

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

Business Management, J. E. BRYANT & Co., 64 Bay Street.

TORONTO, FEBRUARY, 1888.

## Original Communications.

### THE PRESENT STATE OF CARDIAC THERAPEUTICS.

BY JAMES STEWART, M.D.,

Professor of Pharmacology and Therapeutics, McGill  
University.

(The Address on Therapeutics at the Twentieth Annual  
Meeting of the Canadian Medical Association,  
Hamilton, Sept. 1, 1887.)

The subject of cardiac therapeutics is one of great importance—of much more importance than is generally conceded to it by the ordinary text-books. During the past year or two quite a revolution has come over our ways of looking into the future physical life of patients suffering from any of the forms of organic heart disease. In fact, as yet, these views to which I refer have not by any means become general. These changes of opinion are of such paramount importance to the well-being and happiness of those committed to our care, that it is the bounden duty of every practitioner to study them seriously. The changes to which I refer consist in the much more favorable prognosis that is admissible in the great majority of cases.

Last year, at the meeting of the British Medical Association at Brighton, Sir Andrew Clarke created what almost be called a sensation by giving the life history of a very large number of cases of organic disease of the heart which he had the opportunity of observing for very many years. The point made by Sir Andrew was

this: that patients with organic heart disease lived much longer than they were supposed to do, and that the great majority of them were not only able to live, but also to work—to live with comfort and work with vigor.

No doubt a number of observers had pointed out before that cases of organic disease of the heart do frequently present themselves where the lesion had been in existence during a long lifetime without the patient's knowledge that there was anything seriously wrong. There is an important therapeutic lesson to be gathered from the history of a case of a man with one or more seriously damaged heart valves, who has led a long and active life, throughout which he has been unconscious of anything wrong. Such a case teaches us the clinical history of the course of the disease uninfluenced by treatment and uninfluenced by the mental worry necessarily present where there is a consciousness of the presence of a grave organic lesion.

In dealing with this subject, I will first refer to the means that should be employed when we have to do with an acute inflammatory process in the endocardium, and (2) the treatment of the consequences that result from any chronic condition or state that gives rise to secondary changes (mechanical) in the heart: or, in other words, the treatment of threatened or actual loss of compensation.

Given a case of acute endocardial inflammation of, say, the aortic valves, which leads to deformity and, consequently, to incompetency of these valves, what are we to do to limit the extent and, consequently, the hurtfulness of

such a lesion? What, in other words, can be done to prevent the connective tissue formation assuming a great degree?

There is one great principle in the treatment of inflammatory affections which we must endeavor to carry out here, and that is

#### REST.

Rest to the inflamed valves. Complete rest is, of course, impossible, but relative rest is to some extent obtainable. By giving the valves less to do, we in a measure limit the extent and degree of the inflammatory process going on in them. The lower the blood pressure is, the less work will the valves have to do. The treatment, then, consists in those measures which lower or depress the blood pressure. The first important point to attend to is absolute rest in bed. It is not necessary to insist on the importance of this—it is self-evident. We, however, may have a high blood pressure in spite of bodily quiet. The amount of fluid taken in should be limited, for it is a well recognized physiological fact that a *dry diet* is the most efficient means of lowering blood-pressure. This has been conclusively proved by Kussmaul and Tenner's experiments. Of drugs, we have a number that markedly lower the blood-pressure, prominent among which are chloral and the nitrites. The judicious use of chloral in cases of endocarditis is, according to Fothergill, a very efficient way of limiting the sclerotic process. In the nature of things it is impossible to estimate the value of this treatment in any individual case. It can only be expected that at best we can limit the diseased process, and to what extent this is accomplished in any case it is impossible to tell. No doubt blood-letting is a powerful way of lowering the blood-pressure, but its action is very temporary, and therefore not nearly so efficient as a strict adherence to a dry diet. On physiological grounds I should judge that the employment of frequent blistering over the cardiac region is injurious. At best, the action of blisters on the inflammatory process is very doubtful, and we know that such strong irritation of the skin does, reflexly, tend to keep up a high blood-pressure. The trifling amount of serum drained from the tissues may be eliminated.

#### THE TREATMENT OF CARDIAC DISEASE DURING THE PERIOD OF COMPENSATION.

When from any cause we have an obstruction to the outflow of blood from the heart, there is a damming up of the blood in the lesser circulation, which soon leads to changes in the vessels and in the heart itself. The changes in the vessels are obviated for the most part by the secondary compensatory changes in the heart. Compensation can never be perfect, still it is so perfect frequently that the patient is quite unconscious for many years of any circulatory disturbance or trouble whatever. We may say, that practically we do meet with perfect compensation. As long as the heart is able to overcome the mechanical obstructions heaped up by disease, then so long will the patient remain well. In other words, while compensation is good all is well.

The treatment is now directed to the maintenance of this compensation. Sooner or later in many cases it shows signs of failing, the earliest indication being usually shortness of breath. What can we do to prevent compensation from failing, and when it threatens or has actually set in, what measures should we employ? The answers to these questions are all important.

Given a case of acute rheumatism, where there develops during its course an acute aortic valvulitis, with subsequent sufficient compensation to enable the patient to attend to the ordinary duties of life, what advice are we to give? How should the patient live in order that he may keep up his cardiac compensation?

There are certain general therapeutic principles which it is important to bear in mind in all cases, no matter what the cause of the circulatory disturbance is. The first is the strengthening of the heart-muscle. It is important to remember that the heart is a muscle, and that its strength is increased by all those influences which increase other muscles. The usual advice given to patients affected with heart disease is to rest as much as possible, so as to leave but as little work as possible for the heart to do. Recently Oertel, of Munich, has practised an entirely different method of dealing with these cases. His method of treating these

cases is just now, in Germany, attracting very marked attention, and are very favorably received. Leyden, at the late meeting of the Society of Physicians, considered Oertel's treatment as a distinct advance, and as involving a distinct therapeutic principle. I will endeavor, briefly, to lay before you Oertel's method of keeping up compensation or of averting its loss when thus threatened. He maintains that exercise is the means we have of strengthening the heart-muscle. He advises walking—at first on the level ground and afterwards hill climbing. He counsels his patients to take as much exercise as possible. The patient should walk until violent palpitation is brought on, and then he is required to stand still till it has abated, and until the shortness of breath is satisfied by voluntary, long, deep inspirations. He keeps not only patients with sufficient compensation, but those with insufficient compensation, at this exercise, and repeats it after longer or shorter intervals of time, according to necessity.

A second condition that he lays stress on is the keeping up of a good state of nutrition by a diet rich in albumen, so that the tissues during work may be replaced, and that sufficient material may be furnished for the formation of new tissue elements, especially for the muscular hypertrophy. The food, then, should be one especially rich in nitrogenous elements—a meat diet in the main, the fat and carbohydrates being only allowed in limited quantities.

Oertel further strongly insists on the regulation of the amount of fluid. When there is excess of fluid, then we are apt to have blood stasis with all its consequences; the veins become overfilled and the arteries less full. The deleterious influence of this stasis is especially noticeable in the heart itself from overfilling of the coronary veins, the heart-muscle in consequence directly suffering. If there is an excess of fluid in the body already, then it should be got rid of. The skin should be made to act freely, and one of the best means we have for this purpose is exercise. It is only when diaphoresis is not obtainable by exercise that we should resort to other measures, as hot-air baths, Turkish baths, and pilocarpine. The importance of regulating the body fluid is at once apparent when we remember that the venous system is always over-

full; no matter how perfect a compensation may be, it is never sufficient to maintain the normal relations between the arterial and venous systems. Oertel lays great stress on the importance of preventing fat formation, especially in cases after the restoration of a previous loss of compensation. Owing to the incomplete filling of the arteries and the over-fulness of the veins there is of necessity incomplete oxidation, which leads to the deposition of fat. This is especially marked in those who are prone to put on fat and those who partake freely of carbohydrates. The heart suffers directly as well as indirectly. Owing to the coronary arteries being insufficiently filled, and owing to the lack of oxygen, the heart fails to perform its work efficiently, and in consequence we have fatty degeneration of its fibres in addition to fatty deposition on its surface and fatty intermuscular infiltration. This further enfeebles its action. It follows, therefore, that we should constantly guard against all those influences which tend to bring about this enfeebling power. The combustion of fat already in the body must be promoted, and the supply of fat and carbohydrates in the food must be as small as possible.

Now the means best adapted to promote the combustion of fat are those which I have already alluded to for strengthening the heart-muscles and regulating the quantity of fluid in the body. In addition to ordinary exercise, Oertel recommends the undertaking two or three times a year of mountain tours. This difficult exercise, with the increased sweating attending on it, the diminution of the fluid supply and the use of a more albuminous diet will soon reduce any fat which has accumulated. The increased vigor in consequence given to the heart and the removal of obstruction to its work will soon show itself in the restoration of compensation, and by careful living afterwards, according to the plan sketched, it is possible, so it is claimed, for a patient to maintain his original state (dating from the early compensation) for very many years.

Such, in brief, is the method proposed and successfully practised by Oertel in the management of the retention of compensation and its restoration when lost. I freely admit that I have given but a very imperfect outline of it.

The subject is one of such importance that to do it full justice it would require a treatise. Great credit is due to Oertel for the elaborate, scientific, and very painstaking manner in which he has worked out this whole subject. In his work he gives the history of a case that he carefully treated and closely observed for nine years.

Many years ago, Stokes of Dublin recommended a somewhat similar treatment, but in spite of its great advocacy it fell into disuse, even if it was ever practised to any extent.

At the recent meeting of German physicians a paper was read by Franz with the title of "Rest or Work in Heart Disease." From an extensive experience he has come to the conclusion that in chronic cases active but careful exercise is conducive to the strengthening and slowing of the heart's action. He pointed how damaging it is to the circulation to have a dilated heart beating quickly and incompletely. The stretched ventricle is never completely empty, so that finally it loses its elasticity, and owing to its almost constant working it soon degenerates. Now here, if we bring about a complete emptying, we give the ventricle rest, and, in consequence, strength. Franz claims that this can be completely and efficiently effected by exercise—more completely and efficiently than by any other known means. We have, he says, in exercise a means more powerful and safer than digitalis. He further claims that the improvement is more lasting than that effected by other means—that the work of the heart is lessened by the disappearance of the stasis in the venous system, and the nutrition of the heart is vastly improved through the deeper inspirations making the blood richer in oxygen. He advises that in cases where there is good compensation already, that in order to maintain it ordinary gymnastics are sufficient. He lays great stress, however, on the possibility, even probability, of this being overdone, and he insists that every exertion should be followed by a period of rest. Where compensation is, however, lost, the greatest care must be exercised before beginning active exercise; the nature and the amount should be strictly laid down. Before beginning mountain climbing, baths, with a course of Swedish gymnastics, are advisable.

Franz believes that there is no danger whatever in patients with heart disease exercising, so long as the palpitation induced by this work is quickly relieved by taking forced deep inspirations. The deep inspirations diminishes quickly the increased tension that is brought about in the pulmonary vessels.

Schott, of Nauheim, who took part in the discussion which followed Franz's paper, contended that mountain climbing was only useful in a small number of cases, and that he had seen much harm follow its practice. He, however, strongly approves of exercise in a gentle way for the heart-muscle. He therefore, although opposed to the extreme views of Oertel, is satisfied that much good can be effected in those cases with exercise when practised judiciously. Both he and Franz have seen a number of cases where mountain climbing has done irreparable damage to the already overtaxed heart, when practised by the patients without first consulting a physician.

It will be seen that we have the evidence of several competent authorities that in exercise we have a ready and all-powerful means of effecting good when used properly, but an agent powerful for evil when injudiciously employed. Time alone will enable us, however, to determine to what extent we can rely on this method of obviating the effects of a damaged compensation. It is a subject of deep and far-reaching importance, and will require time, patience, and sound physiological knowledge to determine when it should be recommended, or whether it should be recommended at all or not.

It is no doubt more adapted for cases of commencing fatty heart and for cases of threatened heart failure from deformity of the chest or disease of the lungs. That it is applicable for cases of threatened heart failure, no matter what the cause may be, is contended for by its great promoter—Oertel. It will make us all think a little more in the future when we are face to face with the question. Exercise or Rest, which is it to be?

There is a time in cases of loss of compensation that exercise is no longer possible, and where we have to resort to medicinal agents. Of all these agents, none, on the whole, is com-

parable to digitalis. The usefulness of digitalis in cases of heart failure is great indeed. I would not occupy the time of this Association in entering into any details as to its mode of action and employment were I not firmly convinced that there is a very imperfect knowledge among many practitioners of how and when digitalis should be used. How universal is the practice to give this agent when a cardiac lesion is diagnosed without any reference to the nature and attending consequences of such a lesion. The great use of digitalis is in cases where there is commencing or even very advanced loss of compensation. When compensation fails we have stasis, as evidenced by breathlessness, quickened pulse, œdema of the ankles, diminished secretion of urine. The first marked effect of heart failure is diminution in the aortic pressure, as shown in the diminution in the amount of urine excreted.

The essential therapeutic action of digitalis consists in its power of raising the blood-pressure. The slowing of the pulse, upon which so much stress is laid, is, according to Schmiedeberg, a result of the high pressure. The results and symptoms of loss of compensation in cardiac disease are mainly, as I have said, due to deficiency of blood in the arterial vessels, and to a too low a pressure in them. If the blood-pressure be raised, the secretion of urine increases, the effused fluids are absorbed from the cavities and tissues of the body, and the respiratory distress disappears. So long as digitalis causes an increase in the quantity of urine, so long is it safe to proceed with its administration. We know that digitalis has no influence in increasing the quantity of urine in health or in disease where the blood-pressure is high. Its diuretic action is entirely dependent on its power of raising an abnormally low blood-pressure. In order to bring about the diuretic effect of digitalis it is necessary to give it in full doses. The effect of small or even moderate doses is to increase the general pressure, including the pressure in the arterioles of the kidneys. While the pressure throughout is high, there is no diuretic action manifest. After a certain quantity has been administered, the increased pressure in the kidneys gives way, with the result of a rapid and often great increase in the quantity of

urine. The increased diuresis may continue several days. If the drug is still continued, there is general fall in the blood-pressure, and in consequence the diuretic action soon ceases. When the urine, after being increased in quantity by digitalis, considerably diminishes, then the drug should be at once withdrawn. This decrease is a warning which should never be neglected. If it is, the ventricular contractions become weaker and weaker, until finally we hear a "toneless tictac." When this stage is reached, it requires but little more digitalis to bring about a stand-still of the heart in contraction. Up to the production of decrease in the quantity of urine, nothing but good is observable.

Now as to the quantity of digitalis necessary to bring about diuresis there is great variation. Different persons vary greatly as to their susceptibility to its action. Forty minims of the tincture four times daily for three days will in the great majority of cases bring about this diminution. Sometimes it is necessary to give as much as half an ounce daily in divided doses before the result is attained. Cases of dangerous heart failure should always be treated according to the method sketched. It is very unscientific to expect the best results from any other way. No doubt 10 or 15 minims of the tincture several times daily will to some extent relieve an overtaxed ventricle; even rest in bed without any medication will at times prolong life; but the best results are only obtainable when absolute rest in bed is combined with digitalis in full doses.

There is a large group of agents which belong to the digitalin group which have lately attracted a great deal of attention. There is Scillain, which is the active principle of squills; Helleborein, which occurs in the various species of hellebore; Oleandrin, found in conjunction with digitalin in the common oleander; there is Apocynin, contained in Canadian hemp; Adonidin, found in the spring adonis; Convallamarin, in the lily of the valley; and lastly, Strophanthin. Now all these agents possess in common the property of slowing the heart and increasing the blood pressure. Squills has been used empirically for a long time as a diuretic and heart tonic. It enters into the composition of the still famous Baly pill, the other ingredients

being digitalis and mercury. This is a remarkable combination, built entirely on empiricism long before the science of pharmacology was even dreamt of. We have here a combination containing two heart tonics, digitalis and squills, and a direct diuretic, mercury. It is only a very recent discovery that mercurials, especially calomel, have a direct diuretic action. It is a proof, if one were needed, how foolish it is to neglect the laborious acquired knowledge of our forefathers, call it empiricism if we like. Of the other agents mentioned, only strophanth and adonidin need be referred to; the remainder we know little or nothing outside of the laboratory.

Strophanth, introduced by Professor Fraser, of Edinburgh, has now been in use about two years, and although all the reports are not confirmatory of a very marked tonic action, still we have sufficient evidence to enable us to say that it is a very valuable addition to the list of cardiac tonics. It has been found well adapted for cases of cardiac failure depending on valvular disease. Pins, of Vienna, who has given us a report of its action, claims a high place for it, even suggesting the probability of its displacing digitalis. He found the weak, rapid and irregular pulse of mitral disease become slow and powerful. It acted as a prompt diuretic, being quicker in its action than digitalis. It is worthy of a thorough test; but, as yet, we are not sufficiently acquainted with its mode of action to determine the exact place it will hold in cardiac therapeutics.

A few cases have been reported where adonidine has had a very marked action in toning up a failing heart, even when digitalis is alleged to have failed; but in all the reports that I have examined, the digitalis was not administered with that freedom that is necessary in order to obtain its full effects. Still there is sufficient evidence to prove that in adonidine we have a very powerful cardiac tonic and vascular diuretic.

I will now conclude what I have to say by a few words on

#### CAFFEINE IN CARDIAC THERAPEUTICS.

This is a most valuable agent, and deserves a much more extended use than it has up to the present time received. In order, however, to

obtain its full action, it is necessary to give it in much larger doses than is usually prescribed, 10 to 15 grs. in place of 2 or 3. The best salt to prescribe is the natro-salicylate of caffeine. The sodium salicylate dissolves it in chemically equivalent quantities, so that the natro-salicylate of caffeine contains 50 per cent. of caffeine.

Caffeine quickly raises the blood pressure by a direct action on the vaso-motor centre. It has also a direct diuretic action. This, I think, has been conclusively proved by the very recent researches of Von Schröder of Strassburg. He has shown that it has a direct stimulating influence on the epithelium of the convoluted tubules, and probably also on the epithelium of the glomeruli. It is on this direct diuretic action that the advantages of caffeine depend. Digitalis only acts as diuretic through increasing the blood pressure, and on this account it takes from three to four days before its action is manifest. Caffeine, on the other hand, will induce a diuresis within six hours. In cases of paresis of the cardiac muscle, time is all important; before the action of digitalis can be induced precious time is lost. This is the great drawback to the use of digitalis—*i.e.*, time consumed before its action is manifest. Our present knowledge of caffeine may be summed up as follows: It is of marked use in the same class of cases as digitalis. It differs, however, from this drug in the following particulars: it is less powerful as a cardiac tonic, but is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure. By combining the power of digitalis with the rapidity of action of caffeine, we may obtain the advantages of both drugs, with little of the disadvantages of either.

There are many more therapeutic resources at our command besides those mentioned. Time will prevent me from referring to them. The wonderful powers of arsenic in painful conditions of the heart, the use of opium alone or with digitalis, the marked beneficial actions of the nitrites, etc., are all means at our command of relieving some of the most distressing symptoms that afflict mankind. Much as we can do at present, there is every reason to hope that in the near future we will be able to do much more.

## THE APOSTOLI-TREATMENT OF UTERINE FIBROIDS AND HYPERTROPHIES.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

HISTORY AND LITERATURE.

(Continued from page 6.)

In August last, Dr. Apostoli read a paper before the British Medical Association, and in September, at the International Medical Congress at Washington. At the former meeting he presented complete statistics of all the cases of uterine disease treated by him by electricity during the five years ending July, 1887.

From July, 1882, to July, 1887, there were 278 patients with fibromata or hypertrophy of the uterus in some manifest degree, upon whom he used 4,246 applications of the continued current of electricity. The patients and the operations may be thus classified:

I. *Clinique*, 186 patients, and 2,347 operations: *a*, 1,433 galvano-cauterisations—positive, intra-uterine: *b*, 593 galvano-cauterisations—negative, intra-uterine: *c*, 321 galvano-punctures—negative, vaginal. II. Private, 92 patients, and 1,899 operations: *a*, 1,085 galvano-cauterisations—positive, intra-uterine: *b*, 746 galvano-cauterisations—negative, intra-uterine: *c*, 68 galvano-punctures—negative, vaginal.

He says: "I do not wish to convey the impression that all these patients have been cured. It is not so, for the very good reason that some of them, especially those of the *clinique*, have not persevered to the end, the attendance having been discontinued as soon as the first feelings of amendment have been experienced. But I can affirm that when there has been no negligence, and my advice has been fully acted upon, 95 times out of 100 permanent benefit has been acknowledged. I may also predict that if adopted in its integrity, and worked as it ought to be, the mortality from my treatment will henceforward be *nothing*. I cannot, however, omit to report a fact which gives occasion for melancholy comparison. Among the patients who had not the will to let me finish what I had begun, and whose impatience led them

voluntarily to seek the removal of their tumors by excision, seven put themselves into the hands of six of our most eminent surgeons, and not one of the seven recovered from the operation. Comment on this would be superfluous."

At the Medical Congress at Washington, Dr. F. H. Martin, of Chicago, read a paper before the Gynecological Section on "A Modification of Apostoli's Method," in which he describes a method of treatment of fibroid tumors by strong currents of electricity based upon exact dosage. This system of exact dosage, introduced and carried out by Dr. Martin, is quite simple, and, to my mind, is also eminently philosophical. This system will be described in the proper place later on.

### METHODS OF APPLICATION.

As I approach this branch of the subject from an electrical, rather than from a pathological or gynecological standpoint, I will classify the different methods of applying the galvanic current in accordance therewith. All electrical applications in gynecological surgery may be classified under two general headings, namely: (1) The polar method, and (2) The inter-polar method.

In the polar method, the bare metal electrode is brought directly in contact with the part, either through the natural uterine canal, or through an artificial canal made for the purpose, or—as in the case of simple chronic uterine hyperplasia—by means of electrolytic needles inserted into the cervix. In the inter-polar method the current is applied indirectly by means of a covered electrode applied to the cervix and vaginal *cul de sac*. The inter-polar method is adopted in those cases only where the polar method is not considered safe or not practical, as for instance in the treatment of cases of extra uterine foetation, and in cases where the galvanic current is used for the purpose of removing pelvic neoplasms. In the treatment of uterine tumors or uterine hypertrophy the polar method is used.

I. THE POLAR METHOD. The polar method is divided as follows, viz.: (A) the positive polar method, and (B) the negative polar method. The positive polar method is adapted to the treatment of bleeding fibroma, while the nega-



tive polar method is adapted to cases that are non-hemorrhagic.\*

In the polar method, two separate and distinct ideas are kept in view, namely, the concentration of the current by means of the small internal metallic electrode, and the diffusion of the current by the large non-metallic external electrode. The internal electrode is called the *active* electrode, and the external electrode the *indifferent* electrode. Ordinary sponge electrodes upon the abdomen are of little service in uterine electrolysis. They weaken the strength of the current on account of their high resistance, and they render a comparatively weak current painful at the external pole for want of proper diffusion. Apostoli conceived the happy idea of making the external or indifferent electrode very large, and making it a very good conductor. In using a large and well constructed electrode two important points are gained, namely: the application is rendered comparatively painless, and the administration of the strongest currents that could ever be required is rendered possible and practical, and that, too, with a comparatively small battery power. It is, perhaps, almost unnecessary to add that when pain accompanies this electrolytic treatment, the pain is felt in the cutaneous nerves, beneath the external electrode. The mucous lining of the uterine canal is not sensitive; hence, the active internal electrode causes little or no pain. For an abdominal electrode, Apostoli uses a large flat cake of wetpo tters' clay, in which a metal plate is imbedded for making the connection with the rheophore and battery. This electrode answers the purpose, but it is awkward to manage, and it is not very tidy withal. Englemann, of St. Louis, uses a large zinc plate covered with absorbent cotton and chamois leather; while Martin, of Chicago, uses the animal membrane electrode, referred to in THE PRACTITIONER for December.

Martin's electrode is about eight inches in diameter, concavo-convex, plated metal, and enclosed with parchment. The shallow space between the metal and the parchment is filled

\* In the nomenclature of Apostoli, these applications are called respectively "galvano-cauterizations, positive," and "galvano-cauterizations, negative."

with a solution of table salt. With one of Martin's large electrodes upon the abdomen, and with a platinum electrode two inches in length in the uterine cavity, I found that the resistance between the electrodes could be reduced to 133 ohms.

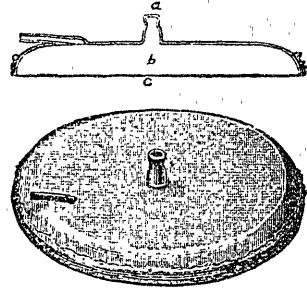


FIG. 3.—MARTIN'S LARGE ABDOMINAL ELECTRODE.

which is very low indeed. This was a case of hemorrhagic fibroma under the care of Dr. Jukes Johnson and Dr. Atherton, of Toronto, and we found that with 13 cells of the improved McIntosh battery, a current of 95 milliamperes was obtained.

The uterine electrode used was also one devised by Dr. Martin. It is very pliable. The exposed metal, two inches long, is a spiral platinum wire. The connecting wire is well insulated. The distal end extends beyond the platinum coil and is also insulated. The insulating material is made tapering at the point so as to facilitate its passage through a narrow and tortuous canal.



FIG. 4.—MARTIN'S INTRA-UTERINE ELECTRODE.

(A.) THE POSITIVE POLAR METHOD. In the positive polar method the positive pole is applied to the uterus and the negative to the abdomen. When pliable electrodes are used there is usually no difficulty in passing the same into the cavity of the uterus. The applications are made two or three times a week; and they are made, preferably, during the intermenstrual period. The *séance* lasts from five to ten minutes. The hemorrhage is usually arrested by three or four applications of the positive pole. In the treatment of the hemorrhagic form of uterine myomata the galvanic current has been proven to be singularly efficacious:

and it is here perhaps that it has secured its greatest triumph. The positive pole is a true hemostatic, when the current is applied sufficiently strong; and when it is applied by the polar method; that is, when the metal electrode connected with the positive pole of the battery, and conveying a strong current, is in direct contact with the hemorrhagic surface. The positive pole may also be used for arresting leucorrhœal discharge. From 50 to 150 milliampères are used, either for hemorrhage or for leucorrhœa.

When the hemorrhage (or leucorrhœa) is arrested, the treatment is changed, and the negative polar method is substituted for the positive polar method. The positive polar method is also used for the relief of pain. When used for this purpose, a current of from 20 to 80 milliampères is used.

(B.) THE NEGATIVE POLAR METHOD.—As is well known, when electrolytic action takes place in soft animal tissue, chemical decomposition takes place, the oxygen and acids appearing at the positive pole, and the hydrogen and the alkalis at the negative pole: If the current is concentrated at each pole by means of an electrolytic needle, coagulation of the fluids and oxidation of the needle takes place at the positive pole, while disintegration of the tissue and loosening of the needle occurs at the negative pole. The simultaneous disintegration of tissue and the liberation of the alkalis, saponifies the broken down debris and favors its absorption at the negative pole. The positive pole has some catalytic action, but in this respect it is much inferior to the negative pole.\* The negative polar method is used as follows: (a) by means of a sound or intra-uterine electrode, (b) by galvano-puncture, (c) by the use of electrolytic needles.†

(a) When the tumor can be reached through the uterine canal the *intra-uterine electrode* is used, and from 100 to 250 milliampères of the

galvanic current applied for eight or ten minutes, the electrode being connected with the negative pole of the battery. The applications are made two or three times a week, the same as when the positive pole is used. The large abdominal electrode is connected with the positive pole of the battery.

(b) *Galvano-puncture.* Galvano, or electro-puncture is resorted to by Apostoli, firstly, in cases where it is difficult or impossible to use the sound or intra-uterine electrode; and secondly, in all cases where more decided electrolytic action is required than can be attained by the intra-uterine method. The tumor is punctured, per vaginam, by means of a trochar or large needle to the depth of one or two inches, and the trochar or needle is connected with the negative pole of the battery. In making the puncture the tumor is fixed, either by pressure from above or by traction from below. The puncture is usually made in the cervix, and a different point selected for each successive puncture. A current strength of from 80 to 250 milliampères, six or eight minutes, is used according to the effect desired and the tolerance of the patient. When the weaker currents are used the electro-puncture may be made every second day, and when the stronger currents are used the sitting is made every four or five days. Antisepsis is more important in this mode of treatment than where punctures are not made. The dispersing abdominal electrode is connected with the positive rheophore of the battery.

(c) *Electrolytic needles* may be used instead of the trocar, or stylet, in treating uterine fibroids, but the needles are used more particularly in treating cases of uterine hyperplasia. Three or four needles are inserted into the cervix, around the os, and parallel to the canal. These needles are threaded with copper or silver wire, and connected with the negative insulated rheophore; 50 to 150 milliampères are used for about six minutes every four or five days. The indifferent abdominal electrode forms the positive pole.

2. THE INTER-POLAR METHOD.—In the inter-polar method both electrodes are covered. One electrode may be placed upon the abdomen and the other against the cervix, or both electrodes

\* The inter-polar action of the galvanic current is not to be overlooked, as it undoubtedly plays an important *role* in the phenomena of electrolysis.

† The polar method is also used to relieve cases of atresia and stenosis of the cervical canal. The treatment is similar to that of cases of stricture of the urethra.

may be placed upon the abdomen—one on each side of the tumor. This method is much inferior to the more active polar method, and is resorted to in those cases only where a direct application is impossible. This was the popular method of using the galvanic current previous to the introduction of the method of Apostoli. When both electrodes are used upon the abdomen, covered electrodes are used, the positive being of medium size and the negative rather small. The latter is the active pole, and the former the indifferent pole. The negative electrode is placed over the most superficial part of the neoplasm. When one of the electrodes is used internally, a ball electrode with an insulated handle is used. The electrode is about one inch in diameter, and is covered with absorbent cotton and incased in canton flannel or chamois skin. A fresh covering is used for each application, and the electrode is used antiseptically. The internal electrode is placed against the cervix in the anterior vaginal *cul de sac*. The large abdominal electrode is connected with the positive pole, and the vaginal electrode with the negative pole of the battery. A current of from 30 to 100 milliamperes is used for eight to ten minutes two or three times a week.

The inter-polar method is also used, and used very effectively too for the relief of uterine or pelvic pain. In this case the covered vaginal electrode is connected with the positive pole of the battery. A current of from 20 to 60 or 70 milliamperes are used.

*(To be continued.)*

## ON SOME OF THE SURGEONS OF THE LAST CENTURY.

BY JOHN H. PACKARD, M.D., PHILADELPHIA.

(Read before the Meeting of the Ontario Medical Association, June 8.)

A recent writer has said that among the commonest tricks played upon us by the association of ideas, is that which leads us to assume that ancient times were populated by ancient people. And among the earliest terms of disparagement which children are apt to hear, as applied to men and things, is the word "old fashioned." This conveys the impression

of slow, awkward and feeble mental and physical action, such as generally characterizes the old, and which the observant eye of childhood is quick to note with impatience.

A superficial acquaintance with the writings of the surgeons of former days—say of the last century—is very apt to give the idea that they were grave and formal men, slow of speech, uncouth in dress, and awkward in action. Many of the portraits and other illustrations found in their works would confirm this view. We read their text, with its curious type, its quaint diction and roundabout phrases, its antiquated spelling, and it seems to us that their manners must have been as set and precise, their movements as slow, and their very thoughts as dull, as their pages look when contrasted with those of modern books. We imagine the old-school physician or surgeon as having a gravity, a stately politeness, incompatible with quick and dexterous movement. When he travelled, he went on horseback, in a chair, a chariot, or a stage-coach, taking two days for a journey which we now make in two hours. The presses on which his works were printed would bear just about the same relation, as to rapidity, with those which are now teeming with the multitudinous literature of the present day.

Let it not be forgotten, however, that in those times every gentleman was a master of sword-play; that machines had not yet made manual dexterity a matter of comparatively small importance; and that for a surgeon rapid and skilful movement meant the shortening of torture for his patient. I make no doubt that those antiquated and, in our view, clumsy instruments, were wielded by hands as deft as the best of those of our time. The eyes which looked upon them as new inventions were as keen, the tongue which explained their merits to admiring students as ready, as those which now note their defects or extol later improvements upon them. The fact is, that this is simply a world of recognitions and combinations. When the wise man of old said, "There is nothing new under the sun," he uttered a truth far deeper than most of us realize. For millions of years the materials of the world and its surrounding atmosphere, under the forces of nature, have existed and undergone their

WM. R. WARNER & CO.'S  
QUICKLY SOLUBLE COATED PILLS

—OF—

IODOFORM

CUM HOC SIGNO



COGNITUS EST

(C H I<sub>3</sub>)

AN IMPORTANT

THERAPEUTIC AGENT

AND

A POWERFUL ALTERATIVE AND GENERAL TONIC,

VALUABLE AS A REMEDY IN

SCROFULA, ANÆMIA, NEURALGIA, CHLOROSIS  
AND RHEUMATISM.

Iodoform therapeutically is alterative, nervine, sorbefacient, anti-periodic and anæsthetic. As an alterative it acts with more rapidity than other medicines of that class, in doses of one, two or three grains, repeated thrice daily. As a nervine it is prompt and efficient; while it gives nervous strength, it calms speedily the most severe pains. Its sorbefacient properties are manifested with some degree of slowness. Five to seven grains, given in broken doses in rapid succession, produce a powerful anti-periodic effect.

**PIL: IODOFORM ET FERRI.**

Dose—1 to 2 pills three times a day.

*Philadelphia, January 10, 1880.*

I have used and prescribed the Sugar-Coated Pills of Messrs. Warner & Co., and can testify to their solubility, as far as those which I have used may be mentioned. I find them as prompt and efficient as those prepared by the formula of the U. S. P. and uncoated.

B. HOWARD RAND, M. D., *Prof. Med. Dept. University, Pennsylvania.*

PREPARED ONLY BY

**WM. R. WARNER & CO.,**

**PHILADELPHIA.**

**NEW YORK.**

# IMPORTANT TO PHYSICIANS!

Take pleasure in presenting to the Medical Profession the following Pills of Iodoform and its combinations. Since its introduction by us in 1871, it has grown in permanent favor as an indispensable remedy, possessing the properties of a powerful alterative, nervine, antiperiodic and tonic. The following formulæ, (the coating of which will dissolve in three and one-half minutes and the substance of the Pill in a short time after), are ready for physicians' prescriptions, and we trust will meet with their various requirements.

**WILLIAM R. WARNER & CO.**

## Iodoform, 1 gr.

Med. prop.—Tonic, Alterative.

## Pil: Iodoform et Ferri.

(WARNER & CO.)

Med. prop.—A powerful general tonic and alterative; valuable as a remedy in Anæmia, Scrofula, Neuralgia, Chlorosis, Rheumatism, etc.

Iodoform, 1 gr.  
Ferrum per Hydrg., 1¼ gr.

## Iodoform et Ferri et Nuc. Vom.

(WARNER & CO.)

Med. prop.—Tonic, Alterative.

Iodoform, 1 gr.  
Ferri Red, 1 gr.  
Ext. Nuc. Vom., ¼ gr.

## Iodoform et Hydrarg.

Med. prop.—Alterative.

Iodoform, ½ gr.  
Mercury Proto. Iodid., ½ gr.

## Iodoform et Nuc. Vom. Comp.

(WARNER & CO.)

Med. prop.—Alterative, Tonic, Laxative, Repellant.

Iodoform, ½ gr.  
Ext. Nuc. Vom., ¼ gr.  
Podophyllin, 1½ gr.  
Ext. Belladon., ½ gr.

## Iodoform et Quinine.

(WARNER & CO.)

Med. prop.—Alterative, Tonic.

Iodoform, ½ gr.  
Quininæ Bisulph., ½ gr.

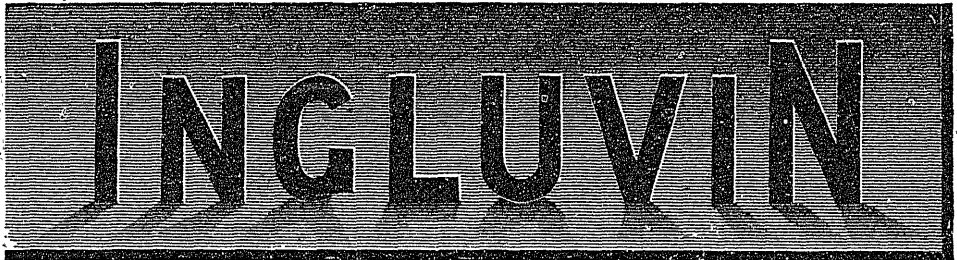
## Iodoform et Quinina et Ferri.

(WARNER & CO.)

Med. prop.—Tonic, Alterative.

Iodoform, 1 gr.  
Ferri Carb. (Vallet's), 2 grs.  
Quininæ Sul., ½ gr.

A powder:—Prescribed in the same manner, doses and combinations as Pepsin.



From the Ventriculus Calliosus Gallinaceus.

(The Gizzard of the Domestic Fowl.)

**A SPECIFIC FOR VOMITING IN PREGNANCY.**

In doses of 10 to 20 grains.

appointed changes. How long ago we know not; how, we know not; we know only the bare fact, that man came upon the scene, began to observe, to criticise, to make and to write history. What he first observed we know not; but the first recorded combination was when he sewed fig leaves together to make himself an apron. This was only an adaptation of existing things to a purpose. Since then he has simply gone on recognizing and combining; and not one individual of the race has lived long enough to be more than an ephemeral witness of the results thus induced. With a perpetual change of actors, and a gradual increase in their number, the play has been one and the same, ever repeating and repeating itself. The boys and girls have sported, the youths have loved, the men and women have schemed, lost and won in the game of life, the old have drivelled and faded away, in continual never-ending succession. Nothing has really changed since the days of the patriarchs except relatively. Morally, man is the same; his passions, his ambitions, his jealousies, his meannesses, and his generousities, are set forth in the earliest known records of the race just as in the latest newspaper. Physically, he is the same; could we obtain the fresh body of one of the ancient shepherd-kings of Egypt, it would answer as well for anatomical study or demonstration as that of the pauper who died yesterday in one of our almshouses. It is only in his wider acquaintance with the world around him, in his increased power through discovery, that he has changed. Materials and forces were everywhere in the time of Adam and Noah, just as they are now; but they were hidden. Gradually the knowledge of these things dawned upon men, and new combinations were made; not new things, but revelations of the possibilities contained in what had always existed. When

“Terah, Nahor, Haran, Abraham, Lot,

The youthful world's gray fathers in one knot,  
Did with intentive looks”

gaze in admiring awe upon the rainbow, they saw just what we see now in the sky after a summer shower, no more and no less; but we have to some extent solved the mystery which to them was absolute.

In the course of the revelations of existing things, a combination of materials and forces was developed which gave us the art of printing, and thenceforward the spread of knowledge was vastly aided. But a few centuries and we come to our own time, the age of steam and electricity, and of popular education. Now we find at once an immense increase in the body of workers, and in their means of utilizing their results. Wider views brought more accurate classification, clearer ideas of the natural history of health and disease; modern methods of research, also brought about simply by new combinations of forces and things which have existed since the world was made, have placed the science of medicine on a plane far higher than that which it occupied at the beginning of this century.

But I imagine that some of you may begin to ask what all this tends to, and why all this array of truisms should be presented? I do not think, however, that I am wide of my subject. We, of the nineteenth century, are apt to plume ourselves upon the wonderful achievements of our age, and to think, if not that wisdom shall die with us, at least that it began with us. We look at the books and periodicals which pour forth from the press—more in bulk than any one man can find time to read, even if nothing else claims his attention. We catch the hurrying, bustling, commercial spirit of the day, the mis-called “practical” man's idea that the great point is to know the latest views, to be up in all the newest things, so far as they will help him to take the lead of his rivals, and to build up a lucrative business.

This is one way to look at the matter; but there is another, and I think a better. We are not merely a fleeting generation of midges, dancing in the sunshine for our little day, come from the night, and to pass away into deeper night. We are not even actors who appear in solemn procession on the stage, strut through our parts, and make our exit. We are the heirs of the ages, and have work to do in order that we may transmit to those who come after us the legacy which came into our hands, with such increase of value as may be fairly required of us. Surely it is well that men engaged in such a task should occasionally look back and trace the steps of their predecessors; that they should

mark the points reached by the great climbers of past times, and the different outlooks gained by them over the field of scientific truth.

I wish then, to-day, to ask you to go back with me into the last century, and to survey the work done by some of the eminent men who were then the leaders of thought in our profession. Three of them particularly—men whose names are known wherever surgery is taught, but who are unfortunately only names to the vast majority of even the more educated among medical men, will engage our attention. They are Lawrence Heister the German, Jean Louis Petit the Frenchman, Percival Pott the Englishman. In the brief time at my disposal, I can do but scant justice to the claims of these worthies to the respect and even veneration of their successors. Enough if evidence is afforded of the value of their labors, and of their title to high place in the republic of science; more than enough, if what I shall say may lead others to share with me the pleasure and profit of occasional intercourse with them in the writings by which alone the world now knows them.

I have selected these three because they were nearly contemporary. They represented the three leading nations of the world in their time; they embraced in their works nearly the whole scope of surgery as then known; and they seem to me to have been men who fitly closed what may perhaps be called the middle age of that science. Curiously enough their lives extended over almost exactly similar periods, Heister and Pott living 75 years each, and Petit 76.

Heister was born in 1683, and his *System of Surgery* was published in German in 1718, in Latin in 1739. An English translation of it appeared in 1742, and the sixth edition in 1757.

In his preface he gives an account of his studies, and of his experience in military surgery. In 1710, being then 27 years of age, he was, he says, "beyond all expectation, called by the republic of Norimberg to teach anatomy and surgery, as public professor in the university of Altorf. In order to qualify himself for the duties of this position, he made a tour into Great Britain, where he says he was "from spring to autumn, collecting everything new in the several branches of physics." On beginning his labors, he found himself perplexed for want

of a convenient manual of surgery; and you will pardon my detaining you by a quotation, asking you to bear in mind that its date is 1739, not quite 150 years ago—less than twice the life of many persons whom we know.

"If any one," says he," examines the best books, such as the *Microtechnia* of VanHoorn, the *Operations* of Nucke, etc., which were at that time consulted not only by our surgeons, but also by our university professors, for teaching and learning the art, it will readily appear how imperfect and insufficient they are to give a just notion of any one branch, much more of the whole system or body of surgery. Since they describe only a few operations, and those too imperfectly; taking little or no notice of the doctrine and treatment of wounds, fractures, luxations, tumors and ulcers, which make the most considerable part of surgery, and in which a learner ought to be the most fully instructed. It is true, the works of Guido Cauliacus, Aquapendens, Parey, Scultetus, Solingen, and some other writers of the last century, are very full and explicit in all or most of the operations, and the five kinds of disorders before-mentioned. But even in these we must not expect to find the many improvements, emendations, and discoveries, made by the moderns; and their practice being mostly obsolete, they must consequently be allowed to be unfit for the instruction of learners. And it is an objection to many of our books on surgery, of a more modern date than the preceding, that they have either been compiled by physicians, little conversant in chirurgical dissections and operations, as those of Barbet, Verduc, Bonteck, Doley, Blancard, Chaniere, Juncken, Vauguion, Le-Clerc, etc., in which many of the old errors are continued, and not a few things stated otherwise than will be found in practice; or else they have been restrained to but one or two subjects only, as the bones, wounds, tumors, bandages, operations, etc., besides their being written either in a rude, or a foreign language, unknown to most of our surgeons."

The system of surgery which was intended to supply the defects thus set forth was published in German in 1718. "And," says the ingenuous author, "from this time it is that we have had better or more expert surgeons in

Germany than before, many of which have since often declared to me, that they had drawn most of their knowledge from my Surgery."

In the following year, Heister "received a most gracious call to the public Professorship of Anatomy and Surgery in the Julian University of Helmstadt, from his Britannic Majesty, as Duke of Brunswick and Lunenburg." The "care and trouble of packing up and removing his goods, and the fatigue of a long journey, added to the multitude of business, and many avocations consequent upon his new office," are now urged as the reasons which compelled him to postpone the issuing of his work in Latin, an event which did not take place till 1739, or about twenty years later.

Now, when the really recent date of this writing is considered, you will, perhaps, scarcely be ready to believe that the Julian University at Helmstadt was abolished, as such, seventy-eight years ago, in 1809—just ninety years after the time when Heister was called to professorial honors in it. Of the Republic of Norimberg, or the University of Altorf, I can find no other mention anywhere. Altorf seems to be known chiefly as the alleged scene of William Tell's feat with the apple; but even this, as everybody is aware, is now suspected to be a mere myth. As to the authors spoken of, the only one with whom there is, at the present day, any general acquaintance is Paré, whose quaint pages have for some reason or another always found friends, and it seems likely that they always will. But of Guy de Chauliac, Fabricius ab Acquapendente, Scultetus, it may safely be said that while most educated men have heard their names, scarcely one in a thousand could be found who has ever read a line of their works. Still deeper obscurity envelops the other authors who had, in Heister's opinion, failed to give a just notion of the body of surgery, or of the many improvements, emendations, and discoveries made by the moderns. Not yet 200 years ago; men of sufficient note to have written and published works for the guidance of their professional brethren; yet of most of them we have really less information than of some of the Egyptian or Assyrian kings. To what a depth of oblivion must most of the writers of the present day,

contributing their drops to the ocean of literature, look forward!

Of Petit we know much less. Born in 1674, he died in 1750; and for some unexplained reason it was not until twenty years afterward that his pupil, Lesne, undertook the publication of the works his master had left in manuscript. That the latter had intended to place them before the world himself, appears from the fact that he had had ninety plates engraved and printed to the number of 2,000. He had not, at the time of his death, written all of the text corresponding to these plates, but they were issued, as the editor tells us, because "he judged of the surplus that it would always be an advantage to young surgeons to have so complete an arsenal of instruments, most of which had been invented or improved by M. Petit."

M. Lesne gives us to understand that his illustrious teacher had contemplated the preparation of a general treatise upon surgical maladies and the operations for their relief. He adds, with a charming simplicity of faith: "One would judge, from what he has left us of his work, that this treatise would have availed to establish forever the principles of the art."

A simple instance may show how little foundation existed for such confidence. In Vol. III. of the works, at p. 180 *et seq.*, this eminent man gives an account of a case in which he amputated the thigh of an officer of distinction, for the effect of a gun-shot wound received twenty years previously; on the separation of the ligature bleeding occurred, and was checked for a time by a button of vitriol, but when this came away, and fresh bleeding took place, a bandage was put on and the stump watched by four surgeons, relieving one another at intervals of an hour. Finally an apparatus suggested itself, with a body belt, a sort of tourniquet, and a plate to cover the face of the stump; all this being held in place and connected by straps and buckles.

At the present day, the merest tyro would simply apply another ligature; and why such an expedient did not occur to the great French surgeon would seem to me unaccountable, except on one ground. He cautions his readers against tying the vessels too tightly, for fear of



cutting them through, and thus causing hemorrhage either at once or shortly afterward. Hence, as a matter of course, when the ligature came away by slipping off, the vessel not being occluded, there would be no more reason for trusting to another tying; this resource seemed to have failed. It appears that he always afterward regarded the ligature as a thing to be avoided, except in cases of emergency, as in dealing with large numbers of cases in military surgery. His compression apparatus was, in his view, the acme of security against hemorrhage.

It is a curious coincidence that Percival Pott's works were also published after his death by his pupil and son-in-law, James Earle. Pott was born in 1713, and was apprenticed at the age of 14 to Mr. Nourse, one of the surgeons to St. Bartholomew's Hospital. "At that time," says his biographer, "the art was miserably defective; the instruments were clumsy and unmanageable; the operations unscientific and unnecessarily painful; the established mode of practice, encumbered with a farrago of useless medicines and applications, tended rather to mislead than direct the enquirer; prescription too frequently held the place of reason, and want of real knowledge was concealed under a pompous garb and specious demeanor." "Painful and escharotic dressings were continually employed, and the actual cautery was in such frequent use, that, at the times when the surgeons visited the hospital, it was regularly heated and prepared as a part of the necessary apparatus. In the works of several authors who flourished in the early part of our author's life, we have contrivances for improving these dreadful instruments. Mr. Pott's tutor rigidly adhered to the established practice, and treated with supercilious contempt the endeavors of his pupil to recommend a milder-system."

In 1744, Pott became an assistant, and in 1749, full surgeon at St. Bartholomew's. In 1756, he sustained a severe fracture of his leg, and it was during the enforced idleness consequent upon this injury that he began to turn his attention to authorship, preparing his essay on ruptures. About 1765, he undertook the work of teaching, giving his lectures at first in his own house. The efforts by which his name

has been principally distinguished, are his work on fractures, published in 1768, and that on curvature of the spine, which appeared eleven years later. He closed his long, busy and useful life in 1788, carrying on a very active practice to the last.

Heister's work is in the nature of a cyclopædia, and full of evidence of the study of the writings of his predecessors and contemporaries.

Petit's editor says of him: "He only read books on surgery in order to get a general idea of the progress made by the art down to his time; he made little account of the erudition which gives a learned air to mediocre talents; when he treated of a subject, he always sought to widen the limits placed upon it by his predecessors."

"Mr. Pott," says Earle, "always professed great value and respect for the early writers on the art, and perused their voluminous works with great diligence and sagacity. He frequently observed that, though no great advantage could be derived from them in the practical part, yet whoever studied them would be amply repaid by their accurate description of diseases which they portrayed from nature."

I do not propose to take up systematically the study of these works, but merely to dip into them here and there, and to note the points of difference and of resemblance, those in which they may seem to us to have been in the dark, and those in which they touch very closely the views and practice of the present time.

Heister and Petit both had opportunities of somewhat wide experience in military surgery. Pott's field of action was wholly civil, and he appears to have been largely engaged in private practice as well as in that of the hospital, with which, as he himself said, he was connected as man and boy for fifty years.

We cannot but be impressed with the difference between the last century and the last half of this, in the character of military surgery. Sword and bayonet wounds were then extremely common; now they are very rare. Then again, the round balls, the clumsy and inefficient fire-arms, and the less powerful explosives, made the nature of the wounds often much less serious than those with which we are now familiar. Another curious fact has impressed itself upon

me within the last few years. Surgeons in civil life, and especially those connected with large hospitals, have at present more experience in wounds from firearms than many army surgeons formerly had. So common is the use of the pistol, that shot-wounds are among those which most frequently present themselves. And I need not dwell upon the very analogous character of railroad and machinery crushes to that of the injuries from cannon-shot which so impressed the military surgeons of the sixteenth century.

Modern life, along with many comforts and luxuries, has brought new sources of suffering and danger. It has also, however, seen the introduction of vastly improved appliances for the relief of one and the prevention of the other.

Perhaps I need hardly dwell upon the fact, which is patent on almost every page of the books I am now discussing, that the sovereign anodyne, in the view of all these men, was blood-letting. They had, indeed, the syrup of poppies, the theriaca, the confectio mithridatii, but it is amazing to see how diligently they opened veins whenever they found their patients in pain.

Another curious matter is the vagueness of the knowledge of anatomy which is shown by our authors. Of course their opportunities for dissection were limited, and, in fact, many students of that day learned all the little they knew of the structure of the human frame by the mere seeing of the demonstrations made upon two bodies a year in an amphitheatre. Still less did they know of pathology. They looked upon disease with a sort of myopia, and failed to get any general view of the classification of disorders. Hence it would be unreasonable to expect that their treatment, based upon an imperfect anatomy and physiology, and without any system of pathology, should be otherwise than empirical. Yet they were shrewd observers, and no doubt did a sort of rough justice to their cases, such as possibly may not compare unfavorably with the practice of some of our graduates, who are learned in all the mysteries of the metric system, bacteria, and microscopic appearances.

Pott closed his eyes upon this world just at

the dawning of a new era—the era of generalization. Thirty-seven years before this time, Pott being one of the senior surgeons at St. Bartholomew's Hospital, John Hunter had been for a short period one of the students in attendance upon the lectures there. Hunter was then a young fellow of twenty-three, and probably was scarcely known by the lecturer, who little thought what a genius sat before him listening to his words. Whether they ever came into contact in after life I do not know. Hunter, of course, became connected with St. George's Hospital, where, three years before Pott's death, he performed what was, it seems to me, one of the most brilliant operations the world ever saw,—the ligation of the femoral artery for popliteal aneurism. Consider all the circumstances—the fact that such cases had previously been condemned to amputation, that the course pursued by Hunter was the result of deduction from an observation made in one of the lower animals, and that it opened the door to a wide field of life-saving surgery—and I do not think you will regard my expression as extravagant. Moreover, this was but an incident in the life of the man who, I think more than all others, was active in the widening of the scientific basis of surgery. He led the van in bringing in all the teachings of human and comparative anatomy and physiology as aids to the treatment of surgical disease.

But I have been drawn into a digression. All I meant to have said was, that the three great men who are the special subjects of this desultory talk must not be judged by the standards of the brighter light and wider view, of the independent and comprehensive thought, which their successors enjoyed. Possibly, for such is sometimes the working of human nature, they would have resented the rough encroachment of new views and theories upon those they had set up and taught. Men are apt to be charitable to those who have had no chance to oppose them, and I note that both Heister and Pott speak with much more respect of their departed predecessors than they do of their contemporaries who held contrary opinions.

With regard to injuries of the head, we find that Petit left but a portion of his article completed; but his editor refers to a memoir pre-

sented by him to the Académie Royale de Chirurgie, in which he pursues the subject; and from the plates (without corresponding text) in the work before us, it is clear that he had intended to discuss the operation of trephining. On the Continent it is plain also that the instruments used for this purpose were immensely large and clumsy, resembling the brace and bit now commonly employed by carpenters. For Heister also represents them of this form; and in speaking of the method of procedure, advises that the surgeon, setting the point of the perforating trepan, a sort of awl or gimlet, on the skull, should place his left hand on the top of the instrument, and then rest his chin or his forehead on his hand, while with his right he slowly revolves the borer. Having made such a puncture as he desires, he then puts the trephine itself in place, with a central spindle, which is inserted into the hole previously bored. It is worth while to note the shape of the trephine itself. Both Heister and Petit represent it as like that of modern times, the frustum of a cone, and with spiral grooves on its outer surface. This shape was for a time abandoned for the cylindrical, and has been within the last fifty years re-introduced as a novelty.

Pott does not speak of the exact shape of the trephines used by him. In Scultetus (1741) we find representations of the modern form of the instrument, with simply a handle. When this became the prevailing style I cannot say.

As to the indications for trephining, it is well known that the views held in the sixteenth and seventeenth centuries were in favor of a very free resort to the operation, which, in spite of Pott's advocacy, as well as of that of Gooch and other able writers, subsequently came to be regarded with much timidity. At present the pendulum of opinion is swinging back again, and surgeons are far more ready with the trephine than they were twenty years ago.

Heister spoke of this matter more cautiously than did Pott. He refers to the danger of injury to the dura mater, and says: "For this reason I am induced to condemn the advice of those, as very unsafe, who direct to trepan the cranium immediately upon every slight disorder of it."

One point seems to me curious, and that is,

that none of these surgeons had noted the fact of irregularity of the pupil of the eye as a result of intra-cranial pressure.

Another singular fact is, that while Heister advises that the incision to lay the bone bare should have the form of a cross, or of the letter X, V, or T, Pott speaks uniformly of cutting away a circular piece of the scalp. And we find in Hey's Surgery, published in 1807, an argument against this practice, which would seem up to that day to have generally prevailed among English surgeons.

I cannot pass from this subject without one more reference to Petit, who would, in the opinion of his editor, have settled for all time the principles of surgery. He is quoted as discussing "the nature of the polypous fleshy masses sometimes found in ancient contusions" (of the head), "the opening of which has been long delayed." He does not think that these masses, which he believes to be formed from the blood clots constituting the tumor, are different from the polypi which are found adhering to the inner surface of the ventricles of the heart, nor from the fleshy masses found within true aneurisms, nor from the clots of false aneurisms. He says, further, that these polypous masses "can absorb nourishment, grow more or less, and even become adherent to all the surface of the cavity enclosing them." This must remind us of the elaborate steel plate given by Tulpius, of a polypus of the heart—nothing more or less than such a clot as may be noted in the autopsy of any one who has died slowly. It seems to me that the wonder is that these ancestors of ours, with such rudimentary ideas of physiology and pathology, should have built up their surgery as soundly as they did.

Heister, like all his contemporaries, hesitated to place entire confidence in the ligature as a means of controlling hemorrhage. And in speaking of wounds in the neck, he gives what must seem to us a most extraordinary piece of advice. If the internal jugular vein is extensively divided, he recommends that it should be tied; but if the carotid artery or any of its branches, he would have us trust wholly to pressure, kept up by compresses held in place with the fingers. Yet, when the matter is looked at more closely, the explanation seems

evident. The idea of the men of that day was that the current of blood in the arteries, by its force, detached the ligature, while the more sluggish flow in the veins was easily controlled.

With regard to wounds of the chest, there is but little to note, in view of the fact that auscultation and percussion were unknown in the last century, and hence that the study and treatment of these injuries were carried on at a great disadvantage.

Coming now to the diseases and injuries of the abdomen, I would call your attention to the article in Petit's work on tumors formed by the retention of bile in the gall bladder, often mistaken for abscesses of the liver; and to another on the parallel existing between the retention of bile and biliary calculi, and retention of urine and stones in the bladder. There is, in these two papers, much that may be read with profit by any one at the present day; much that would show, if such proof were needed, that the author was a man of bold and independent habit of mind.

In a recent article published by myself, on a case of pistol shot wound in which laparotomy was performed, I stated that this course was "dimly foreshadowed" in 1855 by Guthrie. Soon after this was written, I was not a little surprised to find that the foreshadowing had taken place 135 years earlier; for Heister wrote as follows:—

"When the intestines are wounded, but not let out of the abdomen, and therefore their wounds are out of reach, the surgeon can do nothing but keep a tent in the external wound, according to the method of dressing laid down at chap. v., and after this bleed the patient if his strength will admit of it, advising him to rest, to live abstemiously, and to lie upon his belly. The rest is to be left to Divine Providence and the strength of his constitution. But the question may be asked here, Whether a surgeon may not very prudently in this case enlarge the wound of the abdomen, that he may be able to discover the injured intestine, and treat it in a proper manner? Truly I can see no objection to this practice, especially if we consider that upon the neglect of it certain death will follow, and that we are encouraged to make trial of it by the success of others. Schacherus,

in *Programmate Publico*, Lipsiæ, ed. 1720, mentions a surgeon who performed this operation successfully. So Cheselden, of London, gives us a history where, in the hernia incarcerata, he laid open the abdomen, returned the intestines, and perfectly cured his patient. See his 'Treatise on High Operation,' etc.

Very possibly, on looking up these cases, it will appear that there was a good deal more than foreshadowing of the modern practice.

Let me give another instance. We are apt to think of néphrotomy and nephro-lithotomy as among the latest developments of surgery. But Heister has the following passage at the conclusion of his chapter on lithotomy by the apparatus minor:—

"Lastly, as there are many cases in which a stone in the kidney can by no means be resolved or removed by medicines, and the patient being continually in the most extreme torture, is desirous by any means to be freed; it may not be inconsistent with our design in this place to resolve the question, whether a stone in the kidney may not be cut out in such a case. This is a subject seldom treated of in books of surgery, and which I choose to treat of in this place, as the operation may be performed by the apparatus minor, either with the scalpel alone, or with the hook and forceps. The generality of those who have said anything upon the subject in their writings, think it a proposal too dangerous to be practicable, and therefore treat it with neglect,—when at the same time there are extant many arguments, both from reason and experience, which recommend such a practice to be absolutely necessary, especially under particular circumstances. For we have many instances of patients who have been freed from the stone in the kidney by a wound in that part, received accidentally in the back; and that, in some cases, without any dangerous symptoms. Among other instances which have come under my own observation, I shall only mention a late one, of a man who was wounded by another with a knife, upon the region of the right kidney, in his back, in the year 1735, in such a manner that blood and bloody urine was voided in great plenty for several days through the wound and through the urethra. But after he was transmitted to my care at *Helmsstadt*, he was happily

cured within the space of four weeks. It is therefore most certain that wounds of the kidneys are not always mortal, as some have imagined, but frequently curable; especially those inflicted on the back, without penetrating into the cavity of the abdomen. And Hippocrates, though he interdicts his pupils from performing the operation of lithotomy, does yet direct them, in treating of disorders in the kidneys, 'to make an opening where they are elevated and tumified; that after extracting the gravel and discharging the matter, they may be healed with diuretics. For by such an opening or incision there may be hopes of a recovery; otherwise, the patient is a dead subject.' And in the same book he says: 'When there is a suppuration of the kidney, and it forms a tumor near the spine; in that case a deep incision is to be made upon the tumor near the kidney,' or as he says in another place, 'into the kidney itself.' From whence it appears that he did not think an incision in this part so greatly to be feared as a wound in the bladder. Rossetus also, and the accurate anatomist Riolan, and others, are induced by many reasons to think that nephrotomy may be often practised with success, if the incision be made in that part where the calculus is perceptible, taking care to avoid wounding the emulgent artery, veins, or the ureter, and to prevent the wound from penetrating into the cavity of the abdomen. But nothing can be more reasonable than to perform nephrotomy, when we are directed to it by nature, pointing out the place; by a tumor and abscess formed in the loins from a calculus in the pelvis or kidney. In such a case we are also supported by the advice and authority of Schenkus, Wedelius and Meekren, together with Lavaterus, formerly an eminent physician and surgeon of Helvetia, with whom I amicably cohabited for some time, in the year 1710, he then practising surgery at London with great applause. He at that time told me that he had not only performed this operation with success in the above mentioned case, but had also publicly declared: 'I perform the operation of nephrotomy, on either of the kidneys, when nature directs to that practice by forming an abscess.' There is therefore no apparent reason why this operation should be condemned under the forementioned circumstances, as it is by a

great many. I should rather advise, according to my own practice, never to omit nephrotomy, when nature thus points out the road to it."

I trust the interest of this quotation may excuse its length; and will only mention that in Petit's third volume may be found detailed two cases of nephro-lithotomy, one of which was entirely successful, and in the other the operation could not by any means be assigned as the cause of the death of the patient. Petit rarely gives the dates of his cases, so that we cannot tell by how long a time he anticipated the operators of the present day.

It would be interesting, did time permit, to go somewhat into detail as to the views of our authors on the subject of hernia. Part of the vagueness of their ideas must be ascribed to the fact that the rationale of the descent of the testicle was at that time unknown, having been first demonstrated by Hunter at a later period. Both Pott and Petit discuss the question of herniotomy without the opening of the sac, and Heister briefly refers to it. They also are greatly concerned as to the best method of dealing with protrusions of omentum. A curious fact may be noted here, viz., that Pott does not once use the term " taxis." It may also be mentioned that he recommends the inversion of the patient for the reduction of hernia—a plan more than once brought forward as new in our day.

I have before spoken of the want of classification in the nomenclature of disease, as shown in the writings of these eminent men. A striking instance of this may be noted in their discussions of the various fistulæ. "The fistula lachrymalis" seems to have been to them an entity by itself; "the fistula in ano" another. As to the former, we find that Pott and Heister could devise no better remedy than breaking through the wall of the orbit and forcing a passage into the nasal cavity. Petit, on the other hand, very justly condemns this rough practice, and recommends dilatation of the canal by bougies.

The mention of fistula in ano, which Petit discusses under the head of "ulcers," reminds me to quote from him a passage illustrating a curious feature of human nature. "It is known," says he, "that after the operation

which was performed upon Louis XIV, this procedure became very common, not because there were more fistulæ than before, but because many people who had concealed infirmities of this kind ventured to declare them; some even submitted to the operation by way of gaining favor. It became, so to speak, the fashion, and, as the city copies the court, it was so frequently performed in Paris, that for a time no one talked of anything but fistula; it alone seemed to be worthy of the attention of surgeons; yet, in spite of all the care given to the perfecting of the operation, cases were often heard of in which it had failed and in which it had to be repeated."

Another singular statement is made by Petit in connection with the subject of hemorrhoids, which also, by the way, he places under the general head of "ulcers." He says: "Of the patients whom I have treated for internal hemorrhoids, the Americans and the inhabitants of British ports have furnished the larger number; and among these I have found few who had not as the source of their malady either scurvy or syphilis, and often both." I must confess myself puzzled to know who and of what class these "Americans" were. They certainly had nothing in common with the travelling Americans of our own day; they cannot have been either Indians or negroes, of whom even now many educated Frenchmen are convinced that the population of this hemisphere mainly consists, and I have no theory to suggest on the subject.

At the present day the pathology and treatment of hydrocele are matters of no special discussion, and the condition itself is one of the minor troubles with which surgeons are called upon to deal. It is somewhat interesting to see what opinions were held by our authors, especially with regard to the best method of treatment. Heister mentions five plans: free incision and stuffing the cavity; caustic; the seton; the wax tent; and finally, with just indignation, "the method practised by itinerant medicasters, by which they make an incision in the inguen, and tearing the scrotum off the testicle, they extirpate it together with the process of peritonæum, notwithstanding both of them are in a sound state." Petit speaks only of puncture with the trocar, or of free incision. Pott speaks of puncture as

a palliative, and refers also to a plan of injection of the sac for the radical cure as having been "quite laid aside" as useless; he does not say what was the nature of the liquid employed. He advises a large incision of the tunica vaginalis, but is said by Earle to have abandoned this plan for the last twenty years of his life. He speaks very favorably of the seton.

We have all heard of "Heister's screw" for opening the mouth, and most of us have used it or seen it used. Now let me quote what he himself says: "But in my opinion every prudent surgeon will reject these instruments as pernicious." He afterward speaks with approval of the use of the *speculum oris*—a much less powerful instrument—"for inspecting the mouth, in examining several disorders of its parts, or in performing any operation on the palate, tonsils, or teeth." No doubt the two articles were confounded by some careless compiler.

In most text-books, and by teachers of surgery, it is customary to speak of the tourniquet in common use as Petit's. And we hear also commonly the term "Spanish windlass" as applied to the well-known handkerchief twisted up with a stick. But in fact the latter was "the tourniquet," "which," says Heister, "we use with great success after amputations." Petit modified this, but the instrument produced by him was not by any means that which we know by his name. The double bridge seems to have been a German invention; when the four rollers were introduced I have been unable to ascertain.

Did time permit, I should be glad to say something of the views of our authors on the subject of fractures and dislocations; the views, that is, of Heister and Pott, for neither in the text nor in the plates of Petit's work does it appear that he meant to take up this topic. I must, however, content myself with calling your attention to the sound sense of Pott's remarks on the relaxation of muscles by position, in broken limbs. His deductions as to treatment are not borne out by experience, or, at least, have not been thus far, but it is not impossible that appliances may yet be devised by which the theory may be made available. As to the fracture just at and above the ankle joint, with which his name is still associated, I need say

nothing, as it is familiar to every student of surgery.

I have said that Petit left nothing in regard to the matter of fractures; but in Heister's work he will be found credited with the invention of an apparatus which, in a modified form, the whole civilized world knows as the "fracture-box." I think very few of the vast number of surgeons who have used this appliance have had the slightest idea of its origin.

Of course, the name of Pott is best known now, and in all probability it always will be, in connection with the subject of spinal curvature from caries. His paper on this subject, in the third volume of his works, seems to me admirable, a piece of sound reasoning from accurate observation, and extremely modest in its tone. I think such writings as this are beyond the reach of decay with time; they have a merit of their own, and although they may be forgotten, their value remains. A fact, or a sound explanation of facts, added to the sum of human knowledge, is worth much; if it is a fact from which may be deduced results of wide and permanent benefit to a class of sufferers previously without relief, there is no standard by which to estimate the service rendered to mankind by its discoverer. The pointing out of the causal relation of caries of the vertebræ to a condition which had, up to that time, been classed among the palsies, was the laying of the corner-stone of the present treatment of disease of the spine, although Pott's therapeutical ideas were of the crudest.

I had noted many other points to which it was my intention to refer at more or less length, but I fear I have taxed your patience too largely already. My object has not been either to criticise or to eulogize. These departed worthies loom up among their contemporaries, and challenge the attention of all who would trace the progress of our beneficent science.

Heister had the advantage of both Petit and Pott, in that he published his own finished work, and gave it to the world himself; while they had gone over to the majority, and their control could no longer be exercised in correction and addition. We all know that one of the ancients exclaimed, "Oh that mine adversary had written a book!" If his adversary had not only written a book,

but had had it posthumously published, he would have had the game in his own hands.

I have already spoken of the vast increase in medical literature at the present day, as compared with that which the men of the last century had at their disposal. Growth in this respect may be looked for in the future with certainty, but its extent is a matter beyond calculation. We are now the moderns; we shall soon be the ancients. Our work will be left to the criticism of those who are now unborn, and our discoveries and theories, our instruments and methods of treatment will be commended, rejected or modified, established or superseded, just as has happened to those of all the generations before us.

When the great Napoleon was engaged in making history, and in the course of the process found himself and his army in Egypt, it is said that he sought to stimulate them by telling them that from the heights of the pyramids forty centuries looked down upon them. Whether he ever said this or not is doubtful; but if he did, he simply uttered an absurdity. The forty centuries were past and gone, and before the dead eyes of their monuments, tragedy and comedy, heroism and cowardice, glory and disgrace, were one and the same. The past may appeal to us in trumpet tones by the examples left us by its mighty ones; but it is the future which must pronounce its verdict as to what we have done or left undone.

"Time is the judge; time has no friend nor foe; False fame must wither, and the true must grow."

---

### Selections.

---

*We are indebted to* DRS. ZIMMERMAN *and* G. R. McDONAGH *for translations.*

---

### MATERNITY HOSPITAL IN PRAGUE.

I am sure you would be interested in the Maternity, which is one of the finest institutions in the world, and is the resort of a vast number of students. The building is a very handsome and highly ornamented brick structure, and although containing but about four hundred beds, has a capacity for very many

more, as a considerable amount of space is assigned to the almost numberless officials and servants. There are nearly three thousand births occurring here each year, but many of them are not seen by the student, as they are allotted to three separate clinics, one for the Bohemian school, of which Paulick is the representative, another for the German clinic of Shauta, and a third for the mid wives who come from the country about in considerable numbers, and who are taught all the more common obstetric operations. As I have already indicated, ill feeling and jealousy keep the three wholly distinct from one another.

The "touch" course, which every one takes, consists in making the diagnosis of foetal position by external palpation, sounds of foetal heart and maternal measurements. The latter as indicated in the printed blanks are between the anterior superior spines of ileum, the two trochanters and from lumbar vertebræ to symphysis pubis, with digital measurement from promontory of sacrum to subpubic ligament. Abnormal positions are rectified before labor or before the head is engaged by the bi-polar method. Antiseptic precautions are very rigid. Before making examinations the hands are thoroughly washed with soap and water and scrubbed for five minutes with a stiff brush, and then soaked two minutes in an alcoholic solution of corrosive sublimate. Every one coming in contact with a cadaver, a surgical case or one of syphilis, is obliged to take a bath and keep away from the maternity wards for twenty-four hours.

The patient is invariably delivered in lateral position, while the nurse slightly supports the perineum. The placenta is removed while the woman lies upon her back, and after an interval of thirty minutes, the nurse in the meanwhile pressing down upon the fundus. Not having been detached at the end of this time, gentle traction is made upon the cord, and Crede's method employed. Failing in this, the hand is introduced and the placenta forcibly removed. After labor is considerably advanced, the vagina is irrigated with a weak solution of carbolic acid. As soon as the child is delivered a tube is inserted into the mouth and nares and all mucus removed, and the eyes are treated with a two per cent. solution of nitrate of silver. The latter

is the practice in most of the maternity hospitals of Europe, with the effect of greatly lessening the dangers from ophthalmia neonatorum, which, according to statistics, is the cause of half the cases of blindness in children.

The mother wears no "binder," is allowed to get up on the seventh day and leave the hospital on the tenth. The child, usually, goes to the Foundling Hospital in default of proper care and training. Nearly all the births are illegitimate, and it is said that thirty thousand such occur in Bohemia every year.

Laceration of the perineum is frequent, and I think is due to irrigation of the vagina and a consequent lack of lubricating fluid to prevent undue friction. Iodoform is liberally used on all lacerations and excoriations, and antiseptic irrigations during the puerperal period are frequent. I have seen while here no cases of fever, but one from eclampsia and one from nephritis. I have just witnessed a Cæsarean section which ended in a Porro operation performed by Prof. Shauta. The woman was brought in from the country, and had been in labor eighteen days. On examination there was found atresia vaginæ resulting from some old injury. The canal was almost impervious and abdominal section was, under the circumstances, the only thing to be thought of. The woman was placed upon the table with hips drawn down to the edge—the operator standing in front and between the limbs of the patient. After the parts had been bathed in a 1 to 5,000 sol. of corrosive sublimate, an incision was made extending from an inch below the ensiform cartilage to the pubes, a rapid dissection was then made down to the peritoneum. As soon as all bleeding points had been secured, the latter was opened, and an assistant lifted the uterus from the abdomen, while another covered the latter with hot towels—wrapping them tightly about the vaginal portion of the uterus. On making the incision through the uterine walls the placenta was divided through its centre, having been attached to the anterior wall. The smaller and afterwards the larger portion of the placenta was then removed, and subsequently the fetus, the cloths being so held that no fluid entered the abdominal cavity. An examination of the uterus showed it to be soft and macerated throughout.



its whole interior. It was thought best, therefore, to remove it, which was done, the cervix having been first surrounded with a rubber cord, which was left on, and remained outside the stump. The abdominal walls were then sutured close about it and the cavity closed, it having been first irrigated with the sublimate solution. The wound and stump were liberally sprinkled with iodoform, and a modified Lister dressing applied. Although the outlook was decidedly unfavorable, the woman made a good recovery. —*Correspondent in New England Medical Monthly.*

### THE TREATMENT OF PNEUMOTHORAX.

CLINIC BY PROF. VON BAMBERGER.

With regard to the treatment of pneumothorax, we have to take into consideration two processes: the pneumothorax itself, and the underlying condition which is the cause of it, and which, as a rule, is phthisis. With the latter we shall not now concern ourselves, but rather limit our remarks to the indications presented by the pneumothorax itself. In many cases there is no direct indication for treatment. The condition cannot be changed, for even if one were to tap, only a very small quantity of air—perhaps none at all—would escape; for the greater part of the air is under the same conditions as regards pressure as that in the lung. Accordingly when the presence of the air causes no grave symptoms, no marked dyspnoea, and is generally speaking no special cause of anxiety, the pneumothorax does not require for itself special attention, but other symptoms which are of moment should be looked after: the cough, the expectoration, the moderate fever should be treated, sleep should be encouraged, the nourishment should be cared for, and in short the general symptoms attended to. However, pneumothorax is not always such a simple matter, but especially in cases where the pleural sac is entirely closed and without internal communication, when the tension becomes very great, and the dyspnoea most urgent, there is a positive indication present, viz., to remove the superabundant pressure. This may be accomplished more simply by

puncture or paracentesis when the surplus air, or if the puncture is made in a lower situation, fluid also will escape, and the patient will be thereby restored to comparative comfort. It is possible however that the former condition of things may return after a time, and in this case, if it is necessary, the operation may be repeated. The question for our consideration however is whether this operation does really produce any important improvement in the condition of the patient. With our own patients here we do not resort to the operation. We restrict them to the customary diet, that used in tuberculosis, we secure an equable temperature, avoiding cold and sudden changes of temperature, and order light, easily digestible and nourishing food. If the cough is severe we give mild narcotics or expectorants, and in sleeplessness some soporific and generally speaking treat whatever symptoms present themselves. —*Weiner Medizin Zeitung.*

### ARTIFICIAL FEEDING OF INFANTS.

Dr. A. Jacobi, of New York, in a paper on the Therapeutics of Infancy and Childhood, published in the *Archives of Pediatrics*, says:—

The principal substitutes for breast-milk are those of the cow and the goat. The mixed milk of a dairy is preferable to that of one cow. Cow's milk must be boiled before being used. Condensed milk is not a uniform article, and its use precarious for that and other reasons. Goat's milk contains too much casein and fat, besides being otherwise incongruous. Skimmed milk obtained in the usual way, by allowing the cream to rise in the course of time, is objectionable, because such milk is always acidulated. The caseins of cow's and woman's milk differ both chemically and physiologically. The former is less digestible. There ought to be no more than one per cent. of casein in every infant food. Dilution with water alone may appear to be harmless in many instances, for some children thrive on it. More, however, appear only to do so; for increasing weight and obesity are not synonymous with health and strength. A better way to dilute cow's milk, and at the same time to render its casein less liable to coagulate in large lumps, is the addition of decoctions of cereals. It has been stated before, that a small

amount of starch is digested at the very earliest age. But cereals containing a small percentage of it are to be preferred. Barley and oatmeal have an almost equal chemical composition; but the latter has a greater tendency to loosen the bowels. Thus, where there is a tendency to diarrhœa, barley ought to be preferred; in cases of constipation, oatmeal. The whole barley-corn, ground for the purpose, should be used for small children, because of the protein being mostly contained inside and near the very husk. The newly-born ought to have its boiled milk (sugared and salted) mixed with four or five times its quantity of barley-water, the baby of six months equal parts. Gum arabic and gelatin can also be utilized to advantage in a similar manner. They are not only diluents, but also nutrients under the influence of hydrochloric acid. Thus in acute and debilitating diseases which furnish no, or little, hydrochloric acid in the gastric secretion, a small quantity of the latter must be provided for.

#### SIMPLE DUODENAL ULCER.

This condition has not received in medical books the attention it deserves; but M. Bucquoy, an eminent clinician of the Hôtel Dieu, has lately written a very full article on the subject, a concise review of which appears in the *Progrès Médical*. Simple ulcer of the duodenum has many points of resemblance to simple ulcer of the stomach, and, like the latter, may remain latent for a long time and then suddenly manifest itself by an alarming hemorrhage or by perforation with a consequent violent peritonitis. There may be, and there usually is, hematemesis as well as intestinal hemorrhage. The hemorrhage from the bowel is sudden and profuse, usually coming on shortly after a meal, and being attended with colicky pains. In some instances death has been known to follow a single hemorrhage, but in the majority of cases there are several losses of blood, by which the patient is rendered anæmic in the extreme. Pain has not the same symptomatic value in duodenal as in gastric ulcer; it is far from being constant, and, when present, is very variable in its seat, duration, and intensity. It is most frequently felt some time after a meal, usually at the end

of gastric digestion, and has its seat in the right hypochondrium, frequently radiating to the epigastrium and over the whole abdomen. M. Bucquoy has never observed the dorsal and xiphoid points of pain that characterize gastric ulcer. He has taken particular note of the time when the pain appeared, and has found it to be usually from two or three hours after the ingestion of food. No other disturbances of digestion, either gastric or intestinal, were present. The course of the affection is slow and irregular as a rule, and is characterized by exacerbations and remissions of variable duration. It usually terminates by perforation and by the acute peritonitis which ensues. The author does not, like most other observers, take a pessimistic view of the prognosis. He believes in the curability of duodenal ulcer; of five cases under his personal care, only one ended fatally.

The points of differential diagnosis between duodenal and gastric ulcer are the predominance of intestinal hemorrhage; the absence of disturbances of digestion, and the variability of pain in the former. Moreover, duodenal ulcer is most frequently met with in men, while gastric ulcer, as is well known, occurs chiefly in women, notably in chlorotic young girls. The author concludes his article with the following proposition: When a man is suddenly seized with hemorrhage from the bowels when there are no other disturbances than extreme anæmia, when these hemorrhages recur after intervals of apparent good health of shorter or longer duration, and, finally, when the functions of the stomach are rapidly regained after a severe hemorrhage, there is a strong presumption, amounting almost to a certainty, of simple ulcer of the duodenum. The treatment is not unlike that of gastric ulcer, only there need not be the same stringency with regard to the diet as in that affection, owing to the circumstance that the mucous membrane of the stomach is intact.—*N. Y. Med. Jour.*

#### OIL OF WINTERGREEN IN THERAPEUTICS.—

In collecting evidence regarding the value of this substance, Dr. Squibb found that every physician who had used it frequently, had found cases in which it was either powerless, or was not well borne by the stomach, and some of these cases were afterward benefited by sodium

salicylate or salicylic acid. But all the testimony elicited was favorable to the use of the oil, and this especially in the large class of cases wherein the attacks were not severe. In all such it seemed to have important advantages over the sodium salicylate. In severe cases wherein the pain was very severe and the elevation of temperature great, the conditions were controlled more promptly and more effectually by the sodium salt. There was no dissent from the general conclusion reached that the oil, whether natural or artificial, or whether from wintergreen or birch, was an important agent for obtaining the best results of salicylates in a very large class of cases.—*Medical News*.

### THE TREATMENT OF HABITUAL CONSTIPATION.

At a time when, not only the tedious proceedings of massage, but actually manipulation of the abdomen by cannon balls (*vide Journal* for November 26th), is recommended for chronic constipation, a far simpler and more effectual way of inducing peristaltic action of the bowels, which has recently been discovered, should be brought to the knowledge of the profession generally. This consists of the injection into the rectum, by means of an ordinary glass syringe, of about half a teaspoonful or a teaspoonful of glycerine.

The fact that glycerine thus used causes a ready action of the bowels was apparently discovered by a Dutch physician, Dr. Oidtmann, of Maastricht, who, however, deprived himself, at least to a great extent, of the credit of this discovery by advertising it as a nostrum in several medical journals. Dr. Anacker, of Château-Salins, who purchased the specific and found it to answer the purpose well, took the trouble to analyse the fluid supplied by Oidtmann for such injections, and found it to consist principally of glycerine, to which a small quantity of a preparation of conium and a sodium salt had been added. Dr. Anacker found that glycerine alone, without conium or the sodium salt, had exactly the same effect as Oidtmann's mixture.

On reading Anacker's paper in the *Deutsche Medicinische Wochenschrift* for September 15th last, I lost no time in giving this proceeding a

trial. A number of patients, including some medical practitioners of great experience in the treatment of this troublesome disorder, have spoken to me in the highest terms of the value of this new plan. An evacuation generally takes place either immediately or within a few minutes after the injection. The explanation of the effect given by Anacker, and which is no doubt the true one, is this: Glycerine when brought into contact with the mucous membrane of the rectum, withdraws water from it, thus causing hyperæmia and irritation of the sentient nerves of the rectum, which in its turn leads reflexly to powerful peristaltic contractions, ending in defæcation. The larger the accumulation of fæces, the greater is the effect. There is no discomfort or pain, but the action takes place *cito, tuto et jucunde*. Sometimes, however, a little throbbing is felt in the rectum for a few minutes afterwards. I feel sure that this plan, on account of its simplicity and readiness, will be found to constitute a veritable improvement in the therapeutics of constipation.—*Julius Althaus, M.D., in British Medical Journal*.

### COLD WATER INJECTIONS IN CATARRHAL JAUNDICE.

Recommended several years ago by Krull, lavage of the intestine in jaundice has already gained in favor, and the reports by Lowenthal, Eichorst, and Krauss show that in many cases a more rapid recovery follows than when alkalies and diluents are administered by the mouth. In the *Revue de Médecine* for September, Chauffard reports seven cases, in six of which the obstruction to the bile-flow was overcome in from four to six days; in one case on the eighth day. From one to two quarts of cold water are injected. The temperature of the water may be a little raised on succeeding days. The injection usually induces a lively peristaltic action, which may be irregular and cause painful colic. To the extension of the movements to the duodenum, Krull attributes the beneficial effects of the treatment, as the active contraction of this part of the bowel is likely to cause expulsion of the obstructing mucus. Chauffard regards the action as entirely reflex, the cold water inducing a strong contraction of the gall-bladder and

larger bile-ducts. Normally it is in this reflex manner that the chyme in the duodenum induces expulsion of the contents of the gall-bladder, and it seems probable that the sudden shock of a large injection of cold water would induce active contraction of the walls of the ducts.

In this country the method has been used with success by Musser and others at the Philadelphia Hospital, and it is worthy of a more extended trial than it has yet received.—*Medical News*.

#### THE TREATMENT OF DIPHTHERIA BY PERCHLORIDE OF IRON AND MILK.

In the *Gazette Hebdomadaire* of November 4, 1887, Nekkach recommends this treatment quite strongly, and, although it is by no means entirely new, it is, perhaps, worthy of notice. By this method he obtained seventeen recoveries out of twenty-two cases of diphtheria involving the larynx and pharynx.

The treatment consists in the administration of from twenty to thirty drops of the liquid perchloride of iron in a glass of pure cold water; or, better still, the patient is to take a large wooden spoonful of this water and iron mixture every few minutes, day and night. Immediately after the ingestion of the drug, the child is to take a large spoonful of cold milk, not boiled or sweetened. Cataplasms of flax-seed meal are also applied to the neck. In some instances the drug is applied directly to the part affected.

The objects attained are stated to be the prevention of further exudate, the production of a desirable astringent contraction of the tissues, and a tonic influence on the entire body.

Nekkach believes that by this means a certain curative effect is produced, that asphyxia is prevented, and that the epidemic tendency is actually decreased. The latter is, of course, exceedingly unlikely, except by a very indirect action.—*Med. News*.

THE ALLEGD CANCER BACILLUS. — The grounds adduced by Dr. Scheurlen in support of the contention that he has discovered the cancer bacillus were stated in his communication to the *Verein für innere Medicin* on the 28th ult.

The material employed consisted in specimens of mammary cancer removed at operations, and in some *post mortem* specimens of cancer of the breast, uterus, liver, and other parts. The tumors were washed in sublimate solution, and the "cancer juice" scraped off the freshly-cut surfaces by means of a sterilized knife. The culture media included pleuritic serous fluid, agar-agar, gelatine, and potato, which were inoculated in the usual way. The bacterial growth was very rapid, forming colorless films on the surface of the fluid, these films gradually assuming a brownish-yellow color. They were found to consist of bacilli  $1.5\mu$  to  $2.5\mu$  long by  $0.5\mu$  wide, long ovoids, and spore-bearing. They stained readily with various re-agents. No bacilli were found in sections of the tumors, but in cover-glass preparations of the "juice" they occurred, some of them within the cells. Six bitches were inoculated in one of the mammary glands, and in two which had died swellings had formed at the seat of inoculation, which swellings consisted of granulation cells and epithelioid cells, together with the bacilli. In the discussion on the paper, Dr. P. Guttman believed that the case had been proved, but Dr. A. Fränkel criticised it adversely, pointing out that the very rapid growth of the bacilli was against their pathogenic character, and that degenerate cells formed a favorable nidus for bacterial contamination.—*Lancet*.

PNEUMO-PARESIS.—On Monday last, at the Medical Society of London, Dr. Richardson, F.R.S., read a paper on what he termed "Pneumo-paresis." It was, he said, usually confounded with pneumonia, but there was no fever, and the disorder was preceded by a distinct chain of nervous symptoms. He described three typical cases. All three were in women, and all terminated fatally, in a few days from the onset of the disease, from asphyxia pure and simple. The physical signs were dulness, commencing usually in the bases of the lungs, but sometimes in patches, with fine crepitation at first, soon becoming moist, and in the later stages, bronchial râles. Treatment had proven useless. He had tried ergot, ammonia and nux vomica, and digitalis, in different cases, but the symptoms ran an unbroken course. Dr. Douglas Powell remarked that the cases looked

like pneumonia without fever. Dr. Hughlings Jackson suggested that acute croupous pneumonia is a variety of herpes zoster. Dr. Routh said the cases which Dr. Richardson had described appeared to him to be the condition described in young persons as atelectasis pulmonis. Dr. Angel Money said he saw little reason why the cases should not be set down as cases of genuine croupous pneumonia. He objected to the title pulmonary paresis, because in any case it was not the lungs, but the vessels, that were paralyzed. The cases reminded him of what the French called "rheumatic œdema," occurring in the lungs.—*N. Y. Med. Record.*

THE BRAINS OF CELEBRATED MEN.—At the Société de Psychologie Physiologique, M. Manouvrier read a report upon the brain of the late Dr. Bertillon, the eminent statistician, and compared it with the brain of Gambetta, which has been studied by Mathias Duval and Chudzinsky. In weight Gambetta's brain was below the average, only scaling 1,290 grammes. That of Bertillon exceeded the usual weight, reaching 1,394 grammes. It is now admitted that, other things being equal, the weight of the brain is in proportion to the intelligence of the individual, and, moreover, the greater the intelligence the greater the absolute and relative development of the frontal lobes. A comparison of the brains of Gambetta and of Bertillon shows that the former is smaller, more particularly in the anterior portion, less so posteriorly, and that the temporal region is even larger. Now, the qualities of the two men are diametrically opposite. Gambetta was active and loquacious, Bertillon was reticent and retiring. Although an admirer of oratory, he had always failed as a speaker. In Gambetta's brain the circumvolution of Broca is extremely developed, in Bertillon's it is reduced to its most simple expression. Bertillon was in his youth left-handed, but he became ambidextrous later in life. The third frontal circumvolution on the right side (the speech centre of the left-handed) is larger than the corresponding one on the left side.—*Lancet.*

REMOVAL OF A LARGE BRAIN TUMOR.—At St. Mary's Hospital, Philadelphia, on Dec. 15th,

Dr. W. W. Keen removed a tumor from the left side of the brain of a man aged 26 years. The patient was injured by a fall at 3 years of age. At 23 years of age he suffered from epilepsy with right-sided deviation of the head and eyes, followed by paralysis of the right arm and leg and aphasia. The initial symptoms of the epileptic fits pointed to the centre for conjugate deviation of the eyes, as discovered by vivisection, and largely upon this was based the accurate diagnosis and surgical treatment.

The tumor measured  $2\frac{7}{8}$  by  $2\frac{1}{8}$  inches, and was  $1\frac{3}{4}$  inches thick. It extended from the fissure of Sylvius into the first frontal convolution, and from near the fissure of Rolando into the bases of the three frontal convolutions, and weighed three ounces and forty-nine grains. We learn that the patient is doing very well; so far the highest temperature having been only  $100.8^{\circ}$ , and already primary union of the flaps has followed, except at the drainage openings.—*Med. News.*

ECHINOCOCCUS OF THE UTERUS.—At a recent meeting of the Royal Society of Physicians of Budapesth, Primarius Dr. Elischer demonstrated an interesting case of echinococcus of the uterus.

Dr. Elischer remarked with reference to this case that the occurrence of echinococcus cysts in the genital organs was very rare; so far as he was acquainted with the literature of the subject, no case of echinococcus of the uterus was hitherto on record. The cases of Spencer Wells, Geissel, Scheerenberg, Witzel, and Slayansky, as well as those of Freund, related to echinococcus in the abdominal cavity. Only the cases of Thornton and Oldhausen were to be looked upon as echinococci of the genitals. In the case of Oldhausen, the echinococcus adhered to the uterus by means of a membrane. In the case of Dr. Elischer the cyst filled the whole cavity of Douglas, and was attached by means of adhesions to the bladder, the ligaments, the epiploon, and the intestines; the seat of the echinococcus, however, was subperitoneal, which became evident by the strong hemorrhage of the uterine parenchyma when attempts at detecting the mother cysts were made.—*Medical Press and Circular.*

# THE MOST PERFECT FORM OF DOSIMETRY

IS AFFORDED BY

# PARVULES

The term Parvule, from *Parvum* (small), is applied to a new class of remedies (Warner & Co's) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses, given at short intervals, exert a more salutary effect. Sydney Ringer, M. D., in his recent works on Therapeutics, sustains this theory in a great variety of cases.

## PARVULES OF CALOMEL, 1-20. (Warner & Co.)

Med. Prop.—Alterative, Purgative.

DOSE.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

## PARVULES OF CALOMEL AND IPECAC. (Warner & Co.)

R Calomel, 1-10 gr.

Ipecac, 1-10 gr.

Med. Prop.—Alterative, Purgative.

DOSE.—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour, until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver, which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

## PARVULES OF ALOIN, 1-10. (Warner & Co.)

Med. Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one or two every evening at and about the expected time.

DOSE.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt, and ample Cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

## PARVULES OF PODOPHYLLIN, 1-40. (Warner & Co.)

Med. Prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

## PARVULES OF ARSENIT: POTASH, 1-100.

(WARNER & CO.)

This Parvule will be of great use to physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

## PARVULES OF CORROSIVE SUBLIMATE, 1-100.

(WARNER & CO.)

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the treatment of Diarrhœa, whether the stools contain blood or not.

## PARVULES OF NUX VOMICA, 1-50.

(WARNER & CO.)

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric function.

# Index of Diseases Treated with Parvules.

THE dose of any Parvule will vary from one to four, according to age or the frequency of administration. For instance, one Parvule every hour, two every two hours, or three every three hours, and so on, for adults. For children, one three times a day is the minimum dose.

*It is claimed by many practitioners that small doses, frequently repeated, exert a more salutary effect.*

|  |   |
|--|---|
| <b>Atonic Dyspepsia.</b><br>Parv. Nux Vomica, . . . . . 1-50 gr.                 | <b>Nausea.</b><br>Parv. Ipecac, . . . . . 1-50 gr.                    |
| <b>Bilious Conditions.</b><br>Parv. Calomel, . . . . . 1-20 gr.                  | <b>Retarded Menstruation.</b><br>Parv. Ergotine, . . . . . 1-10 gr.   |
| <b>Bronchitis of Children.</b><br>Parv. Tartar Emetic, . . . . . 1-100 gr.       | <b>Scrofula.</b><br>Parv. Calomel, 1-20, and Aloin, . . 1-10 gr.      |
| <b>Constipation.</b><br>Parv. Aloin, . . . . . 1-10 gr.                          | <b>Sick Headache.</b><br>Parv. Nux Vom., . . . . . 1-50 gr.           |
| <b>Diarrhoea.</b><br>Parvules Corros. Sublimate, . . . 1-100 gr.                 | <b>Sickness of Pregnancy.</b><br>Parv. Belladonna, . . . . . 1-20 gr. |
| <b>Exanthematous Skin Diseases.</b><br>Parv. Iodide Arsenic, . . . . . 1-100 gr. | <b>Sluggish Bowels.</b><br>Parv. Podophyllin, . . . . . 1-40 gr.      |
| <b>Habitual Constipation.</b><br>Parv. Podophyllin, . . . . . 1-40 gr.           | <b>Spermatorrhoea.</b><br>Parv. Phosp., . . . . . 1-200 gr.           |
| <b>Hydatid Uterine Growth.</b><br>Parv. Ergotine, . . . . . 1-10 gr.             | <b>Summer Diarrhoea.</b><br>Parv. Mercury with Chalk, . . . 1-10 gr.  |
| <b>Incontinence of Urine.</b><br>Parv. Canthari, . . . . . 1-50 gr.              | <b>Syphilis.</b><br>Parv. Calomel, . . . . . 1-20 gr.                 |
| <b>Inflammatory Process.</b><br>Parv. Aconite, . . . . . 1-20 gr.                | <b>Syphilitic Headache.</b><br>Parv. Cor. Subl., . . . . . 1-100 gr.  |
| <b>Influenzas.</b><br>Parv. Iod. Arsenic, . . . . . 1-100 gr.                    | <b>Torpidity of Liver.</b><br>Parv. Podophyllin, . . . . . 1-40 gr.   |
| <b>Itching Skin Eruptions.</b><br>Parv. Iod. Arsenic, . . . . . 1-100 gr.        | <b>Uterine Hemorrhages.</b><br>Parv. Ergotine, . . . . . 1-10 gr.     |
| <b>Mucous Rectal Discharges.</b><br>Parv. Tannin, . . . . . 1-10 gr.             | <b>Vesicular Emphysema.</b><br>Parv. Digitalis, . . . . . 1-20 gr.    |

## SPEEDY CURE OF NERVOUS HEADACHE, MIGRAENE AND SLEEPLESSNESS. EFFERVESCING

# BROMO

(WARNER & CO.)

# SODA

WM. R. WARNER & CO., - - Philadelphia and New York.

Useful in Nervous Headache, Sleeplessness, Excessive Study,  
Over Brainwork, Nervous Debility, Mania, etc., etc.

DOSE.—A heaping teaspoonful in half a glass of water, to be repeated after an interval of thirty minutes, if necessary. Each teaspoonful contains 30 grains Bromide Sodium and one grain Caffein.

It is claimed by some prominent specialists of nervous diseases that the Sodium Salt is more acceptable to the stomach than the Bromide Potassium. An almost certain relief is given by the administration of this Effervescing Salt.

The following well-known houses in the Dominion have in stock or will supply Warner and Co.'s Standard Preparations.

KERRY, WATSON & CO., MONTREAL.

|  |  |
|--|--|
| LYMAN SONS & CO., - - - - - Montreal.  | LYMAN BROS. & CO. - - - - - Toronto.   |
| EVANS, MASON & CO., - - - - - " "      | ELLIOTT & CO., - - - - - " "           |
| KENNETH, CAMPBELL & CO., - - - - - " " | LONDON DRUG COMPANY, - - - - - London. |
| R. J. DEVINS, - - - - - " "            | R. W. McCARTHY, - - - - - St. John.    |
| J. WINER & CO., - - - - - Hamilton.    | BROWN & WEBB, - - - - - Halifax.       |

OBSTINATE VOMITING NOT CONNECTED WITH PREGNANCY; DILATATION OF THE CERVIX UTERI.—Boissarie remarks that ten years ago Copeman published in the *British Medical Journal* a series of cases in which obstinate vomiting in connection with pregnancy was relieved by digital dilatation of the cervix uteri. It occurred to the author that the same plan might be applicable in cases of obstinate vomiting not associated with pregnancy. This method was therefore adopted in a case which he has narrated in this paper with a perfectly satisfactory result. The sympathy which exists between the uterus and the stomach explains the success of this plan of treatment. This sympathy, which is most evident during pregnancy, is manifested in some women with each recurring menstruation. Dilatation is therefore a rational means of treatment for troublesome vomiting in women, not only during pregnancy, but also during menstruation, and perhaps at other times.—*N. Y. Medical Journal*.

THE FRENCH PHYSICIANS AND THE NEXT INTERNATIONAL MEDICAL CONGRESS.—A speck of war has already arisen on the horizon of the next International Medical Congress. Indeed, so far as France is concerned, the tocsin has already sounded, and its clangor is mingling, even now, with the echoes of "beautiful rucktion" which the late affair created in the ranks of the profession in this country. The cause of complaint on the part of our Gallic friends is, of course, the choice of Berlin, instead of Paris, as the next place of meeting; and the French journals are just now very busy trying to find a scapegoat upon whom to lay the blame for the failure to secure the Congress. We sincerely hope that long ere 1890 our French confrères will have gotten over the present ill-humor, and will be present in force in Berlin and take that prominence in the councils there which belongs to them by right of their great skill and learning. We are sure that the Germans will meet them more than civilly, if they do.—*St. Louis Medical and Surgical Journal*.

TREATMENT OF MIGRAINE.—Rabow recommends common salt in this ailment. Its efficacy he discovered accidentally. A patient of his, a

young man who suffered from petit mal with a distinct aura, was advised by him to take a little salt at the first sign of the aura. The result was always satisfactory. An aunt of this patient had suffered for years from violent migraine, accompanied by stomach troubles, so she also took salt. "A teaspoonful for a dose with some water, afterwards." She thereby succeeded in cutting short the attacks, and sometimes preventing them altogether. Rabow has since found this treatment successful in six cases.—*Therap. Monatsch.—Med. Chronicle*.

LEMON-JUICE IN THE TREATMENT OF EPISTAXIS.—M. Geneuil, of Montguyon, writes to the editor of the *Bulletin Général de Thérapeutique*, that he has met with great success in the treatment of epistaxis, even when all other hemostatics had failed, by injecting lemon-juice into the nasal passages. He uses a glass urethral syringe, with which he first clears away clots by injecting cold water, and then throws in briskly a syringeful of freshly expressed lemon-juice. If the bleeding does not cease, the injection is repeated in a minute or two, but ordinarily one is enough.—*N. Y. Med. Jour*.

A SIMPLE METHOD OF DISLODGING IMPACTED GALL-STONES.—Lawson Tait describes the following simple procedure, which he has used in one case successfully. It consists in passing a fine needle through the wall of the intestine from below (that is, from the empty part of the intestine) into the gall-stone. The stone is thus easily and immediately split up into fragments and passes readily along the intestine, and the grave complication of opening the intestine is rendered unnecessary. The operation, is, in fact, little more than an exploratory incision.—*Lancet*.

ANTIPIRYN IN HÆMOPTYSIS.—Byvalkevitch (*Med. Obsr.*) says that in ten cases of hæmoptysis of various causes, antipyrin in doses of fifteen to forty-five grains arrested hemorrhage, whilst other hæmostatics—*e.g.*, ergot, ergotinine, atropine, etc.—had been tried in vain. He considers antipyrin as a valuable remedy in the treatment of hæmoptysis.—*Bull. gen. Therap.—Med. Chronicle*.



## Therapeutical Notes.

**GALLIC ACID.**—Gallic acid is rendered soluble in water by the addition of an equal quantity of citrate of potash. Ten grains of each will dissolve in an ounce of water.—*Med. Press and Circular.*

### INCIPIENT ALOPECIA.—

R Spts. camphor . . . . . ʒij.  
 Turpentine . . . . . ʒi.  
 Strong ammonia . . . . . ʒi.  
 M Daily frictions on the head.

### FOR PRURITUS.—

R. Acid. carbolic, pur . . . . . gr. 30.  
 Morph. hydrochlorat . . . . . gr. ʒo.  
 Acid. boric . . . . . ʒ i.  
 Vaseline . . . . . ʒ 8¼.  
 —*Revue Général de Clinique et de Thérapeutique.*

**VALERIANATE OF ATROPIA IN WHOOPING-COUGH.**—Michéa prescribes, with good results:

R. Infus. buchu . . . . . ʒ 30.  
 Syrup balsam tolut . . . . . ʒ 2½.  
 Atropiæ valerian . . . . . gr. ʒo.  
 A teaspoonful hourly, as needed.

**ECZEMA.**—M. Monin recommends the following ointment to be applied three times a day in eczema. The surface being powdered with starch in the intervals of the unction:—

R Acid citrici . . . . . 2 grammes.  
 Aq. lauro cerasj . . . . . 4 "  
 Ol. fap . . . . . 15 drops.  
 Cold cream . . . . . 40 grammes.  
 M Ft. ungent.

Dr. Illingworth writes to the *British Medical Journal*, commending the use of biniodide of mercury in Gonorrhœa, given in solution of iodide of sodium, as follows:—

R Liquor, hydrarg. bichlorid. . . . . f ʒij.  
 Sodii iodidi . . . . . ʒ ss.  
 Liq. morphiæ (B.P.) . . . . . f ʒ ss.  
 Sodii bicarb. . . . . f ʒ ss.  
 Zinci sulphat. . . . . gr. x.  
 Aquæ, ad . . . . . f ʒvj.  
 M Sig.—Use as an injection.

**IODOPHENOL IN PERTUSSIS.**—Rothe prescribes

R.—Acid. carbolic . . . . . gr. ʒ.  
 Alcohol . . . . . M i.  
 Tinct. iodin. . . . . gtt. 5.  
 Aquæ menth. piper. . . . . ʒ 12½.  
 Tinct. belladonn. . . . . M 15.  
 Syrup. papaveris . . . . . ʒ 2½.

(*Syrup papaveris* is but little used in America; its opium strength is half a grain of opium to one thousand grains of syrup, and more definite preparations of opium may be better employed.) Of this a small teaspoonful to a dessertspoonful may be given every two hours.

Rothe found that this combination of remedies reduced very distinctly the number and frequency of the paroxysms.—*Journal de Médecine de Paris—Medical News.*

THE

## Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, FEBRUARY, 1888.

### THE HAMILTON CASE.

We are sure our readers will join with us in expressing deep sympathy with Dr. Leslie, of Hamilton, who has recently been subjected to the annoyance and worry of a malpractice suit. The evidence given at the trial established the fact that the charge of negligence and unskillfulness was utterly without foundation, but, as is usual in such cases, the verdict was of a very unsatisfactory character.

On the 25th of last May, Dr. Leslie was called in to administer chloroform to Mr. Routh, a patient on whom Dr. Wallace wished to operate for hemorrhoids. Dr. Leslie made a careful examination of the patient as to the state of his heart, and decided that chloroform might be administered. He then gave the anæsthetic

in the ordinary way with a pocket-handkerchief. When about half an ounce had been used, and just as Dr. Wallace was about to operate, the patient presented unfavorable symptoms. All efforts at restoration proved fruitless, and the patient immediately sank.

The widow and children of the deceased have since entered an action against Dr. Leslie for \$5,000 damages. The trial came off during the recent Assizes in Hamilton. A large number of medical witnesses gave evidence as to the care and skillfulness exercised by Dr. Leslie in the case. The only medical evidence contra was given by a Dr. Roach, of Toronto, who is probably about as well and as favorably known in Hamilton as in this city. At the conclusion of the trial the following questions were given, and answered by the jury:—

1. Was Dr. Leslie retained by Edward Routh to treat him for the disease from which he was then suffering; and did the defendant visit Edward Routh on May 25th to treat him for such disease? or did he visit Edward Routh merely for the purpose of administering chloroform while Dr. Wallace performed the operation at the latter's invitation? A. He visited him for the purpose of administering chloroform only.

2. Did Dr. Leslie make a proper examination of Routh, and if not, in what particular in your judgment was the examination defective? A. He did make a proper examination.

3. Was the administration of chloroform by Dr. Leslie by the medium of a handkerchief proper? A. It was.

4. What quantity of chloroform was administered during the operation? A. About one-half an ounce. And do you consider such a quantity as being excessive during the time it was administered? A. No, if properly administered.

5. Was Dr. Leslie negligent or unskillful in the administration of the chloroform to Edward Routh? and if so can you say in what manner he exhibited negligence or unskillfulness? A. We cannot agree.

The question of damages, if any be given, we propose to assess as follows: Mrs. Routh to receive \$400; the eldest daughter to receive \$100; the second daughter to receive \$200; the youngest daughter to receive \$300.

It will thus be seen that Dr. Leslie will, in all probability, be submitted to the further annoyance in the costs.

There are many points suggested by such a trial as this.

1. How very difficult it is for laymen even of the highest intelligence to answer correctly such questions as were given by the learned Judge. It is not to be expected that of their own general knowledge they could give accurate replies. How much care then should be exercised by medical witnesses to make matters plain and clear, so that the facts and opinions can be properly grasped by the jury.

2. If this case should be finally decided against Dr. Leslie, any medical practitioner, no matter what the care and skill exercised, may still be liable to a suit for damages if an accident should occur.

We know, as the result of experience, that death from chloroform will sometimes occur no matter how much care and skill are shown in its administration, and that in many of these cases, physicians have failed even on *post mortem* examination, to find any lesion to account for the fatal action of the chloroform. Fortunately such instances are few, but Dr. Leslie appears to have fallen in with one of them.

#### IRON FOR ANÆMIA.

There is probably no more common error in ordinary routine practice than that connected with the indiscriminate administration of iron in all cases of anæmia. The physician who invariably gives a mixture containing iron to anæmic patients does little or no good in half the cases, and does harm to a large number. Unless the stomach and intestines are in a condition to assimilate the iron when administered, there is simply added to the intestinal tract something which can have no effect excepting to act as an irritant.

Sir Andrew Clark recently read a paper before the Medical Society of London on "Fæcal Anæmia and Chlorosis," from which we give an extract in our last issue, referring particularly to that form of anæmia occurring in girls from 14 to 24 years of age. He considered that in a large number of cases it was due to the accumu-

lation of fæcal matter in the large intestines, decomposition of the same, and absorption of poisonous products thus formed. In the treatment of such cases he thought that aperients were more essential than ferruginous preparations.

There is, of course, nothing new or original in Sir Andrew's theory. Dr. Robert Barnes, many years ago, referred to the same subject, and perhaps took a more broad and correct view when he considered that there was a vascular and nervous irritability associated with the constipation in many cases of anæmia, and advised treatment of these conditions by suitable remedies, such as digitalis, salines, etc., before administering any preparations of iron.

Dr. Emmet says, concerning these cases, that no good can be accomplished by the use of tonics, so long as the tongue remains coated and the bowels overloaded; and advises, as a preliminary part of the treatment, a course of brisk purgatives. He goes on to say that those who are apparently very much debilitated are benefited by such treatment, because the temporary prostration caused by the cathartic is followed by prompt reaction. Dr. Marshall Hall and others, have advised similar treatment.

One encouraging feature about this class of patients is that intelligent, careful treatment of each case, after studying all its peculiarities, almost invariably does good—and generally a vast amount of good. It is sad to think that in these modern days of mechanical aids to diagnosis, and wondrous varieties of physiological, pathological and therapeutical appliances, such simple matters in rational treatment are so often overlooked. In fact, one would fancy from the report of Sir Andrew's paper (in brief), which appeared in the *British Medical Journals*, that he considered he was telling something rather new, until he was reminded of the contrary by Dr. Benham. Let us be careful in these scientific days not to forget the art of medicine. Science and art should, of course, not be antagonistic; but it may happen that a skilled diagnostician and a well versed pathologist will become a very poor practical therapist.

Dr. Buniu states that syphilis may be the immediate cause of impotence.

## APOSTOLI'S TREATMENT OF UTERINE FIBROIDS.

Much interest is taken in Apostol's treatment of fibrous tumours of the uterus by electrolysis. The paper of Dr. Rosebrugh, which we publish, describes well the history and methods of the treatment. A number of eminent men in Great Britain and on this continent have been carrying it out for some time, and report excellent results. Dr. Keith, of Edinburgh, is especially enthusiastic over it; and, although he has been the most successful hysterectomist in the world, unhesitatingly condemns the operation of hysterectomy, and advises a preliminary trial of Apostol's treatment in all cases.

Dr. Laphorn Smith, of Montreal, in a paper published in the *CANADIAN PRACTITIONER* last month, says: "The absolute safety of Apostol's method, and the certainty of relief from all the symptoms, render its superiority over operative procedure unquestionable." Dr. Apostol has had remarkable success, as is admitted by all who have visited his *clinique* in Paris, and others claim very good results.

It happens unfortunately, however, that this treatment, in the hands of some, has not been devoid of danger. Whether this arises from a want of skill or not, time will show. It is certainly necessary to be very cautious and careful in pursuing this treatment, as we cannot help thinking it is accompanied with some rather serious risks. At a meeting of the British Gynecological Society, held in December, Dr. Farncourt Barnes reported a case which he had under this treatment, where only two applications of the galvanic current had been tried, yet the temperature had gone up to 103°F., and the patient was apparently dying.

## LANOLIN AS AN OINTMENT BASIS.

Recent investigations shew that lanolin, or prepared wool fat, will more than realize the expectations of those who recommended it as a good basis for ointments. It has been found that it does not undergo decomposition when exposed to the air, while under like circumstances the glycerine fats soon become rancid. The experiments of Dr. Gottstein shew that, while certain kinds of bacteria connected with putrefaction

perish in glycerine fats, at the same time another kind, which do not require the oxygen of the air for their development, may thrive in the ordinary fats. Lanolin, however, is positively inimical to the growth of micro-organisms of all kinds. The *British Medical Journal*, in commenting on these facts, says: "Therapeutically speaking, lanolin has a great future before it. Its miscibility with water in any proportion, its ready absorbability by the skin, its freedom from any tendency to rancidity, constitute it the vehicle *par excellence* for cutaneous medicaments. Its preservative properties ought also to find practical application in other ways.

### BRITISH AND CANADIAN JOURNALISM.

As an evidence of the esteem in which THE CANADIAN PRACTITIONER is held by one of the best medical journals in the world, we call the attention of our readers to the following article which appeared in the editorial columns of *The Medical Press and Circular*, (London, England,) January 11, 1887. We also invite the attention of our readers to the announcement of our publishers, on page 11 of the advertising columns.

"Any journal seeking to fulfil a useful and honorable career must place its reliance on giving the public early, accurate, and impartial information. This is especially the case with professional journals, and no cliqueism or narrowness can lead to honorable distinction. To promote useful work, and to preserve the unsullied honor of the profession is the duty of the journalist at home and abroad, and nothing can be more gratifying than to find in the Colonies and in the literature of our Canadian and American brethren a recognition of this fact. It tells of a healthy tone throughout the world of medicine, and a spirit combined with laudable enterprise and energy that insures to the profession of to-day a quick notification of the advances of science in its different branches in every country of the world. In no journals are these characteristics of commercial integrity and enterprise more marked than in those of the Great Dominion, and nowhere in the Dominion more so than in Ontario, where

Anglo-Saxon energy seems to have found a congenial home, and from the capital of which is issued our contemporary, THE CANADIAN PRACTITIONER, which has just completed its twelfth year. Of a journal which is so long and so favorably known there is little occasion to say much, but for good work, both scientific and ethical, our contemporary is deserving of more than passing notice.

Of the general excellence of its original papers and their judicious selection, the best proof is the frequency with which we and other home journals have copied them, and of the value of such a journal to our Colonial brethren, we can add nothing to the fact that the acceptance of their contributions by its editors ensures for the writer an European audience, as well as an American one. The editor well says that *bona fide* subscribers are the best test of a journal's acceptance by the profession, and judged by this, the metallic test, our contemporary has received abundant proof of its merits being recognized.

For ourselves, we wish THE CANADIAN PRACTITIONER a continuance of its honorable and useful career, and a just meed of prosperity for good and laudable work, which has done much to enhance professional usefulness, and preserve the high tone of medical ethics in the New World.

With the object of placing one of the leading British weekly medical journals at the disposal of the Profession in Canada and neighboring Colonies, we are now sending *The Medical Press* (by arrangement with our contemporary) to the entire Profession in those parts, for which we hope shortly to open a special department (as we have already done in other countries), so that readers and writers in the Mother country and her dependencies will, for the first time in medical journalism, be in weekly inter-communication."

### THE BRITISH MEDICAL ASSOCIATION.

That greatest of all medical organizations, the British Medical Association, is becoming old enough to be respectable, and will soon be rather venerable. The fifty-sixth annual meeting will be held next August in Glasgow. Only

two meetings of the Society have been held in Scotland, in 1855 and 1875, and on both occasions in Edinburgh. The coming one will therefore be the first ever held in the busy, smokey old "second city of the Empire."

The meeting will be held in the buildings of the University of Glasgow, under the presidency of Dr. W. T. Gairdner, where provision will be made for the meetings of all the sections. The arrangements for the working of the different sections are being rapidly completed.

#### NOTES.

Japan has a continuous history of medicine for nearly five thousand years.

The *Medical Press and Circular* is in the jubilee year of its existence, having been established in 1838.

Dr. Edward Pritzl, first assistant in Karl Braun's Clinic, Vienna, died from septic infection, contracted from a puerperal case.

M. Brouardel, of Paris, described typhoid fever as more dangerous to men than cholera, at the recent Hygienic Congress at Vienna.

Dr. Milne, and the High School Board of Trustees, of Victoria, are agitating for the establishment of a Provincial University for British Columbia.

The Austrian Minister of Education has issued a decree forbidding the use of school books printed in small type, as myopia is so prevalent among the school children.

Pinna reports a case in which a large splenic tumor of malarial origin disappeared after three injections of three-quarters of a grain each of ergotine, repeated at intervals of several days.

Dr. Sommerbrod, of the Breslau University, expressed the opinion that the Crown Prince is suffering from simple perichondritis with abscess formation, and not of cancerous nature.

Madame Boucicault, late proprietress of the Bon Marché, Paris, left £800,000 for the

foundation of a hospital, one of the conditions being that the nursing shall be done by Sisters of Mercy.

We take this opportunity of acknowledging our great indebtedness to Dr. E. E. King, for his able assistance in the management of the PRACTITIONER when he had time to spare from an increasing practice.

A scheme is on foot to establish a floating hospital in the North Sea, for the benefit of the fishermen at sea. It is estimated that 12,000 men constitute the English speaking portion of the floating population in the North Sea alone.

Dr. William A. Hammond, of New York, is making efforts to repress certain persons who have been using his name for advertising purposes. One patent medicine firm has already eaten of sad pie, and a corset manufacturer is charged with libel.

Dr. Sahli has communicated a very interesting and perhaps unique cause of gonorrhœal cutaneous metastasis. Microscopical examination of the pus taken from the cutaneous abscess revealed masses of the typical gonococci within the pus cells.

It is stated that Prof. Seguin and Dr. Godfrey dissected the carcass of Barnum's elephant Alice, burned last November, and found in the stomach over three hundred pennies, a piece of lead pipe, part of a pocket knife, and other equally light articles of diet.

Dr. Vonwedekind (*N. Y. Record*) states that a diagnosis can be readily made between a drunken and a dying man by pressing on the supra-orbital notches with a steadily increasing force. The dying will not be affected, but the drunken will be aroused sufficiently to demonstrate his vital powers.

Dr. Edgar Kurz (*Journal of Insanity*) reports two cases in which internal urethrotomy was followed by temporary melancholia. The operation was performed without accident, and resulted in a cure of the stricture in each instance.

The melancholia was noticed shortly after the operation, but disappeared completely within a few weeks.

M. Zola, in his last novel, depicts an intoxicated ass, and concludes with an account of the animal in the throes of sickness. A veterinary surgeon differing with M. Zola, in maintaining that an ass could not vomit, and was referred by the celebrated novelist to his studies. *The Lancet* gravely discusses the matter, and agrees with Zola that the horse and ass may vomit, though with great difficulty.

We cordially thank our friend, the erudite editor of the *New England Medical Monthly*, Dr. William C. Wile, for the following note which appeared in a recent number of his ever progressive journal:

"We note with considerable pleasure the improvement in the cover of THE CANADIAN PRACTITIONER. We are sure that this evident sign of prosperity in our esteemed contemporary is merited by its most excellent and varied monthly table of contents."

Dr. Temple, of Toronto, (*Canada Lancet*), recommends intra-uterine injections of whiskey or brandy in the treatment of post-partum hemorrhage. In certain cases he has found the brandy act promptly and efficiently after hot water had failed to do any good. It causes rapid uterine contraction, and at the same time stimulates the heart, giving the patients a sensation of warmth and comfort. The Doctor's directions are: remove all clots from uterus, and then inject a tumblerful of clear brandy or whiskey.

THE ELLIOTT CASE SETTLED.—It will be remembered by many of our readers that Dr. Elliott, now of Aberdeen, Dakota (a student of Toronto School of Medicine and graduate of Victoria University), sued Larbor, a farmer whose wife it was claimed was the victim of Elliott's lack of professional skill. The case engaged the attention of a Columbia Justice, the District Attorney, and a crowd of witnesses at Columbia last summer. The charge was manslaughter, and the examination resulted

in the discharge of the doctor. Larbor has settled by paying all demands of Dr. Elliott and the costs.

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

STATED MEETING, Jan. 12th.

#### CASES IN PRACTICE.

Dr. Doolittle gave notes of two cases recently under his care—one of vulvitis and vaginitis, the other of intestinal obstruction. In both cases the diagnosis had been obscure.

Dr. Graham related the following history of a case of Graves' Disease ending fatally:—The disease first showed itself in enlargement of the thyroid gland twelve years ago, when the patient was 44 years old, and two years subsequent to his marriage. This gradually increased, but unequally in the two sides. Two months ago attacks of dyspnoea began, accompanied by emaciation and prominence of the eyeballs. The action of the heart was increased, and a systolic bruit could be heard in a line with the third costal cartilage and down the sternum, but not at the apex. On returning from the office after a hard day's work, the patient was suddenly seized with violent vomiting, and died in a few days.

#### URÆMIC POISONING RESULTING FROM THE ADMINISTRATION OF ETHER.

Dr. Graham gave the following notes of this case: The patient had been operated upon for intestinal obstruction by Dr. McFarlane, only a small amount of the anæsthetic being given. On the third day thereafter the patient died with uræmic symptoms, and the *post mortem*, made by Dr. W. H. B. Aikins, showed the kidneys to be intensely cirrhotic, but the intestines normal. Previous to the operation the urine was carefully examined and found normal, as were the heart sounds, nor were there symptoms of diabetes.

Dr. McPhedran thought an inflammation of the kidneys might result from the ether.

STATED MEETING, Jan. 19th.

Dr. Graham presented the specimens and related the following history of a case of

GRANULAR KIDNEY WITH EXTENSIVE HYPERTROPHY AND DILATATION.

J. B., a potter, aged 39 years, entered the hospital December 20th, 1887. Family history good. Was subject to attacks of ague for a period of six years, these ceased four years ago; otherwise he had been healthy. Two years since, he caught cold in the harvest field, neglected it, and remained subject to a severe cough all the following winter and spring. This cough returned in January, 1886, accompanied by shortness of breath on the least exertion. In summer the spasms of coughing increased in severity and frequency, rendering him very weak. Shortly before this œdema appeared in the limbs, coming and going at intervals—being most intense after each spasm of coughing. When he entered the hospital the dyspnoea was intense, the face pinched, anxious and dusky in appearance. There was no pain complained of. Pulse 108, irregular and weak. Temperature 95°, remaining so for ten days. Respirations, 42. On examination no bruit was perceptible in cardiac region. The apex beat was not observable on inspection and on palpation was found very weak and diffused. Cardiac dulness extended from two inches to the left of the left nipple to the right nipple, and from the third to below the sixth interspace. The infra clavicular regions were depressed. The respiratory movements were in excess on the left side, while the sounds were short and labored. On the back the vocal fremitus diminished towards the base, and small mucous rales were heard over the greater portion—these almost disappeared later on. No special dulness at either base. The urine was scanty, spec. grav. 1025, and highly albuminous. The patient died January 4th. At the autopsy, both pleural cavities were found filled with serous fluid. Right lung adherent throughout, and left slightly. Left lung œdematous; right congested in upper lobe and fibrous in lower. The pericardium contained .8 oz. of serous fluid, the heart being adherent to the pericardium on the left side. The whole heart, and especially the left ventricle, was greatly hypertrophied and dilated. The valves were free. The kidneys were contracted and their capsules adherent. Several cysts were present,

and cicatricial tissue dipped down into the kidney substance. Weight, 5 and 6 oz. respectively.

Remarking on this case, Dr. Graham said that it presented several interesting points in diagnosis and pathology. It was difficult to distinguish between the enlarged cardiac area due to hypertrophy and dilatation, and that due to pericardial effusion. The amount of the effusion probably accounted for the weakened pulse and heart impulse. The heart symptoms were all along the more prominent. It might be supposed that the changes in the heart and kidneys were almost synchronous.

Dr. McPhedran thought the enlargement of the right ventricle sufficient to prevent the apex striking the chest wall, thus explaining the weakened impulse. A fluid effusion may sometimes convey sound.

Dr. Spencer had obtained relief in a somewhat similar case from strophanthus, given in doses of ℥ v. *ter in die* in water. The heart beats dropped from 100 to 70, and the daily excretion of urine increased from 8 to 30 oz.

Dr. Ferguson had used strophanthus with advantage in doses of gr. x. *bis die*.

Dr. Graham was not inclined to accept the statement of Mahomet, that 75 per cent. of the cases of granular kidney died without the lesion being discovered. Failure was often due to careless examination of the urine.

Dr. Graham then read a paper upon Pityriasis Maculata et Circinata, which will appear in next number.

D. J. GIBB WISHART, M.D., *Sec'y.*

---

## Correspondence.

---

### LETTER FROM NEW YORK.

(EMMET'S CLINIC.)

#### CHRONIC CYSTITIS.

I have seen a fair number of cases of chronic cystitis treated by Emmet's method of making an opening between the vagina and bladder. Those who have employed it speak favorably of it. Emmet cuts down upon the end of a large sound passed through the urethra, enlarges the opening so that it admits the index finger easily, brings the vaginal and vesical

mucous membranes carefully together with catgut, and keeps them thoroughly and constantly anointed until the parts are thoroughly healed. This last precaution is adopted with a view to prevent the deposit of phosphates upon the denuded surfaces. Mineral acids are given internally, with the same object. The fistula is kept open for several months after the bladder appears to have regained its normal condition, which may mean six or nine months in all: if there is any relapse, the fistula is reopened and maintained for a longer time.

A large number of cases of irritable bladder presented themselves at the Woman's Hospital. A good proportion of these suffered from disease of the utero-sacral ligaments, these ligaments contracting dragged upon the urethra, giving rise to a constant desire to pass water. The majority of these women had for years been subject to a severe course of treatment, including the application of all kinds of caustics to the urethra, their symptoms all the time becoming worse rather than better. Under appropriate treatment, such as the thorough use of the hot vaginal douché, and painting the posterior vaginal vault with Churchill's iodine, and thorough packing with tampons of cotton batting, not absorptive cotton—smeared with vaseline, they improve very promptly.

Several cases were seen where there was no trouble posterior to the uterus, and none in the urethra, and yet these women spent one quarter, if not more, of each night on the chamber, passing but a few drops of water at a time; and this attended with considerable discomfort in the immediate neighborhood of the bladder, as well as in various and changing points in the abdomen higher up. Sometimes these sensations are provoked by touching certain points upon the mucous membrane of the bladder with the sound. If the bladder is much contracted, gradual dilatation by means of a hot solution—Boro glyceride— injected with a Davidson's syringe until it is possible to introduce eighteen or twenty ounces at once, will give complete and permanent relief.

#### CARUNCLES OF THE MEATUS.

Caruncles of the meatus are thought by Dr. Emmet to be almost invariably an eversion of

the mucous membrane of the urethra, as the result of an injury inflicted during labor.

His mode of treating these cases is to pass into the bladder a full sized sound, from the vagina an incision is made, say three-quarters of an inch long, upon the portion of the sound situated in the urethra: this incision extends to, but not through, the mucous membrane of the urethra, this is caught up upon a tenaculum and drawn into the wound until the so-called caruncle disappears: now the stitches are introduced, the surplus urethral mucous membrane snipped off with the scissors, the wound brought together and the sound removed.

More annoying if possible than the caruncles themselves, is the incontinence resulting from external shortening of the urethra, following the continued application of the stronger caustics for the purpose of removing these supposed growths. The same condition may be brought about by the removal of the protruding tissue by the scissors, ecraseur or galvano cautery.

The explanation of the incontinence seems to be that the normal arrangement of the folds of mucous membrane of the bladder, which up to a certain degree of vesical distension controls the flow of urine from the bladder, is interfered with, they fail to close opening to the urethra exactly, and a more or less constant dribbling takes place.

Dr. Emmet remedies the difficulty in this way; he slightly dilates the meatus, and with a small blade divides transversely the mucous membrane of the floor of the urethra about a quarter of an inch from the meatus; this incision is carried up to the centre of the tube on either side, a sound is passed into the urethra and an incision rather more than half an inch long is made from the vagina down to and through the mucous membrane of the urethra. The second incision is made in the axis of the urethra, and therefore at right angles to the first. The anterior extremity of the second incision should just come into the centre of the first. Now, if traction is made at the meatus, the first or transverse incision becomes a longitudinal one, and while in this position the wound is closed, and the length of the urethra in this way increased by a full half inch. The traction is removed and the incontinence and irritability



cured, as I have seen demonstrated in several cases.

I apologize for the careless way in which these notes are written, and promise to do better in my next from London. Yours truly,

LESLIE M. SWEETNAM.

NEW YORK.

### Books Received.

*Fever Nursing.* By J. C. WILSON, A.M., M.D. Philadelphia: J. B. Lippincott & Co., 1888.

*The Treatment of Neuralgia in General Practice.* By GUSTAVUS ELIOT, A.M., M.D., New Haven, Conn. Buffalo, 1887.

*Anatomy, Descriptive and Surgical.* By HENRY GRAY, F.R.S. A new American edition from the eleventh English edition. Colored Plates. Philadelphia: Lea Brothers & Co., 1887.

*Transactions of the American Dermatological Association at the Eleventh Annual Meeting, held on 31st of Aug. and 1st of Sept., 1887, Official Report of the Proceedings by the Secretary, G. H. TILDEN, M.D., Boston, 1887.*

*A Manual of Medical Jurisprudence, with special reference to Diseases and Injuries of the Nervous System.* By ALLAN MCLANE HAMILTON, M.D., etc. With illustrations. Price \$2.75. New York: E. B. Treat, 771 Broadway, 1887.

### Personal.

Dr. L. M. Sweetnam is now in London, Eng.

Dr. Krauss has removed to 29 Elm Street.

Dr. Ewing has passed the examination for the M.R.C.S. Eng.

Dr. Grant has been appointed Associate Coroner in and for the County of Lanark.

Dr. Montague was sustained for Haldimand, the election petition being dismissed with costs.

Dr. G. R. McDonagh has removed to 321 Church Street.

Drs. F. S. Heath and L. Secord, of Brantford, have been elected Alderman.

Dr. McKay, Woodstock, seconded the Address from the Throne.

Prof. Asa Gray, of Harvard University, the eminent scientist and First among American botanists died on Jan. 30th.

Drs. W. W. Ogden and R. A. Pyne, of Toronto, have been re-elected to the Board of School Trustees.

Gustav Bernutz, the distinguished French gynecologist, died at Sedan, in December, of heart disease.

The English weeklies announce the death of Sir George Burrows, aged eighty-six, formerly physician to the St. Bartholomew's Hospital, and Physician in Ordinary to the Queen.

*Medical Science*, published by the quartette of astute editors, Drs. Bryce, Nattress, Strathy and Nesbitt, is taking a prominent place among the medico-sanitary journals of this Continent.

Dr. Wesley M. Carpenter, of New York, editor of the *Quarterly Epitome*, and Clinical Professor of Medicine in the Medical Department of the University of New York, was found dead in his bed on the morning of the 7th of January.

Dr. Laenger, the chief physician at the Vienna Hospital, attempted suicide recently by morphine. He was promptly treated by tracheotomy, and the mechanical inflation of the lungs through the opening (Fell's method), and recovered.

### Births, Marriages, and Deaths.

#### MARRIAGES.

CAMERON-JONES.—On the 11th ult., at the residence of the bride's father, by the Rev. W. H. Hincks, of Preston, John M. Cameron, M.D., of Galt, to Carrie A., youngest daughter of Jesse Jones, of Doon.

FRASER-MCCULLOCH.—At the residence of the bride's mother, Stratford, on Wednesday evening, Jan. 25, 1888, by Rev. Canon Patterson, M.A., Dr. D. B. Fraser to Emily, youngest daughter of the late Col. W. F. McCulloch.

NOECKER-EDMUNDS.—At the residence of the bride's father, "Glenmeadow," Hawkesville, by the Rev. James Walker, of Eramosa, on the 28th December, Charles T. Noecker, M.B., of Waterloo, to Roxana Henrietta, third daughter of Brooks Edmunds, Esq.