*

BY WM. OLDRIGHT, M.A., M.D.,

Professor of Hygiene in the University of Toronto.

In this paper I shall say very little about the type of the disease during the recent epidemic, and about treatment, as these will, no doubt, be subjects to which my colleagues of the department of Practice of Medicine will direct your attention at greater length.

I fear that in connection with the epidemic which has prevailed throughout the province, and in various other portions of this continent, Toronto has received more than its own share of prominence. It is not my intention to point the *tu quoque* finger at any other individual locality by name, but I have gathered from provincial and other authorities sufficient data, and I may say in general terms that there are at least two cities in the province whose ratio of cases to population are greater than that of Toronto; one village in which it has been double, and one township in which it has been 50 per cent. greater.

My available figures from cities south of the border are limited to two; they show in one large city a slight increase over us, as shown by the death rate; in the other the ratio of cases this year is only half of ours, a decided decrease having taken place there as compared with last year; still we should not continue in our sanitary transgressions even in company. Toronto has been noted as a healthy summer resort for our neighbors to the south, and should seek to regain and maintain her reputation in that respect.

Laboratory and other observations on the life of bacilli of typhoid.—It is not my intention to refer to all the facts which have been made known in regard to the life, history, and reproduction of the bacillus of typhoid, but only to a few which, it has occurred to me, may throw practical light upon the causation, spread, and restriction of the disease.

The growth and reproduction of typhoid bacilli outside the body has been demonstrated in the laboratory. It has been shown that for their successful cultivation a certain amount of organic matter is necessary. Dr. Meade Boulton has found that in beef broth, containing 6.7 parts per 100,000. they will live for months The cultures can also be more successfully manipulated with certain forms of organic matter than with others. Conversely, it has been shown that the absence or great scarcity of organic matter is unfavorable to their development, that in a class of waters designated "potable waters" they will die out in a brief period—say, six days.

Interesting observations have been made in regard to the action of various kinds of micro-organisms (and amongst others the typhoid bacillus) on each other. Temperature has been found to have a decided modifying influence. Vaughan found that at a temperature of 20° C.,

*A paper read at the Post-Graduate course of the University of Toronto, December 19th, 1890.

or 68° F., the typhoid bacilli would increase in such numbers as apparently to kill out the ordinary water forms. It has been observed that at lower temperatures their vitality is impaired, and that at 46° F. they would disappear in six days, the ordinary water forms maintaining their supremacy. Prof. Dixon, of Philadelphia, obtained similar results in five days with typhoid bacilli in Schuylkill water.

At this point, however, we must guard against an incorrect argument that might be based on the fact just mentioned; I refer to the fallacious supposition that impure water will yield pure ice, and that freezing will kill pathogenic germs. The endemic at Plymouth, Pa., four or five years ago, has furnished us with one of the notable proofs of the fallacy of this supposition. Plymouth is supplied from four reservoirs at different elevations, fed by a mountain stream. When the supply to these becomes scarce, water is pumped from the river. This was the case from the 20th to the 26th March, the lower three of the reservoirs being nearly empty; but on the 25th a thaw set in, and on the 26th the upper two reservoirs became full; the water was let down from the third into the fourth, and the town was supplied from this water. About fifteen days later an epidemic of typhoid broke out. It was afterwards ascertained that during February, and portions of January and March, the dejecta of a typhoid patient had been continuously thrown on the snow and frozen ground, within seventy feet of the bed of the stream, a short distance above the third reservoir. The thaw which set free the mountain stream and filled the reservoir also carried into the lower two the frozen accumulations from the typhoid patient.

The direct bearing of such observations on our ice supplies is obvious, and I must here commend the action of our health authorities, last winter, in stopping the cutting of ice from the bay, and the fairly ready acquiescence of ice dealers and their enterprise in obtaining good supplies from purer sources in the less densely populated portions of the province.

Whilst a low temperature so lessens their vitality that they gradually die out, freezing suddenly stops all vital action and keeps them stored for action in the future. Another way in which the bacillus is stored and propagated is by being dried and pulverized, as when excretal slops are thrown upon the ground, dried, and blown through the atmosphere. The experiments of Kraus show that the vitality of the typhoid germ is greater than that of cholera—that it will live longer in the struggle with the ordinary water forms.

Last year Karlinski published in the *Centralblatt* the results of investigations regarding the behavior of typhoid bacilli in typhoid dejections. He arranges them as answers to the following questions:

1. In what time can the specific typhoid bacilli be demonstrated in the dejections of patients?

2. Can the demonstration of typhoid bacilli in the fæces be looked upon as a diagnostic sign?

3. How long does the vitality of bacilli in typhoid dejections last?

4. How long do the bacilli in typhoid stools, in pits, retain their vitality?

Search was made from the fourth day onwards, dating from the initial chill. The bacillus was not found before the ninth day in any case. In the greatest number of cases (nine) it was found on the fourteenth, the range being very wide—from the ninth to the twenty-first; the actual numbers being two on the ninth, two on the tenth, four on the twelfth, nine on the fourteenth, two on the seventeenth, and three on the twenty-first. The time at which they began to disappear seemed to have a marked coincidence with the fall of temperature in the patient and the cessation of diarrhœal stools. In many cases this was about the twenty-fourth day, and in no case were they found later than the fiftieth day.

The bacilli in the stools did not in any case retain their vitality for more than three months. This limitation, if substantiated by later observations, is worthy of note; showing that in its natural medium the bacillus dies out more rapidly than if it starts off and finds fresh fields and pastures new under favorable conditions. The keeping of them in different temperatures had no noteworthy influence on the duration of the vitality in the stools; but the addition of some other forms of bacteria had.

Modes by which the disease is spread.—I need not dwell upon the numerous methods by which the typhoid bacilli obtain admixture with our food and water, and gain entrance into the *primæ viæ*, nor upon their immense multiplica-

tion in the different media. I would, however, like to draw your attention to a "Report on an endemic of typhoid fever at Springwater, New York," published this year. Springwater village is situated in a valley of the same name, two and a half miles south of Hemlock lake, a lake about six and a half miles long, from which the reservoirs supplying Rochester are fed. Springwater village is situated on the main affluence of Hemlock lake. By a calculation given in the report, it seems that under certain conditions germs might travel from Springwater to Rochester in thirty-six hours. It is this danger to their water-supply that led the authorities of Rochester to institute an investigation. The first case observed in Springwater was that of Orson Grover, a boy who was supposed to have imbibed the bacilli from a well in close proximity (30 ft.) to the privy of the village inn, and fifteen feet away from a slop drain. It is supposed that the privy had been infected by some case of ambulatory typhoid. The boy Grover was removed to his mother's house, and a second pit was thus infected, which by soakage infected the schoolhouse well, and by similar repetitions and interchange the epidemic rapidly spread.

One question is sometimes raised: Can the germ be carried through the air by ascensional currents? I think there are few of us who have not met with cases where the circumstances have been such as to confine us for an explanation to the action of sewer gas obtaining entrance into the houses where they occurred. One of the most striking examples of this occurred to me in a family where five members were threatened with low fever. The plumbing being found fairly satisfactory, I directed an examination of the weeping drains to be made, and when one of them was opened, a strong and continuous current blew up into the cellar. The drain had forgotten to weep, and its trap had become dry and useless. Two members of the household became ill with typhoid; one of them so ill that Dr. J. H. Richardson was called in in consultation. I mention this in corroboration of the diagnosis. The condition of the weeping drain was at once rectified. The other three members escaped without a well-marked attack.

There are no authenticated instances, so far as I am aware, of infection with the disease from the ascent of typhoid germs from bodies of still or comparatively still water in the open air, but it will readily be seen that it would be difficult to dissociate this condition from other circumstances.

With water splashed through the air in the shape of spray or foam, the case is different. This, and the fact that bacilli may be wafted in the form of dust, should be borne in mind before filling watering-carts from a filth-poluted bay! In connection with the epidemic through which we have been passing, one interesting fact has been brought to my attention by a professional friend and colleague. A slight secondary outbreak which occurred in a public institution at a time when the epidemic had pretty well subsided elsewhere, he attributes to the fact that drinking water is drawn from a cistern in the building. Some of the germs having been introduced into the tank at an earlier period, have found in the organic silt and increased temperature a suitable culture field. The danger of domestic tanks has often been pointed out, but we have not had illustrations so near home. And in this connection it would be as well to remind our fellow-citizens that many of our baths and closets are supplied from tanks, and that from the taps of the former many persons will take an occasional drink. It would therefore be well that at the present juncture *pater familias* should have his tank thoroughly cleaned out, a duty to which he should at all times attend at regular and frequent intervals.

The general conclusions to be derived from our experience, and strengthened by the foregoing observations, are:

That we should have no dead organic matter lying idly around as fodder for the germs of disease.

That all such matter should be destroyed or by some safe disposition returned to living organisms or to innocuous decomposition.

That we should deal actively with the very first case or cases of infectious disease, and destroy the germs; that they can be more readily dealt with by active treatment in the first case than when they have multiplied.

These abstract general principles will perhaps appear less formidable if we apply them to specific details and illustrate them by reference to specific cases. Taking them in order, let us apply the first to

Our water supplies.—The scheme of obtaining water from Lake Simcoe has been resurrected and is again being discussed. The very first question that ought to be decided is whether Lake Simcoe water is the best for us, even were it at our door. In a published report by Prof. Ellis, different samples of it are rated as second and third class, that of Lake Ontario being first-class, the water of Lake Simcoe containing a greater quantity of organic matter; and it has been shown that organic matter is favorable to the growth and multiplication of typhoid bacilli. Again, will it be any more feasible for us to safeguard the waters of Lake Simcoe and the intake and channel leading from it than to protect the much purer water in our own neighborhood? This last remark leads to a second question that is awaiting solution. It was recommended by Prof. Galbraith four years ago, in a report in which I was associated with him, that a sufficient number and variety of float experiments be made to determine where our sewage could be emptied without danger of contaminating our water supply. These two points should be positively determined before any further engineering schemes are elaborated, and the determination of them could be made at a cost trifling in comparison with the outlays that have been made in connection with engineering schemes to which they should have been preliminary. In country districts the cleansing of wells and their protection from soil pollution and surface pollution will come under this head, and where rain water is used, the frequent cleansing of tanks, roofs and eave-troughs.

The means of keeping the soil free from accumulations of organic matter are obvious. I cannot, within the limits of this paper, enter into the details embraced under the following heads:

Abolition of privy-pits and cess-pools.

Substitution of systems of dry-disposal and sewerage.

Cremation of refuse.

These reforms have been urged again and again by our late medical health officer, and the subject of crematories is even now being pressed by our acting medical health officer, the Chairman of the Board of Works, and others. It has been agitated in the past again and again by our City Commissioner, but still we have no crematory, and indecision as to the experimental expenditure of a few thousand dollars has, with other neglects, cost the city a hundredfold the amount required. And in the refuse dumps throughout the city we have stored up choice building sites for the future. In this connection it may be of interest to show diagrams of some of the crematories which are being discussed, and which some persons here present may not have seen.

The freeing of air from organic impurity by means of sufficient ventilation, and doing away with over-crowding (as well as by avoidance of soil pollution just referred to), is a subject which would require a paper of its own.

I think that practically there is not sufficient care taken to destroy the germs in typhoid stools. The best that is done, in cases where the subject receives attention, is to put a solution of 1 in 500 of bichloride of mercury in a vessel to receive the dejecta, cover them over with the same, and at once empty their contents into a closet, privy-pit, or hole in the ground. How can this be expected to act on the bacilli? If this plan of destruction is aimed at, the bichloride solution and dejecta should be stirred together, and the mixture allowed to stand long enough to give the bichloride an opportunity of acting. The fresh fæces will not endanger the operator. The piece of stick used can be kept in bichloride solution. Where there are furnaces with capacity for good fires, cremation should be adopted. In this case the dejecta can be received into vessels containing carbolized saw-dust. This will protect the walls of the vessel and facilitate the cremation. These (metallic) vessels can be provided with close covers.

If it be remembered that soiled linen is not placed in the first instance in boiling water by the washer-woman, but receives a preliminary washing in merely warm water, which may be afterwards thrown out in the yard or poured down a sink, it will be apparent that the precaution of soaking such linen for some hours in a germicidal solution is absolutely necessary. Some are too apt to rely upon the boiling alone. A new and striking illustration of this is given by J. C. Wilson, of Philadelphia. A serious endemic existed for years among the

German soldiers in a certain garrison, from linen not properly disinfected, and ceased when this precaution was properly attended to.

In these matters the co-operation of the health officer and his staff ought to be courted rather than resented; and my opinion is that for systematic disinfection, personal oversight by a *competent* inspector is at first, and from time to time, necessary.

I would here emphasize the necessity of prompt reporting of infectious diseases, for how otherwise can the germs be stamped out in the incipiency of what must otherwise become an epidemic?

Local boards of health.—I would also add my voice to the representations that are from time to time made regarding the composition of these boards. It does not need much argument to convince the ordinary individual that men who understand disease, sanitary architecture, plumbing, engineering, chemistry, and biology, are more fitted to deal with sanitary matters than men who have no knowledge of these subjects.

Practical scientific work.—Having referred in this lecture to the progress, side by side, that is being made in scientific, biological and chemical investigations, and their practical application to the prevention and cure of disease, I cannot refrain from alluding to the work that is being carried on by this University and in this building Can it be shown that the scientific labors of Professors Ramsay Wright, Ellis, Pike, Loudon, and Macallum, have been retarded by association with their colleagues in this Medical Faculty? Do they not rather derive additional stimulus and satisfaction by the practical application of a portion of their work to various problems of surgery, medicine, and hygiene? I need not ask you if this association and collaboration has diminished the interest of either the profession or the public in University work, for your presence at these lectures and the attention with which you have listened to them render the question unnecessary; and I know that in regard to this faculty of the University, as well as in regard to others, you will join in the expression of our university motto: "*Velut arbor ævo crescat, velut lampas luceat.*"

That our Vice-Chancellor recognizes the value to the people of such association of scientific research and its practical application is evinced by his recent generous conduct, and the letter in which his proposition was made known to the faculty.

Nor would I close a paper in which I have referred so often to bacteriological investigations without expressing the gratification of many of us at another new departure which has recently been made. I refer to the inauguration of the bacteriological laboratory in connection with the Provincial Board of Health, in which at the present time Mr. J. J. McKenzie, B.A., a graduate and recent fellow in biology of this University, is carrying on researches in connection with the typhoid bacillus. I am sure you will join with me in expressing appreciation of the wisdom of the Government in aiding this onward movement for the preservation of the public health, recognizing once more the motto of the Provincial Board of Health:

"*Ne pereat populus scientia absente.*"

KOCH'S TREATMENT OF TUBERCULOSIS.

BY PROF. R. RAMSAY WRIGHT,

Communicated from Berlin to the University of Toronto.

I was present at the last meeting of the Berlin Medical Society when Liebreich made his promised statement with regard to the new remedy which he had suggested for use in tuberculosis—especially for such superficial and easily watched forms as laryngeal tuberculosis.

He certainly created a sensation when he stated that his remedy was really an old friend in a new dress—viz., cantharides. He had been led to suggest its use by observing the effect of Koch's tuberculin in lupus, which recalled to him the action of certain irritants in the same disease. He therefore experimented with the pure substance, cantharidin, or rather with the potassium salt—cantharidate of potash, with the object of ascertaining what dose could be safely introduced hypodermically. It had been observed that the tendency of the drug is to bring about transudations from the capillaries, and it occurred to him that if the dose could be ascertained which would not affect normal capillaries, but which would cause a transudation through the walls of those already

in a state of pathological irritation, the result might be beneficial to the morbid tissue. He conceived that the bacteria-killing power of blood-serum might be thus brought to bear in a very direct way on local accumulations of micro-organisms, or that, by a combination of methods, drugs which otherwise with difficulty reach their destination might be poured out at the exact points desired. The dose of cantharidin which appears to produce no disagreeable effect on normal organs—the kidneys being of course first considered—is 0.2 mg. He prepares a fluid containing this amount per cc. as follows: 0.2 gr. cantharidin and 0.2 gr. caustic potash are heated in 20 cc. water over a water-bath and filtered—the solution is made up to one litre, so that each cubic centimetre contains 0.2 miligramme of the active substance. Three times this dose can be administered without fear of any evil effects, but it is safe to begin with $\frac{1}{10}$ and not to go beyond $\frac{4}{10}$ of a miligramme.

Liebreich made a good deal of his disclosing at once the nature of his remedy to his colleagues, and of the certainty of having a pure substance to deal with.

The latter is certainly the direction in which the Koch tuberculin will have to be improved, so as to admit of more accurate dosage.

Professor Naunyn, of Strassburg, concludes a report on the otherwise unfavorable use of the Koch lymph in incipient phthisis, by observing that whoever has seen a case of lupus react to it cannot doubt that it attacks tubercular processes in a very special way. He observes that possibly several active substances are present in the lymph as furnished, and that the isolation of that to which the undoubtedly favorable results of the lymph are to be attributed may remove all danger. At least, he concludes, whoever is capable, at present, of impartially reviewing the effect of the lymph, and of picturing to himself the future which it suggests, cannot fail to recognize it as a scientific discovery of the highest importance.

I have sent to Dr. Macallum as much cantharadin as will be necessary for any experiment which your colleagues may desire to make, and shall let you hear soon of a third remedy which Prof. Ewald told me had been proposed.

Selections.

NOTES ON THE SUCCESSFUL TREATMENT OF OBESITY.

BY W. ALLAN JAMIESON, M.D., F.R.C.P.,

Extra Physician for Diseases of the Skin, Edinburgh Royal Infirmary; Consulting Physician, Edinburgh City Hospital.

The *raison d'être* of this brochure requires a word of explanation, since I make no claim to any special acquaintance with the measures best suited for the reduction of *embonpoint* either in men or women. My friend of more than twenty years' standing, Dr. Turnbull, of Coldstream, had invited me to spend a couple of days under his most hospitable roof. I had not failed to observe for some time past that there was a distinct process of shrinkage in bulk going on in Dr. Turnbull, and had indeed watched the diminution with no small degree of anxiety. When, however, I quoted Sir Douglas Maclagan's well-known lines—

> "Guidman, are thae some borrowed claes,
> An' are your ain awantin'?
> Or ha'e ye fa'n awa frae these?
> Is this the wark o' Bantin'?"

Dr. Turnbull assured me that there was no ground for concern on his account. He had tried Mr. Banting's plan in former years, but it did not suit him. He certainly did get thinner, but his health, his spirits, and his enjoyment of existence on the convex surface of this little planet all failed, and he felt himself, and his friends feared even more strongly, that if the procedure were to be persisted in for any time, his premature departure into the unknown was inevitable. He had now, he informed me, fallen on a much more thorough method, one which, while it was steadily decreasing his weight, was at the same time rendering him more active, and increasing his zest for life. He told me that many of those who had seen the improvement had urged him to publish the details of the system which had done so much for him, but he had an invincible objection to appear in print. He offered, notwithstanding, to supply me with notes of the plan, if I would prepare them for insertion in the *Edinburgh Medical Journal*. As will be seen from what follows, given almost in Dr. Turnbull's own language, another besides himself has already benefitted

James Downie, now aged fifty-two, left Berwickshire for Leicestershire twenty-three years ago. He was then in good health. His habits were active, and he was strictly temperate. Six years subsequently he had an acute attack of gout, and was confined to bed for at least a month. From four to six times a year he had similar attacks, usually having a duration of two or three weeks. A couple of years later he had an excessively severe seizure, which necessitated his stay in bed for six months. He went, after he became convalescent, for six weeks to Buxton, where he greatly improved, but on the day after his return to Leicestershire he had a fresh outbreak. About fifteen years since he became utterly incapacitated for work, and had to resign his situation as stud-groom. He was now more or less confined to bed, or at best could not walk save with the aid of crutches. In 1885 he returned to Coldstream, but was seldom able to rise from his couch. From November, 1887, to December, 1889, he was constantly confined to bed and utterly helpless. During his illness he had consulted several physicians, and had taken an immense quantity of medicine. He believed that in the end of 1889 he weighed about twenty-two stones, and judging from his appearance, etc., his estimate was probably pretty nearly correct.

Reverting to Dr. Turnbull's own case, in consequence of suffering from great dyspnœa, Dr. Turnbull consulted Dr. G. W. Balfour in June, 1889. He then weighed twenty-two stones. He was advised to change his mode of living, and to place himself on a regulated dietary. Acting on his advice, Dr. Turnbull says: "I breakfasted at nine as usual, took an egg, half a slice of toast, and a small cup of tea. At two, a small basin of soup with a piece of toast. Dinner was at eight, when I had a little fish, the wing of a chicken, or an equivalent in mutton, with some green vegetables, and a very small bit of cheese with biscuit. After dinner I had half a glass of whiskey in half a tumbler of water, and one cigar, partook of no soup nor pudding of any kind with dinner. Under this system I steadily lost weight, so that on the 5th of December last I found that I weighed seventeen stones ten pounds. I gave up drinking any fluid during the day, and my weight at present (in the middle of September, 1890) is fifteen stones seven pounds—thus I have lost in the course of about fifteen months six stones seven pounds.

"Having thus so greatly benefitted myself, I felt very sorry to see poor Downie so utterly helpless, and therefore proposed to him that he should try my plan of diet. He readily agreed to follow my advice, being encouraged by seeing for himself the difference in my size. He adopted the method in December, 1889, when he weighed, according to his own estimate, twenty-two stones. His exact weight now is sixteen stones ten pounds. From being quite unable to assist himself in any way, he can now walk about with the help of a stick. He had been a great water drinker, so he suffered very considerably for nearly a month from thirst, but he resolutely refrained from yielding, and now he feels no desire for liquids. In nearly every detail his diet was such as I had adopted, only he had neither whiskey nor tobacco.

"When, by the urgent advice of the late Dr. Warburton Begbie, I gave up the Banting system of reducing corpulence and resumed my usual diet, I very rapidly became heavier than before. I am satisfied now that the easiest way to lessen obesity with safety is to reduce the quantity of food, and especially of drink, to a minimum. A moderate amount of butter and fat should be taken daily. Sugar and starch ought to be avoided as far as possible, while potatoes and bread must be refrained from absolutely. Vegetables, however, are not contraindicated, but those which are most suitable are onions, leeks, spinach, stewed celery, cauliflower, brocoli, Brussels' sprouts, asparagus, young cabbages, and such like. From much observation, I am quite confident that fresh salmon, properly cooked,* with no lobster or other sauce than the water in which it has been boiled, and eaten without

*Salmon, however, is seldom properly boiled, save on the banks of the River Tweed, or by those who are acquainted with the plan of treating the fish before boiling, and of cooking it, which prevails there. The fish as soon as possible after having been caught, must be "crimped," that is, it must be split up longitudinally along the back, then cut crosswise into pieces of just such a size as to form a portion suitable to help to each guest. When the fish is to be cooked, the water in the fish kettle, to which twice as much as two conjoined hands can lift of salt has previously been added, is brought to the boil, and the pieces of fish put in, arranged upon the drainer just as they are afterwards to be placed upon the dish. The water is again brought fully to the boiling point, and kept so assiduously by the cook for five minutes. At the termination of that period the fish-kettle is removed from the fire, and the fish taken out upon the drainer. If these details are attended to, the salmon will be boiled to perfection, and will be found not only perfectly digestible, but possessing a delicacy of flavor not brought out by any other method. To boil salmon whole, as is frequently done, is simply to do an injustice both to the fish and to the person who is to partake of it.

potatoes or other objectionable vegetables, in moderate quantity is a perfectly digestible fish, notwithstanding all that has been written to the contrary.* An occasional warm bath is to be recommended, and some such laxative as a seidlitz powder may be prescribed along with the diet I have indicated. Moderate exercise only should be taken."

The plan of treatment which Dr. Turnbull and James Downie have found so beneficial is one not altogether unknown, though the rationale may be more difficult to explain. Thus Dr. Mitchell Bruce says,† "A copious supply of water increases nutrition up to a certain point, especially the deposit of fat, and is therefore extensively employed in hydro-therapeutics." And again Dr. Thomas King Chambers remarks,* "Where heart disease is complicated with obesity, especially if the fat is accumulated in the chest, the enforcement of a dry diet is still further to be viewed as imperative, inasmuch as it contributes powerfully to the reduction of the hypertrophied adipose tissue." In all cases a most important point would seem to be the separation of the ingestion of solids and of liquids in regard to time. Thus any liquid should be taken in the interval between meals, and not at the time of or along with solid food. The observation of a dry diet contributes greatly to the comfort of obese patients, and, as has been seen, is in itself a curative.

EPSOM SALTS IN THE TREATMENT OF ACUTE DYSENTERY.—Powdered ipecac is the remedy which is most frequently used in the treatment of acute dysentery, and in India large doses of it are considered the best method of attacking the disease. There are, however, objections to be raised against the administration of large doses of ipecac in this disease. Its influence is depressing, and this action is promoted by the nausea and vomiting, and, further, the vomiting may become uncontrollable. The disease is one which is accompanied by much nervous depression, which it is important not to increase.

After observing a number of cases in which there were marked depressing effects from ipecacuanha, Dr. A. W. Leahy began treating cases of acute dysentery with a saturated solution of sulphate of magnesium, following a recommendation of Bartholow's, who regards the administration of sulphate of magnesium as the most efficient treatment of this disease, particularly in the acute stage. Dr. Leahy gives a table of nearly one hundred cases treated at Hyderabad among the poorer class of patients, the vitality of many of whom was at an exceedingly low ebb when they came under treatment. Out of ninety-five, three died; two out of these three cases were stated to have been in a moribund condition at the time of their admission to the hospital. It appears that, on an average, two day's treatment with Epsom salts is required to produce disappearance of dysenteric symptoms. The treatment subsequent to the production of this condition consists of an astringent mixture, with opium. The method of administration is to take a sufficient quantity of sulphate of magnesium to saturate seven fluid-ounces of water, and to this saturated solution add one ounce of diluted sulphuric acid. The dose of this is a tablespoonful every hour or two in a wineglassful of water until it operates. Sulphate of morphine may be combined with it, or starch enemata with laudanum may be employed. Dr. Leahy claims that in the earlier stages of dysentery this saturated solution of Epsom salts acts like a charm; fever, if present, disappears; mucus and blood are wanting in the stools, which become copious, feculent, and bilious; the tenesmus ceases; the patient's anxiety diminishes; the skin acts well, and sleep follows the administration of the first few doses. It is especially in acute cases that sulphate of magnesium is so valuable; the more chronic the case becomes, the less apparent are the advantages of this method of treatment. Dr. Leahy has ordinarily given a drachm of this saturated solution with ten drops of dilute sulphuric acid every hour or two until its effects became evidenced in the feculent character of the stools and their freedom from blood and mucus, or until the temperature has fallen, and the pain and tenesmus have ceased. When the stools have become normal in color and appearance, and the patient only passes two or three in the twenty-four hours, an ordinary astringent mixture of acid with laudanum or tincture of

*Even Dr. Burney Yeo, in formulating some rules of dietary in obesity, which correspond on the whole pretty closely with those laid down by Dr. Turnbull, says, "Eels, salmon, mackerel, are best avoided."—*Food in Health and Disease.* Cassels & Co., 1880. †*Materia Medica and Therapeutics.* Sixth edition, 1888 p. 151.

Indian hemp, or a pill containing the extract of opium, is usually all that is necessary to complete the cure. It is, of course, imperative to diet the patient with great care. This treatment Dr. Leahy compares with that by ipecacuanha as follows: It has no depressing action on the system, it neither produces nausea nor vomiting; it quiets and soothes the patient. In twenty-seven cases of acute dysentery among Europeans all were successfully cured. It is peculiarly in acute dysentery that the saturated solution of sulphate of magnesium will yield such excellent results. The more chronic the case the less likely is the remedy to prove of value.—*London Lancet.*

TUBERCULOSIS OF THE LIP.—Dr. Mackenzie said:—A young colored man, of about thirty-five, four months previous to his coming here, had noticed a small ulcer in the centre of the lip. He had had, prior to that, symptoms of pulmonary and laryngeal trouble; one month after that he noticed another ulcer filling out the angle of the mouth on the right side, that ulcerated slowly and invaded the inner surface of the cheek. He had well marked tubercular infiltration of the epiglottis, and ary-epiglottic folds with tubercular ulceration of both vocal cords. The ulcer was just about the centre of the lip, and was slightly less in size than a quarter of a dollar. It was a more or less granular, oval ulcer, on one side shading off into the surrounding tissues, and on the other side presenting a more or less clearly marked bevelled border. The base of the ulcer consisted of flabby granulations, some of them small enough to resemble small tubercles. The ulcer was covered with a more or less viscid muco-purulent secretion, and presented the characteristic worm-eaten appearance, such as we see in tubercular ulceration of the larynx. The ulcer at the angle of the mouth was similar in character. Delavan, in 1886, brought seven cases of buccal tuberculosis before the American Laryngological Association. At that time he was enabled to collect only 114 well authenticated cases of buccal tuberculosis. Possibly that number might be swelled now to perhaps 150. Of all the cases collected by Delavan, about 50 per cent. were ulcers of the tongue, which seems to be the most common place in which tuberculosis shows itself in the mouth, at the tip of the tongue most frequently, and next in frequency at the side of the tongue. Out of the 114 cases Delavan found but two cases in which the disease attacked the lips, so that these cases are extremely rare. Bacilli were found in very large numbers in the scrapings from the ulcers, thus indicating the true tubercular nature of the latter. Dr. Welch had seen a specimen supposed to be simply epithelioma of the lip. Microscopic section showed that there was no epithelioma, but that it was exquisite tuberculosis. There were miliary tubercles and diffused tuberculous tissue throughout the base and edges of the ulcerated mass. These cases are enough to show the possibility that cases which have passed for epithelioma of the tongue may occasionally have been tuberculosis.—*Mackenzie in Johns Hopkins Hospital Bulletin.*

A PLEA FOR THE MORE LIBERAL USE OF BUTTER.—No dietetic reform would, I believe, be more conducive to improved health amongst children, and especially to the prevention of tuberculosis, than an increase in the consumption of butter. Our children are trained to take butter with great restraint, and are told that it is greedy and extravagant to eat much of it. It is regarded as a luxury, and as giving a relish to bread, rather than as in itself a most important article of food. Even in private families of the wealthier classes these rules prevail at table, and at schools and public boarding establishments they receive strong reinforcement from economical motives. Minute allowances of butter are served out to those who would gladly consume five times the quantity. Where the house-income makes this a matter of necessity, there is little more to be said than that it is often a costly economy. Enfeebled health may easily entail a far heavier expense than a more liberal breakfast table would have done. Cod liver oil costs more than butter, and it is besides often not resorted to till too late. Instead of restricting a child's consumption of butter, I would encourage it. Let the limit be the power of digestion and the tendency to biliousness. Most children may be allowed to follow their own inclinations, and will not take more than is good for them. The

butter should be of the best and taken cold. Bread, dry toast, biscuits, potatoes, and rice are good vehicles. Children well supplied with butter feel the cold less than others, and resist the influenza better. They do not "catch cold" so easily. In speaking of children I by no means intend to exclude other ages, especially young adults. Grown-up persons, however, take other animal fats more freely than most children do, and are besides allowed much freer selection as to both quality and quantity. It is not so necessary to raise any clamor for reform on their account. It may not be out of place to remark that if a greatly increased demand for fresh butter should result from a change of custom such as that suggested, it could easily be met by those concerned. There need be no increase in the cost of the article, whilst at the same time a benefit would be conferred on our home farmers.—*Hutchinson's Archives of Surgery.*

NOTHING NEW UNDER THE SUN.—It is curious to find that, something like the present day, theories of a struggle between the microbes and leucocytes must have been in vogue more than a century ago, otherwise this bit of satirical burlesque could scarcely have been written and played.

Persons—The Devil as Hellebore, President of the College; Dr. Last, a new Licentiate; other Doctors and Pupils.

Hel. . . . Proceed we now to the lecture! Brethren and students, I am going to open to you some notable discoveries that I have made respecting the source or primary cause of all distempers incidental to the human machine. And these, brethren, I attribute to certain animalculæ of piscatory entities, that insinuate themselves through the pores into the blood, and in that fluid, sport, toss, and tumble about, like mackerel or cod-fish in the great deep. And to convince you that this is not a mere *gratis dictum*, an hypothesis only, I will give you demonstrative proof. Bring hither the microscope!

Enter a SERVANT *with a microscope.*

Doctor Last, regard this receiver. Take a peep.

Last.—Where?

Hel.—There. Those two yellow drops there were drawn from a subject afflicted with the jaundice.——Well, what d'ye see?

Last.—Some little creatures like yellow flies, that are hopping and skipping about.

Hel.—Right. Those yellow flies give the tinge to the skin, and undoubtedly cause the disease. And now for the cure! I administer to every patient the two-and-fiftieth part of a scruple of the ovaria or eggs of the spider; these are thrown by the digestive powers into the secretory, there separated from the alimentary, and then precipitated into the circulatory, where, finding a proper nidus or nest, they quit their torpid state, and vivify, and upon vivification, discerning the flies, their natural food, they immediately fall foul of them, extirpate the race out of the blood, and restore the patient to health.

Last.—And what becomes of the spiders?

Hel.—Oh, they die, you know, for want of nutrition. Then I send the patient down to Brighthelmston, and a couple of dips in the salt water washes the cobwebs entirely out of the blood.—From Foote's "*Devil on Two Sticks.*" —*Edin. Med. Jour.*

THALLIN IN TYPHOID FEVER.—Dr. F. Schmidt, in his graduation thesis at Berne in 1889, reports the results which he obtained in the employment of thallin in twenty-two cases of typhoid fever, the remedy being given in doses varying from ¾ to 3 grains in a day, with nothing given at night. The following are his conclusions (*Les Nouveaux Remèdes*, July 24, 1890). (1) The mortality of typhoid fever treated by thallin is less than that obtainable by any other mode of treatment. (2) Thallin, in the doses above mentioned, distinctly reduces the temperature in cases of moderate intensity, but in typhoid fever of extreme gravity this dose is insufficient; it also would seem that the patients support thallin better than cold baths. (3) In general the duration of the disease is not diminished, although this effect would appear to occur in a few isolated cases. (4) No unfavorable secondary action was noted either on the heart or lungs; there was no collapse or irritation of the kidneys; nevertheless, basing his conclusions on the results obtained by other authors, Schmidt advises the withholding of thallin in all cases where renal lesions have been

detected. (5) Thallin maintains a favorable influence on the sensorium in all cases of typhoid fever except those of extreme gravity. (6) Complications and relapses are not prevented by the use of thallin any more than by any other form of treatment. (7) If it is impossible to discover any specific action of thallin on typhoid fever, at least it would appear that certain effects exist which render this action probable. Finally, the author considers the treatment by thallin, in the majority of cases, as in no respect inferior to that of cold baths, and in cases where there is a rapid progress of the disease would even seem superior. After having analyzed the thesis of Schmidt, Butimeyer adds that he has never observed collapse even after doses considered excessive, even more than 7½ grains being given. In this amount thallin appears to clear the brain in severe as well as in the milder forms of typhoid fever.—(*Therapeutic Gazette*, September, 1890.)—*Edin. Med. Jour.*

THE PRESCRIPTION OF IRON IN ANÆMIA.—In his interesting articles on Anæmia, Dr. Stephen Mackenzie discusses with some care and anxiety the proportions of alkali to be combined with sulphate of iron in Blaud's pill. Let me assure Dr. Mackenzie and your readers that these proportions are of no importance whatever, and that the alkali may be omitted without therapeutical loss and with much practical convenience.

For the last five years of my practice I ceased entirely to use the alkali, and my results were equally good. The mistakes and failures in treating adolescent and chlorotic anæmias are often due to the prevailing economy in the use of the iron. With five, or even ten, grain doses of citrate of iron little real progress may be made in many cases. No form of iron is so efficient as the sulphate, of which gr. j thrice daily is to be given for a week, then two grain doses for ten days, and so on till nine, or even twelve, grains are taken in the day. The drug should be gradually reduced in like manner, and the course should never be less than three months in duration, or relapses may occur. In obstinate cases the addition of $\frac{1}{50}$ gr. of strychnine, or ¼ gr. of phosphide of zinc are invaluable aids. Most patients require the inclusion of gr. ½ to ¼ of extract of aloes to prevent the constipating effect of the sulphate, but Dr. Mackenzie rightly denies that constipation is the cause of chlorosis, or even generally coincident with it. This error is due to reasoning from an insufficient number of careful records.

Iron pills should be carefully made from the dried sulphate and not with gums, which by hardening make the pills insoluble. In any case it is better to order the pills to be freshly made every week, if not even more frequently. Patients who are unable to take pills are best treated with the saccharated carbonate of iron, of which three or four large teaspoonfuls may be given in the day.—*T. Clifford Allbutt, in The British Medical Journal.*

FLEINER ON THE DIURETIC ACTION OF CALOMEL IN RENAL DROPSY.—The general opinion that calomel is contra-indicated in renal dropsy is founded on the assumption that the drug acts on the epithelium of the kidney. When, therefore, the epithelium is considerably affected or partly destroyed, as in so-called parenchymatous nephritis, the mercury, by acting on the already weakened and scanty epithelium, would, presumably, do little good and possibly much harm. Rosenheim's experiments seemed to prove the truth of this theory. Fleiner, however, has found that facts are somewhat opposed to the general belief. Two years ago Professor Erb gave a lecture on calomel as a diuretic, and mentioned a case of chronic parenchymatous nephritis with general dropsy, in which, after all the customary diuretics and diaphoretics had failed, the œdema rapidly gave way under the calomel treatment, and the patient finally left the hospital with scarcely any appearance of anasarca. Fifteen months later she appeared again, and stated that all the intermediate time she had been able to work, and had not had dropsy to any great extent. Her disease now presented the characteristics of secondary contracted kidney. This case made its due impression on Fleiner, then a student under Erb, and the case he details here with extraordinary preciseness and lengthiness is, so to speak, a twin of Erb's. The case was one of Bright's disease, threatening death from advanced dropsy. All other remedies proving useless, calomel was exhibited

in large doses, and *on two occasions in a few days* caused a marvellous improvement, the second time the œdema completely vanishing. Here, as in Erb's case, the patient, after the second treatment with calomel, had, as proved by his urine and the post mortem (he died suddenly two months after), a contracted kidney, chronic parenchymatous and interstitial nephritis.—*Berl. Klin. Woch.*

TREATMENT OF THE DIARRHŒA OF CONSUMPTIVES.—Polyak reports the results obtained by him in the treatment of diarrhœa of consumptives with silicate of magnesia (in the form of talc) proposed by Debove, and lactic acid proposed by Sézary e Aimes. About 250 grammes of talc were administered in 500 grammes of milk. As a general rule diarrhœa ceased after some days, but reappeared as soon as the remedy was discontinued. Patients preferred milk mixed with talc to ordinary milk, but it was found impossible, nevertheless, to prolong its use beyond six or seven days, as patients complained of a sense of oppression in the epigastrium. The author does not believe that a cure of the intestinal ulcers can be produced by prolonged use of talc. The results were more favorable with lactic acid. He began with 1 gr. 80 of lactic acid in 120 grammes of milk; the dosage was gradually increased until 4 gr. 50 were taken per diem. As early as the third day the diarrhœa and pain had disappeared, and one or two days later the motions had become natural. It was thought well to continue the drug in small doses for some time after the cessation of diarrhœa. The patients bore lactic acid well; no troublesome secondary symptoms were observed unless the drug was used too long. Dr. Polyak believes that, thanks to the lactic acid treatment, we can even look forward to the cure of intestinal ulcers.—*Courrier Méd.*, 1890. *L'Union Médicale*, Nov., 1890.—G.A.F.

PYOKTANIN IN THROAT AFFECTIONS.—Basing his experiments on the work of Stilling with regard to the employment of the aniline dyes as antiseptics, Bresgen tried pyoktanin (methylene blue) in eighteen cases in which he had cauterized the nasal mucous membrane, in order to lessen the inflammation and suppuration after the operation. Methylene blue tablets were used to make a solution of 2 : 1000. Immediately after cauterizing, the mucous membrane was painted with absorbent cotton saturated with this solution. The result of this treatment was to diminish the inflammation and pain; but suppuration, although diminished, was not completely avoided. In several retro-nasal affections, pyoktanin, employed after cauterization, seemed to stop the purulent secretion quicker than the ordinary treatment. In a case of abundant secretion coming from the posterior wall of the larnyx, painting, by means of absorbent cotton saturated with a solution of pyoktanin, is said to have diminished considerably the formation of dry crusts.—*Journal de Medicine de Paris.*—G.A.F.

GRAVE ANÆMIA CURED BY RECTAL INJECTIONS OF SALT WATER.—In a case of grave anæmia occurring after delivery, O. Heer tried ergot stimulants, brandy, coffee, etc., without success. Rectal injections of tepid salt water were then tried, five grammes of salt being used for a litre of water. Two litres were injected; a great part was absorbed. The pulse improved, and the general condition ameliorated. Some hours later a second collapse. Rectal injection was again resorted to, and final success obtained. —*Revue Méd de la Swisse, Nomande*, 1890, No. 6.—*Lyon Medical.*—G.A.F.

FIBRIN AS A PERMANENT PACKING AFTER OPERATIONS FOR STRUMOUS AFFECTIONS.—Professor Kraske (Freiburg), rather than aim at union by first intention in such cases, would pack the wound, and has found fibrin impregnated with iodoform to be most suitable, destroying any remnant of tuberculous matter, and permitting good results as regards fuctional usefulness after operation. The wound must be carefully dried and the packing pressed into every corner of it. The dressing is changed after four or five days, and then again when healing has occurred. The method of preparing the fibrin is described. Professor Kraske has also employed muscular tissue for the purpose.—*Beitrage zur klinischen Chirurgie.*—*Edin. Medical Journal.*

Quinine is now worth the small sum of 25 to 30 cents an ounce.

THE
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF THE MEDICAL SCIENCES.

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TORONTO, APRIL 1, 1891.

MEDICAL HEALTH OFFICER OF TORONTO.

At last, after many weary months, Toronto has found a Medical Health Officer. Considerable interest has been manifested in the matter, a good deal of canvassing has been done, and the result shows that the unexpected has happened, as is so frequently the case; and, in the language of the sporting fraternity, "a dark horse has won." As will be seen in our personal columns, the new officer is Dr. Norman Allen, a young graduate who has been practising in Toronto for about four years. As to his fitness for the position, we know but little. His record thus far has been creditable as a student and a practitioner. While in England he paid some attention to the study of hygiene, though perhaps not so much as one of the candidates for the position.

Probably it is safe to say that Dr. Allen would not have been the choice of the majority of the profession of Toronto, simply because his capacities are, to a certain extent, an unknown quantity, especially as to administrative abilities. He has, however, many friends and practically no enemies. He is likely to enter upon his duties with the sympathy of the mass of the profession and the general public. We hope and believe the physicians of the city will cheerfully support him in his heavy undertaking. The loyal support of his professional brethren would be an immense assistance to him in various ways, and there is every indication that he will receive it.

The appointment is one of the most important that has ever been made in Toronto. The salary is too small. This fact has been felt rather keenly by the profession. The new officer has an opportunity to make for himself a great reputation. The responsibilities will be heavy, but the possibilities of distinction are great, and if he rises equal to the occasion he must, in time, receive proper remuneration for his work. We cheerfully extend congratulations and wish Dr. Allen success in the highest degree.

THE SPRING EXAMINATIONS.

This is a busy and anxious time for medical students. The dreaded examinations are at hand, and the results of the same are, for the time being, the all-important consideration for the trembling candidates. It is unfortunate that some of the examinations should commence as early as the middle of March. The sessions, as prescribed, are surely short enough; but when large portions are deducted from both extremities and the centre, they occasionally become abbreviated to a rather alarming extent.

Are the certificates of attendance from some of our medical colleges absolutely worthless? Are they sometimes positively dishonest? Are students sometimes registered after Christmas—say about the middle of January—with the assurance that they will receive certificates for attendance on lectures for a full session, when in reality it is not possible to attend longer than about two months?

Perhaps the Medical Council, in deliberating on changes in their curriculum, might consider the question of bogus certificates. But rumor says that members of the Council have a pretty good idea that such irregularities do occur, and are inclined to ignore such trifling matters. This is not altogether correct, as they have endeavored to put a stop to such dishonesty, of which both the authorities and students of some colleges are guilty, by requiring from candidates statements under oath respecting their attendance during the different sessions. Either the form of declaration is at fault, or some of the students are guilty of rather serious offences against the laws.

THE WATER SUPPLY OF TORONTO.

The grumblers in our wonderfully prosperous city, if other things fail, can always fall back on the subject of the water supply. Many thou-

sands have a very intimate knowledge of all the intricacies connected with the subject, and various are the schemes brought forward from time to time by these wise people. The favorite fad just now appears to be the gravitation scheme from Lake Simcoe. All you have to do is to bore a hole down hill to Toronto, Simcoe water will fill the hole, and everything will be lovely.

We have no objections to raise against the general features of this scheme, but there are some simple facts in connection with this question which may be worth consideration. We have a lake called Ontario, which is quite as large and quite as close to Toronto as Simcoe, and contains wonderfully pure water. The analyses by Dr. Ellis, as mentioned in Dr. Oldright's admirable paper of this issue, show that Ontario water contains less organic matter than Simcoe. We have a system of water works which at present is not perfect. Shall we spend a few hundred thousand in perfecting this system, or shall we throw an unknown number of millions down the long hole?

Meeting of Medical Societies.

TORONTO MEDICAL SOCIETY.

February 19.

The President, Dr. Spencer, in the chair.

Dr. Holford Walker presented a specimen of

A VERMIFORM APPENDIX REMOVED BY OPERATION.

The appendix, three inches in length, was removed from a lady who had suffered from four or five recurrent attacks of perityphlitis. When she came to the hospital a hardness could be felt in the right inguinal region. At the operation for removal, the appendix was found adherent to the adjacent bowel, and a small pus sac existed close to it. The greater part of the appendix was cut off, and the remainder was tucked in and sutures inserted. The patient made a good recovery, and is in good health.

Dr. McPhedran stated that operative interference in appendicitis in the quiescent stage was no longer advocated by authorities, provided that inflammatory effects pass off entirely, leaving no thickening, etc. He cited a case of recurrent typhlitis which was not operated upon, and on patient's death (from some other cause) the appendix was found perfectly normal. An objection to the operation is that the appendix cannot always be found easily, and its anatomical relations vary considerably.

Dr. J. F. W. Ross referred to a discussion he had recently heard at Albany on the question of operative interference. Deaths have occurred because of perforating appendicitis where operation would have saved life; the physician is too apt to hold his hand. Indications for the operation are when the patient is suffering from general peritonitis (appendicitis being suspected as the cause), and is doing badly; after twelve hours a surgeon should be called in to operate.

Dr. Machell, Dr. Peters, Dr. Greig, and Dr. Spencer, discussed the cases further, and Dr. Walker stated in his reply that, in his own experience, he remembers patients who have died and in whom he believes now an operation would have saved life.

Dr. Walker also presented a specimen of a

CYST OF THE OMENTUM.

The patient from whom the specimen was procured had a tumor in the groin simulating a femoral hernia; there was impulse on coughing. At the operation a piece of omentum was found in the crural canal, and what appeared to be a piece of bowel, but which subsequently was found to be an omental cyst. The whole was removed, and recovery was uninterrupted.

Dr. Gordon presented a specimen of an

ABDOMINAL CYST IN A NEW-BORN CHILD.

The following history was narrated: A woman, apparently in normal labor, vertex presentation, was attended by Dr. Bentley; as delivery was protracted the forceps was applied, and the head pulled away from the trunk with but slight traction. The arms were in a similar manner severed from the trunk, traction being made upon them. Dr. Gordon, who saw the case at this stage, introduced his hand into the vagina and uterus, and in doing so penetrated the wall of a cyst, from which poured about twelve quarts of fluid, clear in color. The rest of the child was then easily delivered. There was found to be a large cyst distending the abdomen of the child, extending up to the umbilicus and the diaphragm, and involving the uterus and bladder. There was apparently no urethra present,

In cases of a similar character recorded, the uterus and bladder were involved.

Dr. Bently related some further details of the case.

Dr. J. F. W. Ross presented a specimen of an

ŒDEMATOUS MYOMA.

It was multinodular and presented one very peculiar excrescence on the surface, the size of a walnut. It was a myoma of the broad ligament. Tait says that these myomata are always single; this specimen, however, shows that the statement is incorrect, and that multinodular myomata may become œdematous. The cavity of the uterus was large enough to admit three fingers, and was full of nodules, but no hemorrhage had occurred.

Dr. Atherton presented a specimen of a

DERMOID CYST OF THE OVARY.

The tumor had been removed from a girl twelve years of age. The swelling had extended to the umbilicus; the symptoms were chiefly pain. At the operation several openings in the sac were found and some points sphacelated; this accounted for an attack of peritonitis which she had had four days prior to operation. The tumor had been examined microscopically by Dr. John Caven, who found almost every tissue in the body represented, cartilage, hair, etc.; parts of the tumor were pigmented.

February 26th.

The President, Dr. Spencer, in the chair.

Dr. Doolittle narrated a case of

APPARENT DEATH IN THE NEW-BORN.

There had been a breech presentation, and all the body was born, save the head, when Dr. Doolittle first saw the patient. He does not know how long the trunk had been born before his arrival. The head was delivered three or four minutes after. The woman had not felt fœtal movements for three days. At first it was thought that the child was dead, but the heart was observed to be beating, and artificial respiration was at once resorted to, and the child resuscitated. The hands remained dark and almost gangrenous-looking for twenty-four hours, but after that they gradually became of good color, and the circulation became well established.

Dr. B. E. McKenzie narrated the history of a case of

SPONTANEOUS DISLOCATION AT THE HIP.

A woman, æt. 22, was getting into bed, when she was suddenly seized with pain in the hip, so severe that chloroform had to be administered before she could get to bed. For some weeks she suffered from pain, and lay with flexed knee; the deformity could, however, be entirely corrected under chloroform. Dr. McKenzie was called to the patient at this juncture; he found, under chloroform, a posterior dislocation of the head of the femur. It was easily reduced, and was then placed on a splint, and kept fixed for some weeks. She is now (three months after reduction) walking, but not as well as she would have done had it been a simple dislocation.

Dr Spencer narrated a case of

POISONING BY ANTIFEBRIN.

A child, five years of age, had swallowed in mistake a drachm of antifebrin. He became very blue and respirations slow. Stimulants were freely given, hot bath etc., and the child recovered. The antifebrin had an excellent effect on the whooping cough, for which it had been prescribed in this case, in doses of three grains each.

Dr. J. M. Macallum stated that this case demonstrates the fact that children are less susceptible to antifebrin than adults.

Dr. Nesbitt said that recently a fatal case of poisoning by antifebrin had been recorded in the journals. As regards treatment of poisoning, the application of cold might have proved beneficial, as it does in poisoning by antipyrin.

Dr. N. A. Powell gave a most interesting demonstration of photographing office patients by flash light.

March 12th, 1891.

The President, Dr. Spencer, in the chair.

Dr. Britton exhibited a mulberry calculus, which he had removed from a boy ten years of age by the operation of

SUPRAPUBIC LITHOTOMY.

From the age of two the boy had suffered from irritability of the bladder, and there had been great pain during micturition for two years prior to operation. Dr. Britton passed a sound into the bladder, and detected a stone. An operation was advised and agreed to by the parents. It was thought wise to resort to the suprapubic method of reaching the bladder; the boy was

fat, the perineal operation would therefore have necessitated a deep wound in a narrow space, and it was consequently deemed simpler and safer to open the bladder above the pubes. A double-canula silver catheter was passed into the bladder and the viscus washed out; fluid was then injected in order to distend the bladder, and this was retained by fixing a cork in the mouth of the catheter. The point of the catheter could be made to protrude above the pubes, so that it could readily be felt through the anterior abdominal wall. The bladder presented so prominently above the pubes that distension of the rectum was unnecessary in this case. There was no difficulty in reaching the bladder and removing the stone. The bladder was found healthy; sutures were inserted in the bladder wound, and the viscus was closed in this way by accurate adaptation of the sides of the incision. The soft catheter was passed by the urethra and fixed in position.

All went well until the fifth day, when the boy suffered extreme pain, and when Dr. Britton called at night he found that no urine had been passed all day. One of the external sutures was removed, and immediately urine spurted out with such force that it struck the ceiling, so great had been the tension. The sutures were then all removed and the catheter was reintroduced and fixed in the bladder; a competent nurse was employed and subsequently the patient made an uninterrupted recovery. On the 13th day the catheter was removed, and thereafter the boy passed water entirely by the urethra. In speaking of tieing a catheter in the bladder, Dr. Britton stated that the catheter should be made of soft rubber; the gum-elastic catheter causes irritation, and is objectionable on that account. The suprapubic method of opening the bladder has been alternately advocated and condemned by authorities for many years. Sir Henry Thompson speaks highly of it, and Gross refers to it as the operation of the future.

Dr. King advocated draining the bladder by a perineal incision into the membranous urethra after the operation of suprapubic cystotomy.

Dr. Primrose referred to the danger which existed in cutting down upon the point of an instrument introduced by the urethra and made to protrude above the pubes. Whenever the slightest opening is made into the bladder, the fluid escapes, the bladder walls collapse, and, in doing so, cling to the end of the instrument. The cellular tissue in front of the bladder is much disturbed by such a proceeding, and this favors the production of urinary infiltration. With regard to the suturing of the bladder wound, Dr. Primose stated that sutures should only be introduced in those cases in which there had been no laceration of the edges by the extraction of a rough or large calculus and where the bladder wall was healthy.

Dr. Powell and Dr. MacDonald also took part in the discussion, and Dr. Britton, in reply, stated that although the catheter was used as a director, it was not cut down upon in the manner indicated by Dr. Primrose; the point was withdrawn from the bladder wall, two sutures were introduced and the incision made between them. Dr. Britton's reasons for preferring the suprapubic to the lateral operation were because the perineum was deep and narrow, and in these cases in children there exists also the danger of transverse tear of the membranous portion of the urethra.

Dr. Acheson narrated the history of a case of

FOREIGN BOBY IN THE CHEST WALL.

A piece of lead-pencil three inches long was exhibited. The patient was a boy who was hemiplegic, and on November 8th he fell upon the paralysed side and stated that he had driven a lead-pencil into his chest. Nothing could be seen on the surface but a small opening like a bullet wound, in the axillary line between the eighth and ninth ribs. Dr. Acheson enlarged the wound and examined the cellular tissue in the neighborhood, but could detect nothing. The wound was stitched up, dressed antiseptically, and it healed kindly. On November 25th, Dr. Acheson was sent for and told that the pencil was coming out; he found the point protruding in the back, just to the left of the mid-dorsal spines. The pencil, which was lying in a suppurating sinus, was removed; the sinus was washed out, and it healed nicely. The question was, where was the pencil in the meantime? It must have been concealed under the ribs, as a careful search was unsuccessful in detecting it at the time of the accident.

Dr. Britton referred to a child who drove a slate-pencil into the cheek. It could not be detected on probing, but two weeks after the

accident it was found protruding in the mouth and was removed.

Dr. A. F. McKenzie related the history of a young man who, sliding off a load of hay, alighted on the handle of a hay-fork, which entered the scrotum and penetrated his body, burying a portion of the fork-handle as long as one's arm in the man's body; it was withdrawn immediately. Dr. McKenzie, on examining him afterwards, found the wound in the scrotum, and could detect the track of the fork-handle up over the anterior abdominal wall as high as the ribs. This track subsequently suppurated, and a piece of cloth, evidently part of the man's trousers, was removed from below the ribs. The man recovered.

Dr. Spencer narrated the case of a man who ran a lead-pencil into the axilla. The wound healed, but subsequently a swelling appeared under the clavicle, and in this swelling a distinct and loud bruit could be heard; this bruit was transmitted and could be heard in distant parts of the body. The condition was one of aneurismal-varix, produced by a simultaneous wound of the axillary vein and axillary artery, and a subsequent inter-communication between these vessels.

Dr. Powell asked if it were not possible that the lead-pencil in Dr. Acheson's case passed around in the cellular tissue superficial to the ribs.

Dr. Acheson replied that had it been in the position indicated by Dr. Powell he would surely have detected it during the careful examination he made of the patient on the occasion of his first visit.

Dr. W. H. B. Aikins presented a specimen of

PYOSALPINX.

The patient, a married woman, had suffered from dysmenorrhœa, and the cervix had been dilated by the rapid method. The following day she had a high temperature, and on the fifth day died of peritonitis. On *post mortem* examination it was found that she suffered from pyosalpinx, and a small cyst near the ovary had ruptured, causing the fatal termination. Dr. Aikins was of opinion that the operation on the cervix had nothing to do with the cause of death.

Dr. Noble narrated the history of a case of

HÆMATOMA OF THE SCALP,

which developed in a child two days after birth

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

January, 1891.

The President, Dr. Henry M. Wilson, in the chair.

Dr. W. P. Chunn related an instance of

APPARENT GROWTH OF THE PLACENTA AFTER LABOR.

The patient was 28 years old and had been married five years. She had had no children at full term, but had had three miscarriages. The first and second miscarriages occurred at about the fourth month of gestation. The last miscarriage occurred about May 10th, 1890. She had missed one period, and believed herself to be about six weeks pregnant. On the 10th of May she began to have bearing-down pains and hemorrhage, with the expulsion of blood clots, lasting some three or four days. Then the pain subsided, the hemorrhage ceased, and I regarded the uterus as empty. On the 12th of June, however, she was again seized with violent pains, and during the night was delivered of a placental mass larger than a man's fist, which I saw next morning. The patient, as well as myself, was surprised. The fœtus was searched for but no sign of it found.

Dr. Thos. A. Ashby: I have seen a somewhat similar case. The patient began to have hemorrhages about the sixth week of gestation. She was not under my care at that time, but I was called in four weeks subsequently, and she was then in the act of throwing off the fœtus. At the time of its removal, the fœtus was apparently at the sixth or seventh week of gestation, and partly decomposed. The placenta was not affected by decomposition.

Dr. G. W. Miltenberger: I have known the whole ovum to be retained for months after the death of the fœtus. In a recent case the contents of the uterus were not thrown off till full term, though the fœtus was dead at the third month.

Dr. L. E. Neale: I think it is very unfortunate that the specimen is not presented. The placenta is not developed at the sixth week of pregnancy. I see nothing in the history of the case opposed to the belief that it was a very ordinary case of abortion (not miscarriage) with escape of the embyro, and more or less com-

plete retention of the sac, chiefly chorion, that might have been removed by the curette long before it was ultimately expelled.

Dr. L. E. Neale read a paper on

THE INDICATIONS FOR CÆSAREAN SECTION.

This paper is intended to stimulate interest in and discussion of the subject, Cæsarean section versus craniotomy on the living child. Craniotomy upon the living fœtus is believed to be justifiable, but only as a dire necessity, not as an elective procedure, and should not be resorted to where there is a reasonable probability of success by the section.

If seen early enough, the induction of premature labor at the 32nd to 34th week by the method of Krause was a very strong antagonist to craniotomy upon the living fœtus. The range for this operation should not extend to a conjugata vera below 2¾ inches (7 cm.), or to one above 3½ inches (8.75).

The indications for the conservative section included all insurmountable obstructions to the delivery of the living and viable child per *vias naturales*. They include: tumors; pelvic exudations; hypertrophic elongation of the cervix cicatrises; stenoses; tetanus uteri; falliform uterine contractions, etc. He believed general opinion placed the limit for the absolute indication at a conjugata vera of 1½ inches, or 3.75 cm., and the relative indication extended from that point up to an undermined conjugata vera measurement, and included many other conditions besides pelvic contractions. Other things being favorable, a 2½ inch, or 6.25 cm., conjugata vera (Harris), 3 inch, 7.5 cm., conjugata vera (Lusk), called for section rather than craniotomy, but be warned against relying entirely upon pelvimetry in the relative indication.

In contracted pelves he preferred version to forceps when both were practicable. He insisted upon pelvimetry, and briefly outlined the methods. He believed it was chiefly by this means we could determine the indications for the section.

A conjugata vera of 3 inches, 7.5 cm., was generally admitted to be the least through which a living child of normal proportions could pass, and as Lusk maintained, if other diameters were lessened, or the contraction was not limited to the brim, it might require a conjugata vera of 3½ inches, 8 cm., or more.

No hard and fast line could be given; each case must be judged alone. The relative size of the head, its resistance, the past history, the uncoerced consent, the general conditions and surroundings of the patient, etc., were all important factors in the relative indication.

The life of the child was not "purely impersonal and scientific," but eminently personal and practical, and he believed the mother should run a reasonable risk in its interest. The life-saving of craniotomy could never be as great as that of Cæsarean section, for it started with a necessary mortality of 50 per cent. or half the lives at stake. But aside from all argument and comparative statistics, the section was decidedly restricting craniotomy. All depreciate the repeated performance of craniotomy on the same woman. He accepted Carl Brann's rules for the relative indication.

Craniotomy was safer for the mother than section, but piecemeal extraction was equally if not more dangerous. Ex. 92, conjugata vera 2½ inches, 6.28 cm., or less.

If conservative delivery per *vias naturales* had been attempted and failed, this was a strong point in favor of craniotomy and against the section under these increased dangers.

He strongly depreciated conservative tampering and then resorting to the section. Many lives had been thus sacrificed. If we desired success, we must make the section an elective operation, and not a procedure of dire necessity.

Dr. Miltenberger: With regard to the paper of Dr. Neale's, confined as it is to the indications for the Cæsarean section, there is nothing which I would controvert. The confusion and discrepancy of opinion have arisen from want of definiteness and clearness as to the relative indications. If we take the statistics of craniotomy generally, including all cases, we get no positive resulting data to guide us.

Where the pelvis is so constructed as to necessitate the piecemeal extraction of the fœtus, it is recognized undoubtedly as the most serious of obstetric operations, and more dangerous than the Cæsarean section. Where, on the other hand, craniotomy is required, the operation is simple and the danger to the mother in proper hands should not be greater than from the application of the forceps.

Now it is just in this latter class that the doubt

arises. The smallest conjugata vera diameter through which a living child has been expelled is 3 inches, or as has been claimed 2¾, but with this we cannot expect to save the child through the natural passages. But whether with this or a little more available space, we must recognize the prime and absolute importance, as the doctor states, of pelvimetry, and to its thorough practical study and application must we mainly look for increased certainty. Especially does this hold as to external pelvimetry, the best instrument by far being the hand of the obstetrist.

Now, while it is true the measure here of the conjugata vera by the finger may not be perfectly accurate, and we require also to learn the available space in the transverse diameter, yet with care it sufficiently approximates the truth for our purpose. But, on the other hand, as the doctor has said, we cannot accurately determine the size of the child's head, its degree of ossification, etc. It is true that by bimanual examination we can approximate the truth, but not exactly obtain it. I have known an accomplished accoucheur persist for a long time in the use of the forceps before he recognized that he was dealing with a hydrocephalic head. Thus both the factors have elements of uncertainty. It is just in this class of cases that the doubt and uncertainty arises.

When the practical obstetrist meets with a case of dystocia from this cause, by internal measurement he satisfies himself as far as possible that he has 3 inches of available space in the conjugata vera, or even above this; without a full knowledge of the size of the fœtal head, he naturally applies the forceps or proceeds to turn and not improperly; but if he fails, he has already violated the first fundamental law in Cæsareotomy, to resort at first to the knife without any previous operative manipulation. If such manipulation has been at all prolonged, the choice is not between craniotomy and Cæsarean section, but between craniotomy and a Porro.

Fortunately, pelves contracted to this extent are rare in this country, particularly in the higher walks of life.

The operation of Cæsareotomy is in itself sufficiently simple, and the modern section is undoubtedly one of the greatest advances in modern obstetrics, while its success constitutes a brilliant epoch in our recent history. In the hands of those skilled in its technique, and taught and trained by experience, there is every reason to trust and believe that the modern Saenger will extend still further its successes; and that as an operator gains tact and knowledge with every case with which he deals, and as a part of his success must depend upon his absolute command of his patient and her surroundings, it is most likely the old picture will be reversed. and with our aseptic and antiseptic precautions, hospitals will offer a smaller rate of mortality than private pratice.

Fully realizing, as I do, the success of the modern Saenger, and the lessened mortality rate which has been achieved, yet we know that no abdominal section is entirely free from danger, and I am therefore forced to the opinion that Cæsarean section will not completely supplant the old operation, and that there still remains a field, although markedly limited, for craniotomy on the living child.

Dr. J. Whitridge Williams: I am sure that all of us are greatly indebted to Dr. Neale for the very clear manner in which he has set forth the indication for the operation, and I almost entirely agree with him.

The absolute indication I would place at 5 to 5½ cm., or 3 inches, and the upper limit for the relative indication at 7½ cm., or 3 inches. Within these limits, unless the child be abnormally small, there should be no question as to the use of forceps; and the question to be decided is whether craniotomy or Cæsarean section should be done. Theoretically, I would choose the section in all cases that appeared favorable; but, practically, I might waive my theory in the case of a primipara which had not been examined previous to labor, for in that case it might appear very hard to submit a young woman to such a risk without any previous intimation of her danger.

But if I performed craniotomy under these circumstances I would warn her that in becoming pregnant again she would take the responsibility of the child's life upon herself, and that I would refuse to perforate in subsequent pregnancies.

The mortality of the operation need not dismay us, for Munchmeyer has lately reported

the latest statistics of Leopold, in which he reports 28 Saenger operations with the loss of three mothers and one child, and 7 Porro operations with no maternal deaths.

Dr. B. B. Browne: I had a case recently upon which I did Cæsarean section. The woman was 27 years of age; she had had one child; her labor was two years ago, when she had convulsions, and a ovariotomy was done. As a result of injury received at this time, the uterus sloughed, and there was complete atresia of the vagina. This atresia was afterwards opened up, and she became pregnant. The vagina was contracted by cicitricial bands, and an opening could be felt in the side of the cervix, but to the left of the opening was a cup-shaped cavity which might have been the old cervix.

She was not sure of the time of impregnation; she was swollen, and her urine solidified with albumen upon heating; labor pains began Dec. 20 and continued for one or two days, but there was no dilatation. She came to the hospital Dec. 22; she had severe uterine contractions that day, and came for the purpose of having Cæsarean section done, but next day the pains had all gone; the night of January 1st the water broke, and severe pains began. The cicatrical bands about the cervix were cut, and Elliot's forceps were introduced. Both blades of Tarnier's forceps could not be gotten on. After several efforts I concluded that she could not be delivered in that way. In the morning the fœtal heart was distinct; in the afternoon it was feeble.

The section was made without difficulty; the placenta was attached in front; the child could not be resuscitated; the placenta was readily detached, and the uterus was cleaned out and closed by the Saenger method. The operation was done on Friday, and the patient did well until the following Tuesday, when she sank rapidly and died in a few hours.

The woman had grave kidneys disease, and had little chance of recovery on that account.

In this case several things are to be considered: 1st, the woman was perfectly willing for the operation; 2nd, her life, from the condition of her kidneys, was not insurable, and the child had a good chance of living; 3rd, she had much difficulty in the former craniotomy, and barely escaped with her life.

Dr. Ashby: I have had the good fortune to witness two Cæsarean sections. One, the case of Dr. J. G. Jay, of this city, several years ago, and the recent case reported by Dr. Browne. I was impressed with the ease with which the operation can be done. Its mechanical execution is certainly much less difficult than that necessitated by many intra-abdominal operations. Hemorrhage is easily controlled, and the closure of the uterine wound is not a difficult undertaking.

In the case of Dr. Jay, the mother made a prompt recovery, and the child perished simply because of the unavoidable delay which was experienced before an attempt at the removal was made. Its death had, in my opinion, no relation to the operation, but to causes which antedated the section. I am convinced that in the case of Dr. Browne the child could have been saved had no other method of delivery been attempted. The section, I think, bore no relation to its death. In this case the operation was skilfully done, and I am inclined to believe that the mother's death should be assigned chiefly to her kidney complications. She was a bad subject but bore the section well.

My opinion of the Cæsarean section is altogether favorable. It has come to stay, and with an improved technique and larger experience will be approached with less hesitation.

Dr. Neale: As no points were raised against the paper, I have nothing to say in its defence. I did examine Dr. Browne's case, and told him in my opinion it was no case for the section. The chief obstruction was in the soft parts, that in the pelvis was very slight, if any. I thought it possible to deliver the child alive per *vias naturales*, but was sure it could be readily extracted after craniotomy. Owing to the kidney complication, the mother was in a most unfavorable condition for the section, and for that matter the child also, therefore I advised against this operation.

However, after once beginning a conservative delivery per *vias naturales*, which was persisted in too long (30 min.), I certainly never should have resorted to the section in that case, with both child and mother in the then most unfavorable condition, but would have delivered at once by craniotomy.

Hospital Reports.

A CASE OF HEPATIC ABSCESS—OPERATION—RECOVERY.

UNDER CARE OF DR. LACHLAN M'FARLANE, IN TORONTO GENERAL HOSPITAL.

(Reported by L. F. Barker, M.B., House Surgeon.)

Considering the comparative rarity of abscess of the liver in individuals who have never lived in a tropical climate, together with the fact that abscesses so occurring are, as a rule, secondary to dysentery, a brief description of the following case may be of interest:

E. B., æt. 46, born in England, admitted to Toronto General Hospital, Dec. 17th, 1890, under care of Dr. McFarlane. He had lived in England 24 years, since then in Canada; occuptions various, farming, railroading, hotel-keeping, etc.; always reckless and dissipated; often exposed to cold and wet. He has never been farther south than Boston, he has never had dysentery; has taken alcohol to excess; nine years ago he had dropsy of peritoneum, the abdomen was of immense size, and it was tapped once. Family history, negative. After admission, the patient was deprived of stimulants, and continued delirious up to Jan. 7th, 1891. The temperature varied from 99° to 103.5° at this time, without obvious cause. This condition continuing, pus formation was suspected, and careful physical examinations made repeatedly. Finally bulging in right side below ribs was noticed, and by Feb. 10th this swelling extended as low down as the umbilicus; complete dulness on percussion existed over the enlargement. The tumor moved with respiratory movements, but not freely. One of Dieulafoy's aspirating needles, being introduced, discovered pus. There existed, in addition, probably cirrhosis of liver, some pulmonary emphysema, and slight cardiac hypertrophy. Mentally, patient was weak; sometimes talked to himself. (The above notes have been epitomized from the clinical history of the case taken by Mr. S. D. Day).

On Feb. 11th, 1891, at 3.30 p.m., Dr. McFarlane operated as follows:—The patient was prepared in the usual way for abdominal section. Chloroform narcosis; an incision 7½ cm. long was made below the margin of the ribs and parallel to them. The liver was found adherent to the abdominal wall. A free opening was made into the parenchyma of the organ; about one litre of yellowish-white pus was evacuated. Two drainage tubes were passed to the bottom of the wound after thorough irrigation with a hot solution of boric acid, 1-20. The skin edges were approximated by silk sutures; a large dressing of bichloride gauze and absorbent cotton was applied.

Progress of Case.—Considerable hemorrhage occurred through the night. The dressing was changed at 12 p.m. The cavity was washed out with hot boric acid solution, and dressing, as before, applied. Feb. 14th: the dressing was changed for the fourth time. Discharge now greenish-yellow. Feb. 15th: On changing the dressing one found very little pus, but abundance of bile and mucus. In the drainage tube a gall-stone was found weighing 1½ grains. Feb. 16th: Drainage tubes removed. Cavity packed with iodoform gauze. Feb. 20th: Wound has been dressed daily since the 16th. Since that time the patient has been taking syrup of the iodide of iron and cod liver oil, with nutritious diet. The temperature has been natural since the operation. Feb. 21st: To-day the patient developed facial erysipelas and was removed to the isolation wards. March 4th: Erysipelas gone. The wound granulating nicely; discharge diminishing. March 17th: The wound is healed. General strength improved. Patient will soon be discharged.

Remarks on the Case.—Examination of the pus collected in a sterilized tube revealed numerous groups of staphylococci. Smear cover-glass preparations stained in the Hospital Clinical Laboratory with Gram's method showed as many as twenty of the grape-like bunches in one field (Leitz syst. 7, ocular No. 4). No cultures were made. The cocci stained well with Loeffler's alkaline blue.

Since the patient had never suffered from dysentery, and had never travelled in tropical regions, one necessarily would be somewhat puzzled in deciding upon the exact infection-atrium. The finding of the gall-stone, however, clears up the case. This body, becoming impacted in a bile-duct, had led to ulceration and necrosis from pressure, together with decomposition of the retained bile, the micro-organisms ascending through the common duct from the interior of the intestine.

Book Reviews.

Principles of Surgery. By N. Senn, M.D., Ph.D., Professor of Surgery, Rush Medical College, also the Polyclinic, of Chicago; Surgeon to the Milwaukee Hospital. Illustrated with 109 wood engravings. Philadelphia and London: F. A. Davis, Publisher.

Dr. Senn has been for years recognized as one of the ablest of modern surgeons, and the announcement that he was writing a book on the "Principles of Surgery" created much interest. Those who have the opportunity to read it are not likely to be disappointed. The author has endeavored to write "a systematic treatise on the causation, pathology, diagnosis, prognosis and treatment of the injuries and affections which the surgeon is most frequently called upon to treat," and we can say without hesitation that he has been eminently successful. It is a most admirable work in all respects, and should be in the hands of every senior student, general practitioner and special surgeon.

Raise the Flag, and other Canadian Songs and Poems. Rose Publishing Company, Toronto.

An admirable selection of patriotic songs by various Canadian authors, intended especially for school children. It is printed neatly, in pamphlet form. A copy should be found in the house of every loyal Canadian.

Pamphlets and Reprints.

Wood's Medical and Surgical Monographs for January contain: *Advances in Bacteriology.* By R. Koch, M.D.; *Formulary of New Remedies and New Medicinal Preparations.* By H. Bocquillon-Limousin; *Anæsthetics*, a discussion. By Dr. William Macewen, and others. The February number contains: *The Clinical Use of Prisms and the Decentring of Lenses.* By Ernest Maddox, M.B.; *Electricity in the Treatment of Uterine Tumors.* By Thos. Keith, M.D., LL.D. Edin., and Skene Keith, F.R.C.S. Edin.; *Ether Drinking, its Prevalence and Results.* By Ernest Hart.

Resection of the Optic Nerve. By L. Webster Fox, M.D.

Nasal Intubation. By D. H. Goodwillie, M.D.

Deafness as a Result of Nasal and Dental Diseases. By D. H. Goodwillie, M.D.

Literature Concerning the New Remedy for Tuberculosis.

Care in the use of Tubercle Bacillus as a Remedy in Tuberculosis. By Samuel G. Dixon, M.D.

The Franklinic Interrupted Current, or My New System of Therapeutic Administration of Static Electricity. By W. J. Morton, M.D.

Laws of the State of Michigan Relating to the Public Health, in Force in the Year 1890.

Proceedings of the Sanitary Convention held at Lapeer, Michigan, 1890.

Prof. Koch's Method to Cure Tuberculosis. Popularly treated. By Dr. Max Birnbaum. H. E. Haferkorn, publisher, Milwaukee.

Notes on the Examination of the Sputum, Vomit, Fæces, and Urine. By Sidney Coupland, M.D., Physician to Middlesex Hospital. H. K. Lewis, 136 Gower Street, W. C., London.

Etudes sur la Rage, et la Méthode Pasteur, par le Dr. Lutand. Paris: *Journal de Médicine de Paris*, 35 Boulevard Hausman.

Personal.

MR. LAWSON TAIT published a letter in the *British Medical Journal* of Feb. 14th, in reply to the address of Professor J. William White, of Philadelphia, delivered at the Post-Graduate Course of the University of Toronto, and published in THE CANADIAN PRACTITIONER of January 1st, 1891. He says he cares nothing for the results of scientific biological experiments which are opposed to clinical experience, and thinks the occurrence of abscesses in closed cavities disproves the germ theory. The letter is not particularly strong, chiefly because of the absence of the usual amount of invective which has generally characterized Mr. Tait.

DR. NORMAN ALLEN has been appointed Medical Health Officer of Toronto, at a salary of twenty-four hundred dollars per annum. He attended lectures during his course as a student at Trinity Medical College, and graduated in 1885. He spent some time subsequently in England, and successfully passed the examination for M.R.C.S. Eng., in 1886. During the last four years he was practising in partnership with his father-in-law, Dr. Martin, of Carlton Street.

THE Cambridge Medical Graduates' Club entertained Sir George Murray Humphry at dinner, February 14th. The immediate cause was a wish to extend congratulations upon the honor recently conferred upon him by the Queen.

SIR JOSEPH LISTER has been elected consulting Surgeon to the Brompton Hospital in the place of the late Professor Marshall.

DR. FELIX SEMON, formerly assistant, has been appointed Physician for Diseases of the Throat, at St. Thomas' Hospital, London, Eng.

DR. A. T. CARSON, of Toronto, when last heard from, was on the Island of Capre, near Naples. His health continues to improve.

PROF. KOCH, Sir Joseph Lister, and M. Pasteur, were recently elected honorary members of the Society of the Friends of Science, at a meeting held in Posen.

Births, Marriages, and Deaths.

BIRTHS.

HOIG.—At Oshawa, on Friday, February 20th, the wife of D. S. Hoig, M.D., of a daughter.

CLENDENAN.—At West Toronto Junction, on the 23rd of February, the wife of Dr. G. W. Clendenan, of a daughter.

Therapeutic Notes.

TREATMENT OF TINEA TONSURANS.—Dr. Simpson recommends the following treatment for ringworm of the scalp and body: Cut the hair short and wash the scalp well with tincture of green soap, and then apply the following solution with a camel's-hair brush:

R.	Hydrargyri chlorid. corrosiv.	gr. j.
	Collodii	℥ j.

M.

This treatment may be recommended for three reasons: (1) The corrosive sublimate destroys the fungi. (2) The ether of the collodion penetrates to the root of the hair, conveying the corrosive sublimate to the seat of the disease. (3) The film formed by the collodion shuts off the supply of oxygen to the fungi, and thus helps to destroy them.—*Med. Rec.*

A MIXTURE FOR SIMPLE COLIC.—Dujardin-Beaumetz, it is stated, recommends the following mixture in the treatment of colic:

R.—Strong chloroform-water		4 ounces.
Decoction of orange-flowers		4 "
Tincture of capsicum		2 drachms.

A dessertspoonful of this mixture may be given every fifteen minutes until the pain is relieved.—*Med. News.*

OINTMENT FOR HÆMORRHOIDS.—Audhoui recommends, in *L'Union Médicale*, the following ointment for hæmorrhoids:

R.—Extract of belladonna, " thebia	}	of each, 15 grains.
Antipyrine		45 "
Mercury ointment		2½ drachms.
Simple cerate		1 ounce.

This is to be made into an ointment and applied to the inflamed hæmorrhoids. Rectal injections of warm water are to be employed if constipation is present.—*Med. News.*

EARACHE DROPS.—

Camphor-chloral	5 minims.
Glycerin	33 "
Almond oil	20 "

Mix. Three drops of this mixture on absorbent cotton to be placed in the ear twice a day.—*Chemist and Druggist.*

Miscellaneous.

THE Chicago Medical College will erect a new building at a cost of $100,000.

THE Illinois Board of Health will not in the future recognize any foreign diploma which does not give to its holder the right to practise medicine in the county in which it was granted. At present many Canadians are practising in Illinois on the strength of degrees conferred by our universities. Hereafter such right, as far as Ontario is concerned, will only be granted to those who have passed the examinations of our Medical Council.

THE fifty-ninth annual meeting of the British Medical Association will be held at Bournemouth, commencing July 28th, 1891.

THE Congress of American Physicians and Surgeons will hold its second triennial meeting in Washington, D. C., on September 22nd, 23rd, 24th and 25th, 1891, under the presidency of Dr. S. Weir Mitchell, of Philadelphia.

TREATMENT OF ACUTE VOMITING OF PREGNANCY.—The *Journal de Médecine de Paris* recommends five drops of a solution made up of equal parts of iodine and chloroform to be taken at the time of eating by women suffering from the vomiting of pregnancy.—*Medical News.*

SOAP AS A REMEDY FOR MOSQUITO BITES.—"Numerous remedies, such as ammonia, oil of cloves, chloroform, etc., have been recommended for mosquito bites, but a writer in the *Kolonialwaaren Zeitung* says that ordinary soap is as good as any of them. He always carries a small piece with him on his country excursions, and in case of a bite makes a lather over the affected part and allows it to dry on. The burning is at once relieved and all pain soon disappears. Should it return, as sometimes happens, it is only necessary to repeat the application."—*Druggists' Circular and Chemical Gazette.*

MENTHOL IN THE TREATMENT OF THE VOMITING OF PREGNANCY.—The *British Medical Journal* refers to articles by Henske and Gottschalk regarding the efficacious properties of menthol in cases of the incoercible vomiting of pregnancy. A mixture containing fifteen grains of the drug in five ounces of water and five drachms of rectified spirit was used, a tablespoonful being the dose given hourly until the emesis had been checked. The editor of the *Archives of Gynecology* is quoted as having made a satisfactory trial of the remedy. The vomiting ceased after fourth dose. Dr. Gottschalk reports two cases with similar results.

DR. COULTER'S COMBINED VAPORIZER AND INHALER.—Dr. Coulter, who practised for many years in Lindsay, has invented a new instrument for vaporizing oils and drugs for inhalation as well as for deodorizing and disinfecting sick rooms. This ingenious instrument has many advantages, on account of which we can recommend it highly. It is made with nickel-plated copper, being very simple, and at the same time durable. It is not simply a spray producer, but is really a vaporizer, and thoroughly volatilizes oils, breaking the oils into very small particles. For particulars see page 6 in advertisements