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No. 5. Jan.,

THE

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Criticism and News

(Index next page.) *

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No. 5. }

TORONTO, JANUARY, 1885.

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MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XVII. TORONTO, JAN., 1885. No. 5.

Original Communications.

ADDRESS ON MEDICINE AT THE ANNUAL MEETING OF THE MEDICO-CHIRURGICAL SOCIETY, OTTAWA.

BY J. A. GRANT, M.D., F.R.C.P., LOND.

Consulting Physician to the County of Carleton General Hospital;
also to the General Hospital, Ottawa.

GENTLEMEN,—Thirty years have just passed since I had the pleasure and good fortune to become a member of the profession in this city. Our number was then small; we had neither telegraphs, telephones, nor electric lights, all of which have since been added, and in the immediate domain of the profession, vast strides have been made in every department, indicating alike the march of scientific advance in the field of labor in which we are called to duty. Let me thank you for the honor you have now conferred, in electing me President, and my son, Secretary-Treasurer of the Medico-Chirurgical Society for the ensuing year. I have on various occasions experienced your thoughtful consideration, and to be again honored, after so many years spent with you, is an evidence of your continued confidence, at a time when the termination of my professional career cannot be very far off, under ordinary circumstances. The life so far has been an exceedingly happy one, and my earnest desire has been to promote a mutual regard and self respect amongst our brethren, and thus unite our efforts in the discharge of the varied responsibilities entrusted to our care. The success of the medical profession depends greatly on close and continued observation, in order to eliminate the practical issues of bed-side experience, which after all is the light and lamp which cheers us on in our work. The efforts of a single individual can accomplish but little, compared with the combined exertions of various laborers in the same line of research. Each medical society should be a centre of intellectual co-operation, comparing, strengthen-

ing and fortifying, each new idea, each ray of light, which may be thrown on any obscure point, until it intensifies and grows, so as to be worthy of the recognition of science. No man is perfect, and each day proves the vast importance of ascertaining carefully our facts, their mutual relations, and the deductions to be drawn therefrom. During this coming year let me invite your hearty co-operation and assistance. Our country is comparatively new, and our scientific societies and institutions, are gradually budding into practical usefulness. Canada and the Canadian medical profession are now better known in transatlantic centres of learning than at any previous period in our history, and all we desire is an honorable record. Each medical society is a parent cell of the intellectual medical structure, as a whole, of our Dominion, the reflex influence of which, for good, will greatly depend on united intellectual co-operation. Thus we will attain the esteem and good will of those at home and abroad and strengthen the ties which unite us together as a working body, working to make "our lives sublime," by the relief of suffering humanity. The march of progress in medical science we have evidence of in every department of the profession, and on this present occasion I shall invite your attention to a few lines of thought, now being thoroughly traversed, particularly in medicine, physiology, pathology, and therapeutics. The relationship of disease to minute forms of life is attracting the most careful enquiry in the field of microscopic research. Until recently, large bodies, rather than small, have engaged the chief share of attention. To-day however, we note that the small things of creation, such as fungi, blights, mildews, moulds and bacteria, so intimately associated with life and death, have aroused more than an ordinary degree of interest. By the aid of the microscope we can demonstrate those minute forms, rod-shaped, spiral, globular, filamentous, and termed bacteria, classed as vegetable parasites and capable of promoting general systemic disturbance. Earth, air and water contain these minute forms, and their mission is so directed as to manipulate the elements of disintegration and decay, and institute a purifying process. Bacteria may prove harmless or otherwise, in accordance with their peculiarity of action. In the performance of the various functions of life, thousands of these bodies enter the system, largely

through the lungs, and gradually make their way into the fluids of the lymphatics and blood-vessels. Should they find a basis of operation congenial, they will grow and multiply rapidly, and develop bacterial disease. The albuminoids and carbohydrates afford grand centres for their operation. They are active factors in putrid decomposition; transform sugar into lactic acid; lactic acid into butyric acid; alcohol into acetic acid, and sugar into a slimy gum. When these products of their activity find entrance into the human system, specific bacterial disease is produced. Then it becomes a question which shall prevail, the tissue cells of the system, which by their inherent power may overcome bacterial influence, or the bacteria overpower the system and induce death. They have a congenial soil when in active operation. The bacillus of splenic fever and consumption, and the bacillus anthracis, have their own characteristics, and may by cultivation part with their dangerous power, as far as promotion of disease is concerned.

Pasteur has demonstrated beyond doubt, that by introducing a minute quantity of diseased structure charged with its specific bacteria, into the tissue of healthy animals, that the identical disease is reproduced. What is still more interesting is the fact, that virulent and poisonous bacilli, can by cultivation, be so changed, as to part with their poisonous power. Here comes in the vaccinating principle of the bacillus; its prophylactic action against invasion of the original disease. We constantly observe in practice, how an attack of scarlet fever, measles, etc., almost precludes the possibility of a second such occurrence. The precise power is difficult to define, and parasitic action may be the chief factor in the remarkable protection. We know well what vaccination has accomplished, and the same principle may yet be so arranged as to place under control many zymotic diseases which still scourge the human family. The question of the precise relationship of organisms to the processes of putrefaction and fermentation, is beset by diversified views; followers of Pasteur's germ theory, holding that bacteria are invariably the initiators of these chemical changes, while others contend that putrefaction and fermentation may take place, independent of these low forms of life. The question of cause and effect, as associated with bacteria, is an interesting problem, and now engaging the

attention of master minds, particularly with reference to the cholera microbe, and the bacillus of tubercle, and let us hope that the result will be both practical and useful, as far as the arrest of disease is concerned. While on the subject of the cholera microbe let me remark, that judging from present indications, cholera is most assuredly gradually moving onward in the course previously taken in 1832 and 1854. In Paris the daily death-rate is quite alarming. The present is the time for activity in carrying out sanitary precautions, so as to be prepared for the advent of spring. Through steam, commercial communication has rapidly increased, and centres of trade thus placed in close relationship, hence the necessity for prompt action. Sanitary rules and regulations are of little service, unless carried into operation. Prevention is a powerful factor, and let our efforts be so directed as to guard the best interest of our people. In this brief introductory I find the subjects so closely interwoven, that with difficulty can the line of thought be isolated. Physiology and pathology have so much in common that they never can be separated, because as sciences they have the same organs and the same functions, under normal or abnormal conditions. It is important that the normal or abnormal condition of an organ should be studied, on the principles of a mutual inter-course. Functional activity and organic change are co-operating powers closely interwoven, which must be noted carefully, in the broadest sense, as progressive evolution in tissue occupies the place of the once healthy organ. Thus comes in the important application of physiological discovery, as an additional prospect for the relief of diseased structure. Lymphatics and leucocytes are points at present possessing more than an ordinary degree of interest, as to the precise part they play in the structure and functions of the system. Blood and lymph are the chief juices of the body, and on that account the purity or impurity, the normality or abnormality of either, directs, controls and determines the powers of the system in structural development, as well as decay. According to Zeigler, the lymph is merely the liquid transuded from the blood vessels, together with certain products of tissue metabolism, and certain matters taken up by the lacteals from the outside. The sources of lymph being so diversified, it is not surprising that occasional morbid changes in its composition

should take place. Until recently the mediastinal and mesenteric glands were the chief source of attention in this important department of absorbing power. In this field of labor Dr. Philipson and Professor Redfern have certainly rendered most valuable service. The lacteals and lymphatics are constantly occupied in supplying the blood with fresh material, from two great sources of life, air and food, and thus become supplementary to the general vascular system. It is a settled point that in the extremities, the deep and superficial lymphatics communicate only in the glands, and that the pleura, peritoneum and pericardium, are not closed cavities, but immense lymph sacs, communicating with lymphatic capillaries, by means of stomata. Thus we observe the existence of an additional lever as to the absorption of abnormal products, and a system of escape, into the general lymphatic channels. Hoggan (*Journal of Anatomy and Physiology*) has defined a newly observed disease of the lymphatics, viz., multiple lymphatic nævi of the skin, thought to be quite as common as venous nævi, which it frequently complicates, and is also the initial or predisposing stage of other diseases, such as lymphatic varix of the larger vessels, and also of elephantiasis. Dilatation of lymphatics is most common in warm and moist climates, and to Manson we owe the interesting discovery, that a prolific cause of dilatation in these vessels, is owing to plugging by the aborted ova of the "*Filaria sanguinis hominis*." The causes and processes of disease, now occupy more attention than anatomical results; and the experimental production of disease is slowly working its way, and will doubtless lead to very important data. How strangely blood, the great vital fluid is disposed, and its abounding leucocytes. What their function, or what part they play in the economy, is yet unsolved. From the fact of being in the blood so abundantly, we would suppose an intimate relationship, with life-giving processes of action. On the other hand however, we note numerous masses of leucocyte-shaped cells, in the vessels surrounding, rapidly developing sarcomatous tumors. Are there leucocytes of life, and leucocytes of death? Long since the blood was considered as the source of cancer, and certainly the close affinity of leucocytic action becomes an exceedingly interesting physiological problem. Another constituent of blood intimately associated with structural development, and at

times ejected as abnormal material, is albumen. Clinically its importance has undergone considerable modification, as far as constantly being a factor of organic disease is concerned. In truth it is known that we may have kidney disease, minus albumen, and *vice versa*. Johnson, of King's College, London, affirms that "the smallest trace of albumen in the urine is always pathological." It is "the frequently recurring and persistent albuminuria which is found to be sooner or later associated with serious structural degeneration of the kidney." By far the most numerous cases of albuminuria, are those occurring in persons supposed to be healthy, but who at some previous period, have had an attack of acute renal trouble. Quasi health with latent disease, frequently follows such attacks, and cannot be too cautiously guarded. It is interesting to have in view the fact that while urine voided before breakfast, and after a night's rest, is free from albumen, yet, after food and exercise, it may become abundant. Renal or non-renal albuminuria, is the question. It is known that frequently, both before and after menstruation, for a few days at least, the urine may contain a small quantity of albumen. Various trivial causes are cited as producing albumen in the urine, and amongst others, indiscretions of youth. The absence of constitutional evidences of renal disease, with urine normal in every other particular, excepting albumen, would point to a local origin, non-renal in character. Albumen under any circumstance cannot be too critically examined. In Canada my observation leads me to the belief, that the most prolific source of kidney-trouble, is alcohol; not alcohol in large quantities, but the quiet, and regular use, in the daily round of life. Many escape this disease, thanks to the power of their kidneys, but on the other hand, not a few come to grief. Night micturition is an early indication, and alcohol has actually been found in the urine, having escaped thus, from the over charged system. Albumen is, then, only sometimes present. Too much stress cannot be placed on the power which alcohol exercises on the system, even in moderate form, towards the development of albuminuria. The study of diseased manifestations, naturally leads to the means at our disposal, the therapeutic lever, and how to be applied. The only true method by which practical results can be achieved, is by experiments on the lower animals;

statistical observation of the results of treatment, and lastly individual observation. Could our local society not be constituted a collective investigation committee? At present each member works in a practice circle of his own. Could the various circles be united, as to practical results, much valuable information would be brought together. What can possibly be more diverse than the treatment of disease? In many diseases, the very multiplicity of remedies recommended, by the most advanced authors, for the relief of the same, tend to throw doubt on therapeutic action. Cholera, diphtheria and typhoid fever. How varied the recommendations for this tripod of disease! The uncertainty of medicine is well known, and still how frequently we note its practical utility. The non-reliability of the materia medica is daily decreasing, and how? by the careful and patient study of philosophical and physiological facts. Thus the reactions in human chemistry are worked out on plain and simple principles, providing nature's laboratory is not overburdened by the endless variety of pseudo-medical nostrums, placed before the public in popular form. It is somewhat remarkable how few of the many therapeutic agents upon which we pin the greatest reliance, have been the result of direct experiment, or scientific enquiry. We recognise the power of quinine in intermittent fevers, and debilitated states of the system generally, and yet how defective is our knowledge as to the precise action of this material on the system. Again, we all note the power and influence of bromide and iodide of potassium, and yet their employment has not been the result of scientific induction, as the outcome of either physiological or pathological enquiry. In this line of thought much doubtless has been accomplished, but there is still much to learn. In Canada fortunately there is no legislative enactment against "vivi-section," one of the greatest possible blessings of humanity, as a means of carrying out scientific research. In the development of Canadian history and interests, we hope to see more time and means devoted to original investigation. Discoveries, through scientific enquiry, in the direction of the human system, would be exceedingly gratifying records, in the march of progress in our new country. We have an intellectual activity of no low order, and with our naive growth, schooled at home and abroad, in the most progressive centres of Great Britain and Europe,

we naturally look for, and anticipate competitive scientific enquiry, into the complex operations of a system which has thus far taxed the most acute observation in solving the problems of life. "Not what I have, but what I can do, is my kingdoms," says Thomas Carlyle. Fortune may not be our lot; but an honest living we shall have, and with the trust placed in our hands, let us so discharge our duties as to gain the esteem and respect of our fellow-men.

A RECORD OF CASES TREATED IN THE ROYAL INFIRMARY, FROM NOV. 1883 TO MAY, 1884.*

BY ANGUS MACDONALD, M.D., F.R.C.S.E.
Physician to the Infirmary.

FIBROID TUMORS OF THE UTERUS.

A. N. æt. 36, unmarried, was admitted Nov. 5, 1883, complaining of a swelling in her abdomen. Patient has always enjoyed good health till three years ago, when she felt a severe pain in her back which lasted only three days. Twelve months before admission the same kind of pain returned and since then it has been constant. The pain induced her to go to the doctor who told her there was something wrong with her inside, and advised her to go to the hospital.

Condition on admission—Abdomen distended to about the size of a seven or eight months' pregnancy, but somewhat irregularly, the long end of the oval being oblique upwards from left to right, from the middle of Poupart's ligament on the left side to the top of the last rib on the right side. Tumour is perfectly moveable. Percussion is uniformly dull anteriorly, resonant on both sides, especially on the left. On the right the tumour feels solid, on the left obscure fluctuation is present. In front a soft flat cyst containing fluid can be distinctly felt and it is freely moveable over surface of solid mass behind. On auscultation an impulse is communicated to the ear from all points of the surface of the tumour. On the lower aspect anteriorly a distinct bruit is audible synchronous with heart's first sound. *Per vaginam*—Hymen persistent, pelvis empty, and the vaginal portion of the cervix is represented by a button-like nodule of firm tissue. From this nodule the thinned elongated cervix can be felt extending up-

* Read before the Obstetrical Society, Edinburgh, June, 1884.

wards to the tumour, a distance measured by the sound of between two and three inches. Nov. 23, 1883, Dr. Macdonald opened the abdomen; there were no adhesions whatever. Before the tumour could be removed the incision had to be extended gradually from the symphysis pubis to $1\frac{1}{2}$ -2 inches above the umbilicus. Both ovaries were high up and placed the left anteriorly and the right posteriorly on the tumour. There was a marked twist from left to right forwards; the amount of rotation was quite a quarter of a circle. The neck was elongated and formed a fairly good pedicle. This was embraced by Tait's clamp and secured. The tumour was now cut off about an inch above the clamp. There was very free hemorrhage from the tumour during the operation. The end of the stump did not bleed at all. A further portion of the stump was removed by scissors. The abdominal wound was now secured by thirteen deep and numerous superficial sutures. A quantity of salicylic wool was placed over the wound, a bandage applied and the patient put to bed, and attended to in the usual manner. The whole operation took sixty minutes, and the tumour weighed ten pounds. The patient made an uninterrupted recovery; the highest temperature registered during the convalescence was 99.4 which occurred at 11 a.m. on Nov. 24; pulse averaged 65. Over the stump a little powdered iodoform was sprinkled. No opium was administered. The bowels were moved with castor oil for the first time on 1st December. The deep stitches were removed on the 9th day when complete union by first intention was found throughout. The superficial stitches were taken out on the eleventh day. The clamp separated on Dec. 16th, 1883. January 24, 1884, wound quite healed. The end of the vagina could not be reached; patient discharged.

Remarks—The operation in this case was necessitated by the pain occasioned by the rapid growth of the tumour. There was no trouble from bleeding. The medical attendant who sent the patient reported that the tumour appeared to him to double its size in the course of two months. The bulk of the tumour was made up of degeneration of the anterior wall of the uterus, the body of the organ being round its posterior surface. The marked twist in the tumour is of importance in its bearing upon the treatment of removal of the ovaries for the purpose of arresting the growth of

fibroid tumours. Whilst the left ovary could have been easily removed it would have been completely impossible to reach the right. Before proceeding to operate we had made out clearly that the tumour was clear of the pelvis and had an elongated cervix, two points of the greatest importance in facilitating the operation. The loss of time which occurred in sewing up the abdominal wound arose from the efforts made to secure as completely as possible the lower angle of the wound below the pedicle. In attempting to do this the needle broke and led to considerable delay.

CASE II.—M. B. æt. 54, admitted Feb. 21, 1884, complaining of a swelling in her abdomen and of pain in the swelling. Patient first noticed a lump in her abdomen eight years ago, since that time the lump has gradually increased in size, and during the three weeks previous to her admission it has rapidly grown much larger and feels harder and more pain is present. Patient also states that for two or three weeks before admission she has passed less water than previously, and there has been a disagreeable pain in her back.

Condition on admission—Abdomen is occupied by a large tumour distended to the size of full-term pregnancy. Tumour is hard, moveable, rounded, smooth and oval in shape. Friction is heard anteriorly, soft bruit is audible, synchronous with first sound immediately above pubis in mesial line. Measurement round most prominent part ($3\frac{1}{2}$ inches below umbilicus) = $47\frac{1}{2}$ inches. From right ant. sup. spine of ilium to umbilicus $8\frac{1}{2}$ inches, from left ditto 9 inches. From umbilicus to pubis 9 inches, from umbilicus to ensiform cartilage 9 inches. All over surface of tumour percussion is dull, flanks clear, also clear between ensiform cartilage and upper border of tumour. Vagina rather narrow and elongated, cervix can be felt with extreme difficulty at its upper part, at a level with the upper edge of the symphysis; no part of the tumour can be felt per vaginam, but only one finger can be passed. Sound enters upwards and towards right side, three inches. Urine passed in 24 hours was 24 oz., containing albumen, blood, pus, renal epithelium and blood casts. Patient was put on milk diet, the quantity of urine increased to 50 oz. during the 24 hours, and the week before she was operated on only a trace of blood and albumen could be detected. On the 4th of April Dr. Macdonald performed laparotomy.

The peritoneum was speedily reached; on passing the hand round the tumour it was found to be free from adhesions. The uterine tumour had so developed as to bring the left ovary forwards and upwards as high as the umbilicus, thereby producing great tension on the left broad ligament. The incision was gradually increased by one-quarter inch at a time, upwards, until the tumour could be pushed through. It was then found that the tumour had a very short pedicle; round this was passed a Tait's clamp, which was securely tightened. The tumour was now cut off, about an inch above the clamp; the hemorrhage was found to be completely arrested by the clamp. The edges of the incision were now brought together by deep and superficial stitches. The superfluous tissue of the pedicle was cut off by scissors and the stump dressed by being freely dusted over by a mixture of equal parts of bismuth and iodoform. The rest of the wound was covered by a layer of protective lint. The woman was then put to bed and had a brandy enema administered. The patient made an excellent recovery. The highest temperature reached was 99° F. She passed wind on the third day, and the bowels were moved on the eighth day after castor oil had been given. The deep stitches were removed on the seventh day, the clamp on the 30th of April. The tumour weighed eight pounds.

Remarks.—In this case also the operation was required on account of the bulk and rapid growth of the tumour. It was found to be developed in the posterior uterine wall, the body of the uterus being stretched over its anterior surface. In this case also, removal of the right ovary which lay behind the tumour low down would have been impossible. There were several considerable cavities developed in this tumour, indicating its tendency to fibro-cystic changes. It is also to be noted that the pressure of the tumour appeared to have caused the renal disturbance noted on admission. At any rate when the patient came in there was scanty urine containing blood, casts and albumen. Rest and appropriate treatment speedily rendered the urine both plentiful and healthy. The pedicle in this case was exceedingly short, and as the patient's abdominal walls were very thickly covered with adipose tissue, the clamp sunk deeply into it, and on the left and right side caused a certain amount of ulceration, but on the removal of the clamp

these symptoms rapidly improved. The difficulties connected with the external method makes us sigh for a valuable internal method in this operation; but the risks of bleeding and of infection are so great that I have not seen it advisable to attempt the internal method ably practised by Schröder.

CASE III.—M. A. B. æt. 51, admitted January 9, 1884, complaining of enlargement of the abdomen. Patient has menstruated during the last seven years, but her abdomen has been gradually increasing in size. Appears in good health apart from the inconvenience of the tumour.

Condition on admission.—The abdomen is occupied by a more or less rounded, moveable, resistant, hard tumor. Abdomen widest girth measures 39½ inches. Percussion absolutely dull up to 1½ inches below umbilicus, in both flanks note clear. Auscultation gives negative results.

Examination per Vaginem.—The posterior part of the pelvis at its upper end, and a great part of the inlet is occupied by a large tumour, soft anteriorly, hard posteriorly. Arching in a semilunar manner in front of the anterior part of the tumour is a thin, valve-like tissue, which seems to be the thinned anterior lip of the cervix. Using this as a guide, the sound passes up and towards the right 3¼ inches. This case admitted of no surgical treatment, more especially as there was no hemorrhage to complain of, and she was dismissed on 24th Jan., 1884, in *statu quo*.

CASE IV.—J. D., æt. 43, admitted Feb. 15, 1884, complaining of a tumour in her abdomen. Patient first noticed the tumour four years ago; it has grown slowly and has not been uneasy lately. Menstruation was profuse, but is not so much now as it was nine months ago.

Condition on admission.—The lower part of the abdomen is projected by a tumour of uneven outline, which extends as high as the umbilicus. It is firm, not tender, and freely moveable. On the lower parts of the tumour a bruit synchronous with the heart sound is audible. The girth round the most projecting part of the tumour is 34 inches. Vaginal examination reveals a rounded tumour occupying the posterior part of the inlet continuous with the tumour in the abdomen and moving with it. In front of the os there is also projecting into the anterior part of the pelvis a rounded mass similarly related to the tumour. Sound en-

ters upwards and forwards barely 3 inches without pain. The patient is rather anæmic. She was ordered ergotine suppositories and a chalybeate tonic, and after a rest in the hospital was dismissed on March 23, 1884, as an unsuitable case for operative interference.

CASE V.—M., æt. 48, was admitted on April 9, 1884, complaining of a continual sanguineous discharge and pain in her back. Her illness dates from a miscarriage she had 7 years ago. Patient has had six children and two miscarriages.

Condition on admission.—Patient is very *anæmic* looking; a systolic murmur is present in all the cardiac areas. Abdomen occupied inferiorly by a rounded, moveable, almost fluctuating tumour, which extends 5 inches above the upper edge of symphysis pubis. The tumour is more developed toward the left than toward the right, although on the whole it is centrally placed. A bruit is heard immediately above the symphysis. Per vaginam the cervix is reached with some difficulty. It is considerably undone, the lower os being traversable to the examining finger which passes in $1\frac{1}{2}$ inches, cervix passes right into tumour which is moveable. No part of the tumour is contained in the pelvis. April 23, patient left hospital owing to domestic affliction.

Observations.—The foregoing cases differed considerably in symptoms and conditions. In case 3 there was no hemorrhage, but the patient applied for relief on account of the bulk of the tumour. There was, however, no evidence to show that the mass was growing fast, and the absence of bruit indicated no great vascularity in the tumour. The difficulty and the risks of removal, when the cervix was undone, and the tumour found to grow so deeply between the layers of the broad ligament, appeared to me so great that I declined to interfere by operation, and accordingly the patient left. I have not heard from her since. Indeed such cases present insuperable difficulties to removal, partly because there is nothing from which to make a pedicle, and partly on account of the enormous adhesions which are found round the mass when the broad ligament is opened up and the downward and outward growth of the tumour occurs. The same remarks apply to cases 4 and 5, only that in regard to them the bleeding was an urgent symptom. But in case four the hemorrhage though still pre-

sent, appeared for several months past to be steadily diminishing; accordingly, I contented myself with recommending ergotine and iron, in the hope that the patient's strength might be kept up until the menopause was fully established, when there is every reason to expect the tumour would shrink and give little further trouble. But case five presented so much distressing bleeding that operation was seriously contemplated. The case did not present a good one for hysterectomy as though there was no pelvic adhesion and no considerable opening out of the broad ligament, the length of the cervix was so encroached upon as to render it all but impossible to get such a pedicle as a clamp could secure. Accordingly I had made up my mind to try the effect of the removal of the ovaries in the hope of inducing a premature arrest of menstruation, and thus removing the most pressing symptom, viz: dangerous flooding. The sudden illness of a daughter of the patient led her to leave the hospital unexpectedly. She was to return if the bleeding continued to be serious, meanwhile she was to employ ergotine and quinine pills. She has not as yet applied for readmission.

ON RAILWAY SPINE.*

BY J. CAMPBELL, M.D. L.R.C.P., ED., SEAFORTH, ONT.

The ever-interesting and ever-important subject of what now generally goes by the name of "Railway Spine" has, during the last year, been attracting renewed interest. This has been owing in a great measure to the publication of Page's work "On the Injuries of the Spine and Spinal Cord." Mr. Page has been for a number of years a surgeon to one of the greatest railway corporations in England, and, therefore, has had a very extended experience of all possible railway injuries, and particularly of cases of so-called "railway spine." He contends that cases of what are commonly called concussion of the spine do not exist, except in the imagination of the surgeon making the diagnosis. By "concussion," he means the cord receiving an injury of such a nature as to give rise to pronounced symptoms, without, at the same time, the vertebræ, ligaments or membranes receiving any hurt. It is well known that Mr. Erichsen has been a strenuous advocate of the theory that the great majority of cases of railway injuries having for their symptoms

*Read before the Canada Medical Association, Aug., 1884

spinal symptoms are due to concussion of the spinal cord. The first one hundred pages of Mr. Page's book are taken up with combating this view of Erichsen, and it appears to me that Mr. Page's attempt has been successful. He at least conclusively shows that the vast majority of cases of concussion of the spine are nothing more nor less than cases where the lumbar muscles or the ligaments of the spine have been sprained or ruptured. Erichsen contends that many cases of "concussion of the spine" received in railway accidents never recover, while Page, on the other hand, maintains that these so-called cases of "spinal concussion" always do recover. While representing the reaction, Mr. Page's recent work certainly favors an undue belief in the certainty of recovery in cases of this sort. Erb presents the matter more fairly than either of these writers. Accidents which occur in railway collisions, as other accidents, may lead to a long train of nervous symptoms, and when death has resulted, a post-mortem examination may show little apparent cause for the fatal result. In the greater number of these cases the pathology is a riddle, which, for its satisfactory solution, will need a great deal of experiment and careful and extensive post-mortem investigation. The great trouble in coming to an opinion as to the nature and causes of a train of nervous symptoms following a railway injury is not whether we have to do with a functional or organic change but whether we have to do with an actual or feigned train of symptoms. Usually the patient's symptoms are of such a nature that the physician can come to a conclusion without much trouble; but when he has to do with an intelligent and unscrupulous man, who expects a large sum from a railway company, the case is one of extreme difficulty. In many of these cases it is quite impossible to come to a certain diagnosis. In the words of a recent writer, "the needed clinical work, in the study of "railway spine," is the determination of clearly defined types of the disease and the investigation of the varieties from this type and the certain relation of objective symptoms to the disease." That serious and even fatal effects may arise from changes in the cord where it has not received any direct injury has been abundantly proved. In the current number of *Brain*, there is a very instructive case reported by Dr. Edmonds of a soldier who was struck in the

back with a bullet. The bullet entered the back two or three inches from the spine, and the surgeon who first attended him considered that the spine was severely injured because the patient had lost complete control over both lower extremities. Patient had paralysis of the bladder and rectum also. There was cystitis and a bedsore over the sacrum before death, which occurred five months after the injury. At the autopsy, there was no fracture or indication of fracture or dislocation of the vertebrae to be found. The corda vertebralis was intact. The cord was seen to be much atrophied and softened about the level of the wound. On hardening the cord in Müller's fluid, it was seen that there was universal myelitis and softening for about two inches opposite the wound; this gradually passing below into sclerosis of the lateral and anterior pyramidal tracts and above into sclerosis of the posterior median columns. There was no indication of hemorrhage, either external to or into the substance of the cord. Its surface was uninjured. This was undoubtedly a case of pure "spinal concussion." The immediate paraplegia following the injury could not have been due to any other cause. The case is then one of very great importance, as it proves most conclusively that we can have, from a severe shock, sufficient changes brought about in the spinal cord to bring about death, and that these changes are, in the first place, nothing more nor less than "concussion of the spine."

Very recently the opinion appears to be gaining ground that we may have a *tabes dorsalis* arise from peripheral causes; that in fact, an ulcer in the foot may be *fons et origo mali* of this formidable disease. The origin of the disease in such a case is explained by first a peripheral neuritis gradually extending along the course of the nerves until it reaches the posterior roots, and there a similar process gives rise to a subsequent sclerosis of the posterior columns.

EXTENSIVE RUPTURE OF THE URETHRA WITH SATISFACTORY RESULTS.

BY CLARKSON FREEMAN, M.D., MEILTON, ONT.

On the 21st of February, 1884, W. R., æt. 29, farmer, fell from the top of an ice house, a distance of over ten feet, astride the edge of an inch board sleigh box. There was no abrasion of the skin, but

blood came freely from the urethral canal at the time of the accident, and oozed continuously for ten days. He was unable to urinate, and after several ineffectual attempts to introduce a No. 10 catheter I succeeded with a No. 5 gum elastic one, which remained nine days, and was replaced by numbers 6, 7, 8, 9, 10, 11 and 12 consecutively, at intervals of, on an average, seven days, according to the degree of irritation, or the presence or absence of vesical tenesmus. The rupture was nearly three inches in extent on the under surface of the urethra, between the scrotum and the prostate gland. The patient was kept constantly in the recumbent position, with his legs flexed, in consequence of his testicles being painfully swollen and extensive tumefaction of the perineum with ecchymosis from the anus to the prepuce of the penis, which remained for weeks. He had high fever with chills for some days, resulting from the formation of an extensive perineal abscess, which I opened on the 8th of March, to the great relief of the patient. The matter was copious and characterized by a most abominable stench. Under the use of disinfectants the abscess soon improved, but continued to discharge until the 15th of June. On the 14th of March by neglecting to remove the plug from the catheter in defecating, the urine was forced around the catheter and made its exit freely from the perineal opening. This frequently occurred afterwards by the slightest effort of straining. The abscess was syringed freely with milk and a small quantity of liquor morph., after each occurrence, as well as the bladder, whenever there were symptoms of mucus or approaching vesical tenesmus, which always mitigated the patient's intense suffering. The shortest time the catheter remained in the bladder was four days, and the longest 13 days. The fistulous opening thus formed from the abscess remained about three months, through which urine frequently escaped freely towards the last without producing any pain or uneasiness. The catheter was retained in the bladder continuously for 68 days after the receipt of the injury, until prostatic pain occurred and blood began to ooze from the bladder. On consultation with my brother, Dr. Wm. Freeman, the catheter was removed. The volume of urine was greatly increased and came away without the slightest effort for five days, when it began to diminish gradually until the ninth day, when he was unable

to micturate. Number 8 catheter was passed with slight difficulty beyond the seat of stricture daily, and 9, 10, 11 and 12 were again used at intervals, but not allowed to enter the bladder. No. 11 was mostly used before micturition. This precaution was persevered with over a month, until a perfect cure has resulted in one of the gravest accidents which may occur to any person.

He had frequent attacks of orchitis, which were allayed by hot fomentations, and the subsequent use of the suspensory bandage. I would suggest the use of vulcanized rubber catheters in the treatment of analogous cases, as they do not become easily corroded by constant use.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—As a tribute to his worth, and as a matter of sad intelligence to many of your readers, I have thought a brief history of the sojourn, sickness and death of Dr. Ed. M. Hoople, of Toronto, Ontario, Canada, in this city, might prove acceptable to the columns of your very able and excellent journal. About six months ago, after an extended prospecting tour through most of our western States and Territories, Dr. H. reached this young metropolis of the south, "a stranger in a strange land." A partnership was suggested to him by a friend, and he called upon me with that object in view. I told him that though frequently solicited, I had never thought it expedient to take in a partner, but would very cheerfully extend to him the privileges of my office, and assist him in establishing himself with our people by every means in my power. From that hour until the advent of his last illness, he was my daily companion, friend and valuable assistant.

Dr. Hoople was a young man of thorough medical education; an honored graduate of the Royal College of Physicians and Surgeons, Edinburgh, and one who, had he lived, was destined to add lustre to the bright galaxy of names which already adorn the roll of graduates of that renowned institution. He was a man of modest, retired and cultured deportment, self-possessed in the confidence of his ability to "measure lances" with the best trained medical men of his age, from the thorough medical training to which he had been subjected,—yet, withal, having too much self-

respect to obtrude his opinions or judgment uninvited. His mind was analytic and quickly synthetic; his memory unusually retentive; his heart was unselfish and sympathetic, and his hands ever ready to assist those in need of help. He placed but little value upon money, save as a means of contributing to the comfort and happiness of others. With such a character as this, it is needless to say that in his new-found southern home, which he seemed to love with a pride and admiration as if begotten of many years of residence here, he soon won a host of friends, whose daily evidences of esteem in life, whose untiring and tender care and watchfulness during his illness and when death had cast its sable mantle over his noble frame, whose moistened eyes, soft and noiseless steps and low whisperings of love and sadness round his bier, more sweetly and beautifully attested their devotion, than empty words can express. He was fast gaining the confidence of our best people as to his professional abilities and skill, and had he lived, would soon have reached a self-sustaining if not a lucrative practice. He was fond of surgery and while here performed several skilful and delicate operations. He was taken down on the 25th of October with typhoid fever, complicated with hæmorrhage of the bowels, and died on the 3rd of November. I am greatly gratified to say to his aged mother especially—whom he loved and revered with the purest filial devotion—and his friends generally, that I believe he found peace, consolation and salvation by trusting in the atoning blood of Jesus Christ.

He had every attention that tender and skilful nursing could give. His prayers for the kind friends he had made, and especially for those who had waited and watched so lovingly and constantly over his sick bed, brought tears to the eyes of some unaccustomed to weep on such occasions. We feel comforted in the reflection that his was one of those cases in the experience of every physician, when every remedy has failed, which teaches us the impotency of man and the omnipotence of God.

Yours, etc.,

G. G. Roy, M.D.,

Prof. Materia Medica, Southern Med. Col.

ATLANTA, Ga., Nov. 25th, 1884.

Selected Articles.

REMOTE PUERPERAL HÆMORRHAGE.

Prof. T. Gaillard Thomas, M.D., of New York, gives the following in the *N. Y. Med. Four.*, Sept. 6th:—Since I last attended a meeting of the society I have met two cases which have suggested to my mind the considerations which form the basis of what I am about to say. I refer to a form of hæmorrhage which comes on three weeks or a month after labor, after the physician has ceased making his visits. Some years ago the late Dr. M'Clintock, of Dublin, wrote a paper on this subject, and called it "remote or delayed puerperal hæmorrhage," and Dr. Mundé has recently written an article bearing upon the same point, published in the "American Journal of Obstetrics." I have seen a good many of these cases, and the history of one which I will relate illustrates the experience that I have had with most of them.

In such a case the uterus may have contracted after labor, and everything have gone on properly until the ninth day, when the physician has ceased to make his daily visits, but from that time the woman begins to lose blood steadily. If she makes a little unusual effort, or if anything occurs in the family to cause considerable mental excitement, an exceedingly dangerous hæmorrhage may take place, which will require to be checked with the tampon. If sudden and profuse hæmorrhage does not occur, demanding the services of a physician immediately, a steady loss of blood in moderate amount may continue for a week or ten days, until the woman becomes very much exhausted.

The particular case of which I have had the history in mind in the foregoing remarks, was that of a lady to whom I was called in consultation by a German physician of considerable experience. Ten months before, the patient had called at my office, and had given a somewhat peculiar history. She had been married for several years, her husband was a vigorous, healthy man in every respect, and she a remarkably handsome and well-formed woman; and yet no intercourse had ever occurred. On examination, it was found she was suffering from a very aggravated form of vaginismus. Her husband had exhausted all his efforts, and her mental state had become such that she could not entertain the thought of sexual intercourse. An operation was performed, at the end of a month the patient left the hospital, and just nine months later she was delivered of a child. About the end of the seventh month of gestation the veins leading from each labium majus became greatly enlarged, and the parts presented the appearance of a mass of earth-worms of the size of one's fist. I had seen the condition in so marked a degree but once or twice before.

On the ninth day after delivery hæmorrhage occurred, and she sent for her physician, who used all the ordinary means, including ergot, tannic acid, dilute sulphuric acid, etc., for stopping it, but without avail. The tampon, however, was not resorted to. About three weeks after her delivery the patient was seized with very profuse and violent hæmorrhage, which reduced her very much. It came on after she had got out of bed. When her physician reached her the hæmorrhage had ceased. Each time it had begun with the passage of a large blood-clot. On this occasion I was consulted, and I visited the patient three days later—the next time that hæmorrhage occurred. I took with me a nurse and instruments for dilating the uterine canal and for removing the remains of membranes. Her physician, however, felt very positive that none of the membranes had been left in the uterus, and stated that he had examined the placenta very carefully, and that there was no interruption of its continuity whatever. But I felt equally positive that some of the placenta yet remained in the uterus.

When the patient had been placed on the table and the ether-cone applied over her mouth, she suddenly sprang up in a state of wild excitement, and could not be induced to continue the inhalation of the ether, it had affected her so badly when she was operated upon for vaginismus. All means of persuasion were futile, and her friends desired that she should be compelled to take the anæsthetic. But I objected to compulsion, because, under such circumstances, after delivery, I have seen most violent and uncontrollable mania developed. In one instance the mania continued three weeks, during which time the patient was very violent, and had to be watched constantly by a nurse. It is true, the mania seemed to be of an hysterical nature, but, nevertheless, it was very violent. I think we cannot be too careful as to doing that which is strongly opposed to the will of a puerperal woman. I would rather have run the risk of a violent hæmorrhage in this case than have forced the patient to take the ether. She was spoken to kindly and put back into bed, and I assured her husband that she would send for me again within twenty-four hours, to have the operation done.

I was sent for the next day. The patient was then etherized, the uterine canal dilated, the curette was passed, and three pieces of placenta were removed, each as large as the last phalanx of one's index-finger. Very little hæmorrhage was excited by the operation, and I felt that in removing the pieces of placenta I had removed the cause of the hæmorrhage.

The points I wish to make are these. The case was an interesting one: 1st, with regard to the vaginismus; 2nd, with reference to the condition of the veins of the vulva; 3rd, with reference to the danger of giving ether during a state of maniacal

excitement; 4th, with reference to what I believe to be the usual cause of delayed puerperal hæmorrhage and the proper means for its cure.

With regard to the statement, so often made, that the placenta has been examined carefully and found entire, it usually amounts to nothing. In the first place, we know that the physician commonly looks at the after-birth hastily and in a careless manner. Besides, I believe that little pieces may be broken off and left behind, which no man could recognize from an examination of the placenta, though he examined it with the utmost care. As in this case, so in all others of delayed puerperal hæmorrhage that I have met with, it has been due to retained placenta or membranes. Dr. M'Clintock mentioned a case in his practice which, I believe, proved fatal. I have met with some which very nearly proved fatal, and doubtless some of those present have encountered similar cases.

TREATMENT OF ACUTE, PULMONARY GANGRENE.

Among the excellent voluntary papers presented at the last meeting of the Illinois State Medical Society, was a contribution to the surgical treatment of acute pulmonary gangrene, by Prof. Christian Fenger, M. D., of Chicago. The paper deserves and will elicit general attention, both from its intrinsic merit and as indicative of progress in American surgery.

As advised at the present time, four operations for acute pulmonary gangrene have been performed.

The first operation was performed in 1879, by Messrs. Lawson and Cayley, of England, in a case of five weeks' standing. Decided amelioration of symptoms, as regards cough, dyspnoea and fetor, was observed. The patient died of exhaustion four days after the operation. The autopsy disclosed facts which led the operators to believe that an earlier operation would have saved the patient's life. (Med. Society, London, 1880.) Mr. Solomon Charles Smith, of Halifax, performed the second operation in 1880. The patient was in the second week of croupous pneumonia, when gangrene occurred in the lower lobe of the left lung. The patient lived ten days, with marked improvement in cough, dyspnoea and fetor. No autopsy was made. Professor Buhl, of Christiana, performed the third operation in 1880. Acute gangrene in the anterior portion of the left lung was the indication for operation. After a long convalescence of six weeks the patient recovered.

The fourth operation was performed by Professor Christian Fenger, of Chicago, in the Cook County Hospital, in April, 1884. The patient, male, 34 years old, was in the second week of croupous pneumonia. Signs of consolidation and formation of a cavity in the right infra-mammary region,

extending into the right axilla, were elicited by auscultation and percussion. Cough was distressing and dyspœna great; about one pint of extremely offensive sputa was daily expectorated. The patient lost all appetite and rapidly progressive emaciation supervened. A cavity was found, upon the introduction of the needle of a hypodermic syringe through the thoracic wall, in the right infra-mammary region. An incision was made parallel to the clavicle; the ribs exsected to an extent sufficient to secure access to the part, and the needle re-introduced within the cavity, as a guide. The cavity was then cut down upon by the small platinum pole of a Paquelin's thermo-cautery, and an opening sufficient to admit the index finger secured. Digital exploration revealed no detached gangrenous masses. Accordingly, the cavity was gently washed out, a drainage tube inserted, and the usual antiseptic dressing applied. Hemorrhage during the operation was trifling, but washing out the cavity produced very troublesome coughing. The patient speedily reacted from the shock of the operation, which was relatively slight. Five hours after the operation, appreciable diminution in the fetor was noted; at the end of the first week, expectoration was minimal, and fetor could not be perceived; at the end of the second week, decided improvement with return of appetite was observed; the fourth week witnessed further progress; and at the end of the fifth week the patient was out of bed. During convalescence bits of gangrenous lung tissue were discharged through the external opening.

With reference to the *technique* of the operation, Dr. Fenger recommends:—

1. The incision ought to be made parallel to the ribs.

2. The ribs must be exsected to a degree sufficient to secure access to the part.

3. In conformity with the suggestion of Albert and Mosler, the needle of a hypodermic syringe should be used as a guide into the cavity, or diseased lung tissue, and the small platinum pole of Paquelin's thermo-cautery should be employed to effect the opening.

4. The cavity must be washed out if practicable. Due care must be exercised to prevent drowning, if the cavity connects with a bronchus. Irrigation of the cavity was productive of no untoward effect in Buhl's case, but was the cause of troublesome cough in Fenger's patient, and Mosler ascribes one death to poisoning from thymol irrigation.

Dr. Fenger is of the opinion that there is no danger of death from the operation, and that it is indicated in cases of acute, circumscribed, pulmonary gangrene.—*Chicago Med. Four. and Examiner.*

From the various sources of information now available, chiefly clinical, we learn that the preparations of gold possess those properties formerly entitled *alterative*, and now usually designated by the phrase *promoting tissue metamorphosis, or metabolism*, and the power to give stability to nervous matter, or the antispasmodic property. There are three several heads under which it will be convenient to group, for my purpose, the therapeutical powers of gold and its preparations, quite irrespective of its supposed physiological actions:

The so-called alterant effects;

The action on the nervous system;

The urino-genital properties.

Before undertaking to present the details under these several heads, it may be best to say something of the preparation used. I have always preferred the double chloride of gold and sodium, since I learned how little diffusible the chloride is. Injected subcutaneously in animals, the chloride seems not to diffuse through the vessel-walls, and when introduced into the blood tends to clog the kidneys. On the other hand, the double salt is readily diffusible. I have no experience with metallic gold or the oxide. Notwithstanding the chloride is so little diffusible, when taken into the stomach, effects are produced. It is probable that in the reactions which ensue the double chloride—of gold and sodium—is formed.

The usual dose of the gold and sodium chloride is one-twentieth of a grain. In this quantity twice or three times a day, it appears to have, as its primary action, the power to promote constructive metamorphosis, to improve the globular richness of the blood, and to increase tissue strength. However, kept up for a time, tissue changes become more rapid, and waste occurs in excess of repair. The tissues yielding most readily are, as might be expected, the connective, and especially those of pathological formation. Hence the utility of this remedy in *sclerosis*, whether nervous, hepatic, or renal. Especially in posterior spinal sclerosis, and in chronic interstitial nephritis, have I found the gold salt very efficacious. I am far from believing that lost parts may be restored, although some of my critics appear to think my credulity limitless. If used in locomotor ataxia, early and persistently, it has seemed to arrest the disease. It is true, since the publication of Strumpf's results with the faradic brush, I have not failed to make use of this method, but that it alone will stay the morbid process, I do not find. Before the electric brush had been employed systematically, I had witnessed the best results from gold and sodium chloride. During the last ten years, I have seen many cases in consultation, but of five in my immediate charge which I have followed, and in which the treatment was begun with the onset of the second stage, in three the disease seems not only to be arrested, but the condition improved. The knee-jerk, how-

THE USE OF CHLORIDE OF GOLD.

Dr. Bartholow, (*Med. News*), Aug. 2nd, 1884, says:

ever, remains absent or feeble. The others are manifestly improved. Thus far, no persistent gastric or intestinal disorder has been caused by the remedy.

Excellent results have followed the use of the gold chloride in many cases of fibroid kidney, not only in my own hands, but in the care of other practitioners. Unquestionably the homœopaths, guided in the use of this agent by the symptom—increased urinary flow, have had good results from the first dilution, but this topic is foreign to my present purpose.

There is a form of hypochondriasis, coincident with the onset of degenerative changes in the cerebral vessels—and it may be dependent on these changes, in which the gold and sodium chloride is very effective. It must be persistently used, and after a time the uneasiness in the head, the vertiginous and other abnormal sensations subside, the mental depression at the same time clearing up. Dr. Bauduy, of St. Louis, kindly informs me that he has had the same good effects. It seems to me that the ancient notion that gold is a "cordial" to the mind in the cases of melancholy, is also supported by modern experience.

In certain affections characterized by spasm, as asthma, laryngismus stridulus and singultus, this remedy acts surprisingly well sometimes. A physician with large experience in a malady which I do not see at all nowadays—pseudo-croup, or laryngismus—informs me that he employs no other remedy, and his patients get speedy relief. There are various cognate affections in which, no doubt, it will be found in a high degree useful.

The same powers render gold a remedy of great value in certain urino-genital affections. I have referred to chronic interstitial nephritis. I could enumerate many instances of the more chronic cases of albuminuria, in which the curative effects of this remedy have been most conspicuous; but I am here concerned with the merely nervous affections. There are certain cases of sexual debility, accompanied by an extreme degree of hypochondriasis, which are amongst the most difficult and unsatisfactory with which we have to deal. No remedy has seemed to me so serviceable as this in this troublesome condition of things. In simple sexual debility, its administration promotes activity. In dysmenorrhœa with scanty menstruation, and in chronic metritis, accompanied by these symptoms, the persistent administration of gold and sodium chloride has done much good.

LITHOTOMY—LATERAL *vs.* HIGH OPERATION.

Sir Henry Thomson, in his lectures before the College of Surgeons, speaks of these two operations as follows :

There is unquestionably a growing expression of dissatisfaction among surgeons, especially abroad with the lateral operation for stones of unusually large size. I have for some time fully shared that feeling. No incisions can be made in the region which belongs to that operation through which a calculus of three ounces or more can be extracted. Laceration, either avowedly made by instruments or but half concealed under the name of gradual distention, invariably takes place, and that affecting very important structures, often to a large extent. Hence it is that the suprapubic operation has always invited consideration when the stone is exceptionally large; but the conditions sometimes met with, especially in corpulent subjects, have often presented peculiar difficulties and dangers, which indicated that, if Scylla has been avoided above, Charybdis appears to be equally dangerous below. A modification of the operation, however, has recently taken place—if not originated, at least first executed, by Professor Peterson, of Kiel, and described by him in 1880, which gives a new and improved position to the high operation. The improvement suggested consists in ensuring, to a degree not before attained, the raising of the bladder above the pubic symphysis, and the steady-*ing* of it in that position during the operation. These objects are thus attained. The patient, lying on his back, and under the influence of an anæsthetic, the bladder is first distended with weak solution of boracic acid, in quantity from ten to twelve ounces if possible, which must depend on the condition of the organ. The penis is firmly tied; nothing is better than an india-rubber tube for the purpose. Then a pear-shaped bag of india-rubber, tolerably stout, so as to retain that form, and capable of holding at least sixteen ounces of fluid, is folded longitudinally and introduced into the rectum. By the tube which forms its apex, and is supplied with a stopcock, water is forced in so as fully to distend the bag *in situ*. The outline of the bladder will now be traced above the pubic symphysis. The usual vertical incision is made, and dissection carried down to the bladder, with the usual precautions with which we are familiar. The ease and certainty, however, which are ensured by the firm position of the bladder on this system render it much superior to the old one.

I have operated by the high operation twice only, and that before the introduction of the new method. Since that time I have met with no case which I have not been able to deal with satisfactorily by lithotripsy at a single sitting, of which several examples are placed before you—the calculi weighing from one to nearly three ounces. The next case which offers for which the knife is required, I shall almost certainly submit to the high operation, with Peterson's modification. And the only reason why I have not yet performed it is, that I have easily and successfully employed

lithotripsy in cases precisely similar to those for which the French surgeons are adopting Peterson's procedure.—*British Medical Journal*.

CEREBRAL ABSCESS.—The antiseptic method of operating and after-treatment has not yet been fully tested in operations upon the brain. This is natural, for not only have we inherited a just dread of dealing with an organ, the large majority of whose diseases are dangerous or fatal, but our knowledge of the physiological functions of the brain and of their pathological modifications being extremely limited, we are not in a position to form such an accurate diagnosis as calls for surgical interference. Drs. Christian Fenger and E. W. Lee, of Chicago, in an extremely interesting paper on this subject in the July number of the *Am. Jour. Med. Sciences*, consider the treatment of traumatic cerebral abscess, and report a case which was successfully treated by opening and drainage.

Bergman, in discussing the treatment of cerebral abscess, unhesitatingly sets it down as an axiom that wherever there is an accumulation of pus, trephining is most clearly and indubitably indicated, for the opening of an abscess in the brain is as necessary as in any other part of the body, and we would add even more so. A correct diagnosis of abscess having been made, the further difficulty presents itself of locating it with sufficient accuracy, so as to be able to find it. A number of cases are on record in which a correct diagnosis had been made, the trephine also put on more or less on the right place, but the knife or trocar being passed into the brain nevertheless missed the abscess. Drs. Fenger and Lee show by their case that this difficulty can be obviated by multiple exploratory aspirations, performed at interstices sufficiently small to prevent any abscess from escaping detection, even if the trephine opening should not have been made at the point of the skull nearest the abscess.

There are on record a large number of cases of cerebral abscess in which trephining was performed, pus evacuated, and temporary relief obtained; but later relapse followed, and a fatal termination ensued. It is possible, judging from the success the practice has met with in the treatment of abscesses in other situations, that drainage of the cerebral abscess cavity, with or without washing out, would have saved some of these cases, by preventing the re-accumulation of pus and the continuous infection of the surrounding brain tissue, the acute œdema of which is well known to be, as a rule, the final cause of death. As far as Drs. Fenger and Lee are aware, draining and washing out of cerebral abscess cavities has heretofore not been tried; that it can be effected, and without any detriment to the patient, is shown by their case, the treatment of which they hold strictly conforms to the

rational method of modern surgery in treating abscesses in general; and because of this, and not because their patient recovered, they regard the case as answering affirmatively the question: Is it probable that abscesses in the brain can be treated advantageously on the same principle as abscesses in other parts of the body?—*Louisville Med. News*.

TREATMENT OF TAPE-WORM.—In the *Med. Times* of October 11th, 1884, Dr. Bernard Persh writes of the comparative value of the remedies used for the expulsion of the tape-worm. At a western military post a number of the men were troubled with this parasite, the writer being of the number. Turpentine, ether, pomegranate-root, male-fern, kooso, salicylic acid and carbolic acid were tried; and the best results obtained from the use of the last two named. Kooso was given in six drachm doses, suspended in water and followed by one ounce of castor oil. Two grains of carbolic acid were administered in a pill of extract liquorice; if, after a dose of castor oil this treatment failed, it was repeated on the following day. Large doses of carbolic acid may be given without producing disturbance of the digestive organs or carbolic acid poisoning; but in some cases even large doses of the acid failed to expel the worm. Several years after, the writer having been recommended to try croton oil and chloroform as a remedy, did so on himself, and it proved successful where the others had failed. Since that time he has used the treatment on more than twenty cases with excellent results. One drop of croton oil and a drachm of chloroform are suspended in an ounce of glycerine, and administered in the morning before breakfast. The only preparatory treatment consists of a half ounce of Rochelle salts given the preceding evening, which, although not necessary for a cure, facilitates the examination of the evacuations, prevents the breaking of the worm by hard fœces and allows it to pass more quickly through the intestines after becoming detached. The chloroform produces no bad effects; the slight giddiness and drowsiness sometimes noticed was relieved by the recumbent posture and disappeared when the croton oil commenced to operate. The oil acts rapidly, the bowels being moved in about an hour after its administration, and any tendency to diarrhoea or intestinal irritation is readily checked by bismuth and opium after the worm has been expelled. In one case the chloroform alone was efficient in bringing about the expulsion of the worm; but the fact that the worm is always expelled alive, showing that the chloroform, while compelling it to relinquish its hold, is not sufficient to kill it, renders the administration with it of a drastic purgative of rapid action, advisable. The author concludes by stating that in the cases treated successfully in this way, other remedies had been unsuccessfully employed. The patients agreed that

the remedy was readily taken, that its immediate effects were by no means unpleasant, and that the treatment did not leave them prostrated.—*Maryland Med. Journal.*

GLOSSO-LABIAL PARALYSIS.—Modern thought and research drift more and more to the position that the affection described by Duchenne as glosso-labial paralysis, and long supposed to be distinct, ought to be stricken from the list of diseases. In its typical form it is certainly only a localized chronic poliomyelitis, a mere variety of chronic muscular atrophy, in which the gray portion of the upper segment of the spinal cord—*i. e.*, the medulla oblongata—is especially attacked. It may exist by itself, or it may be associated with symptoms of palsy, due to poliomyelitis, in other parts of the body. In the latter case the medulla may be the first part of the cord invaded, the disease extending downwards, or the lesion may progress upwards and the medulla show the latest change. In a very interesting case recently shown at the clinic of Prof. H. C. Wood, the first symptoms were perceived by the patient in the mouth region, and subsequently the cervical cord became profoundly affected.

To grant these labio-glossal paralyses a separate state in our classification of disease would logically require similar treatment for cases of progressive muscular atrophy in each part of the body, since any spinal region may be attacked alone or separately.

The absurdity of the present separation of glosso-labial palsy is further shown by the circumstance that we may have such paralysis due to various apoplexies, brain-tumours, and other coarse cerebral lesions, and, to be logical, we should also isolate as a distinct disease cerebral glosso-labial paralysis.

In No. 20, *Archives de Neurologie*, is an important paper upon such an affection, by Dr. F. Raymond, in which illustrative cases are cited. The symptoms may, in case the lesion is a tumor, or other progressive alteration of brain-tissue, develop slowly, but they usually come on suddenly, because they are usually the result of clot or other apoplectic lesion, and, while they may develop alone, they are usually associated with other consentaneous palsies. Whether the manifestations come on slowly or rapidly, the cases are to be distinguished from those of medulla-disease by the absence of atrophic changes in the muscles affected, and by the preservation of the normal electrical reactions. The symptoms are stationary or progressive, as the case may be, *pari passu* with the cerebral lesion. The latter is either cortical or in the white matter. The general localization of the lesion of the white matter is in the lenticular nucleus or the external capsule, or sometimes in the internal capsule or peduncle. The foot of the ascend-

ing frontal convolution is stated to be the position in which cortical lesions cause the glosso-labial palsies.—*Medical Times.*

CHRONIC BRIGHT'S DISEASE.—Dr. Hiram Corson, Conshohocken, Pa., in a recent communication to the *Medical Times*, says: That a farmer, 46 years of age, complained for several months of ailments not uncommon in the beginning of Bright's disease, and finally sent for a physician, who finding his urine to be very albuminous, put him under the use of the various medicines recommended in that affection. Months passed; the limbs began to swell, and the anasarca was over the whole body. All the usual remedies of the day were applied, but with only the effect of temporary relief at times, to be followed by aggravation of the symptoms. When he was in this deplorable condition I remembered case upon case seen forty or fifty years ago, much like this, and proposed that we try the old plan. So we began to give, in pills, one grain of calomel, one of digitalis, and one of squill, three times a day, morphia or chloral, one or both, at night, to relieve oppression and induce sleep. Day after day we went on for two weeks, before the breath announced that the system was effected by the calomel, and all this time there had been no perceptible change save an increase in quantity of urine. But then all the symptoms showed an amelioration. The medicine was then used or omitted as seemed indicated. The object was to keep the system moderately under the influence of the mercury (what an awful word!) but not to push it to heavy salivation (another awful word!) From that time, every day showed an improvement—a rapid improvement—in the symptoms. Now, that is just what I will do for the first advanced case of Bright's disease that may come under my care.

HÆMORRHOIDS OPERATED ON WHEN INFLAMED.—Before the Kentucky State Medical Society at its recent session, held at Bowling Green, Prof. J. M. Mathews, of Louisville, addressing himself to this question, said:

"From a variety of causes, piles are liable to become inflamed, and once inflamed, they may easily become strangulated by passage below the sphincter. Everything is aggravated in this condition and it may take some weeks to quiet the trouble. It has occurred to me, why not operate upon and get rid of them at once? There is no authority that says "operate upon a pile during the inflamed state," but they will tell you to apply treatment to reduce the inflammation. I want to state one or two cases. A few weeks ago, I was called to a lawyer who was in this condition. The family physician in attendance had tried in vain to quiet inflammatory action, for two or three weeks. I found, hanging down from the anus, two solid

tumors; I passed the knife around them and ligated them. I visited him the following morning, expecting to find him in some trouble. To my satisfaction, he was out of the house in one week's time. Another case: A young man had a mass of inflamed tumors, hanging from him, larger than my fist. It would have taken several weeks to abate the inflammatory trouble and I ligated the whole mass. I went to see him next morning. I was told by the people at the house, that he had rested well all night, and got up early in the morning and went out. They sent for him but he could not be found. Three days later, I received a postal from Cairo, Illinois, saying that he was that far on his way home and was all right. When he got home he wrote me that he was entirely well; since then, I have had, I suppose, five or six cases of similar character, in which the proceedings and results were similar. I have, therefore, concluded that instead of applying remedies to relieve the inflammation in the tumors, they should be operated on at once."—*Am. Practitioner.*

THE TREATMENT OF SPRAIN BY THE ELASTIC BANDAGE.—This method of treating sprains has recently been recommended by Marc See (*Revue de Thérap.*). It is the only method which fulfils the two indications: 1. To cause as rapid absorption as possible of the blood extravasated around the joint (a lesion which controls all the other symptoms, such as pain, swelling, difficulty of movement, etc.); and, 2. To favor cicatrization of the torn ligaments and ruptured parts by complete immobilization.

The antiphlogistics and blood-letting, formerly advised by Hunter and Guersant, only partially fulfil the former indication. There is the same objection to the movements which Ribe and Bonnet advise for the injured joint. The refrigerants and cold-water baths advised by Baudens cause contraction of the tissues around the joint, and dispel inflammation, but they are not favorable to the absorption of the infiltrated fluids. Even massage, though superior to the other remedies just mentioned, fulfils only the second indication; furthermore, it is inconvenient, and requires much patience and time; and between the seances of manipulation the swelling reappears and the pain returns. It is true that massage has the advantage of removing the extravasated materials from the region of the joint toward the more vascular portions of the limb, where they are more easily absorbed. But the elastic bandage has this advantage in a greater degree, since its action is continuous. Finally, and above all, it favors immobilization of the joint, which is impossible during massage, and without which it is almost impossible to get cicatrization of the torn structures and complete recovery in sprains of any intensity. The bandage should be applied to the skin itself, care being taken to fill up the flat

and depressed places with wadding, so as to give a uniform surface around the joint for the bandage to act upon.—*Medical News.*

CHRYSOPHANIC ACID IN SKIN DISEASES.—Dr. Stocquart reports sixty-one cases treated by internal administration of chrysophanic acid (*Annales de Derm. et de Syph.*, Jan. 1884). No form of local treatment was employed. Of the sixty-one cases, fifty-six were entirely cured, and only one was unaffected by the treatment. The cases of acne, ecthyma, and impetigo, all yielded rapidly to the treatment, except one case of papulous acne. One case of pityriasis and three of urticaria were also quickly cured. In four cases of lichen and four of prurigo, the irritation was rapidly diminished, disappearing before the complete cessation of the eruption in lichen. Of thirty-two cases of eczema, thirty were cured. The author was struck with the rapid and complete cure of acute eczema and of impetiginous eczema in children. Out of five cases of psoriasis, three were cured. The acid was generally administered in water, the bottle being well shaken before use. In ordinary doses no patient objected to it; it was also prescribed in pills. The medium dose is one centigramme a day for children, and three centigrammes for adults. In these doses it is generally well tolerated; in large doses it may cause loss of appetite, nausea, palpitation, with præcordial distress and constriction of epigastrium, giddiness, vomiting, and cold shivers. This is an occasional occurrence only, and often much larger doses are well borne. Children tolerate the medicine well; at four weeks, he has given one, two, and in one case five centigrammes without provoking gastric irritation. Where the eruption is limited to parts ordinarily covered, and when the skin is not very thin or delicate, the external use of chrysophanic acid as an ointment is indicated. Where a great extent of surface is involved, the internal use is better. Phenomena of local irritation, or erysipelas, or gastro-enteric symptoms, or nephritis, may be caused by the too free external use of the acid. Its internal use is also indicated when the eruption affects the hands or face. Where the stomach will not bear the remedy, it may be given hypodermically; but is then apt to cause pain and abscess. Its action is more rapid than when given by the mouth.—*N. Y. Med. Four.*

A MEDIEVAL RELIC.—At the recent meeting of the American Gynecological Association, Dr. T. Gaillard Thomas showed and made some interesting remarks about a medieval relic which had recently come into his possession. He had spent the past summer in a little, out-of-the-way Long Island village.

A friend in this village had recently received as a bequest, from France, some thirty large, old-fashioned trunks. These trunks contained old

MSS., books, jewelry, dresses, and odds and ends of all descriptions. In one of the trunks a very peculiar harness, which puzzled the gentleman, was found. It was submitted to Dr. Thomas. Upon examination, it was found to consist of a jointed steel girdle, covered with velvet—intended to encircle the waist of the wearer—and a semicircular rod of solid steel, with two circumscribed dilata-tions, joining the circular girdle at right angles. It was evidently meant to be employed in the same way, though for a different purpose, as the female T bandage. The diamond-shaped dilata-tion, intended to fit accurately the vulvar orifice, was guarded upon both sides, on the inner edge with sharp steel teeth, pointing downward, forward, and outward. The circular ring designed for the anal orifice was provided with steel teeth in an identical manner. Armorial bearings were dis-covered upon different portions of the harness. Behind, at the point of junction of the girdle with the perineal rod, was the place for a lock, or rather seal. The diagnosis was plain. It was a *ceinture*, similar in shape and design to the girdle of *Diana de Poitiers*, which every one who visits Paris sees in the *Musée de Cluny*. The Crusaders were evidently in the habit of locking up home effects before their departure to the wars.—*Louisville Med. News*.

CANCER OF THE CERVIX UTERI.—Dr. Goodell gives the following method of treatment in the *Med. and Surgical Reporter*—“Having torn away all I can with my fingers, I inject pure vinegar, and now resort to the serrated currettes. With these the parts are thoroughly scraped, and with the gouge-forceps the vaginal portion of the cervix is removed. Next, with the platinum buttons of the thermo-cautery, I char the whole funnel-shaped wound. * * * The operation is now ended, and as there is no hemorrhage, I shall not tampon the vagina. But supposing you operate in the country at a distance from home, and you wish to guard against hemorrhage, or to stop an oozing, what do you do? You take a sponge and pass a string through the centre and tie the two free ends together in a long loop. Do not tie your string around your sponge, for you will then deprive it of its elasticity and the power of expanding. Prepare three sponges in this way, and soak them in vinegar. Pack the first sponge very firmly into the funnel-shaped wound, and make one knot in its string. The second sponge, with two knots in its string, will be pushed down to the cervix; and the third one, with three knots, will keep the other two in place. In twenty-four hours remove the sponge with three knots, and in forty-eight hours withdraw the sponge with two knots, and immediately afterwards the sponge with one knot. This last one must be removed carefully, and with a rotary motion. I do not put sponges in my patient's vagina

because she is in a hospital, in which some physi-cian is always on hand. But supposing at 3 o'clock this afternoon the nurse finds our patient bleeding, what instructions shall I give our resident? He will first inject vinegar, and if that does not stop the hemorrhage, he will then pack the womb and vagina with sponges in the way which I have just described.”

THE MEDICINES PHYSICIANS USE.—Squibb's Ephemeris gives an analysis, containing some points of interest of some observations made by Dr. Wm. P. Bolles on the prescriptions which he found on the files of three Boston pharmacists. The number counted was 3,726 which were pretty generally from physicians of that city. The number of articles entering these prescriptions was 504, the whole number contained in the U. S. P. for 1880 being 994. Of the 504, 236 occurred 5 or more times; 157, 10 times; 80, 25 times; 27, 50 times 9, 100 times; 1, 200 times. Sulphate of quinine leads the list, and is found in 292 of the 3,726 prescriptions; sulphate of morphine in 172; bromide of potassium in 171; iodide of potassium in 155; tincture of chloride of iron, 134; subnitrate of bismuth, 133; glycerine and syrup together, 120; syrup, 108; carbolic acid, 92; extract nux vomica, 87; paregoric, 80; bicarbonate of soda, 77; calomel, 72; chlorate of potassium, 71; compound tincture of gentian, 67; lime water, 65; and so on down. It will thus be seen that of the 994 articles of the Pharmacopœia, only 18 occur more than 65 times in 3,726 prescriptions, and of these 18 three are vehicles or adjuncts which are in such common use as to bring their numbers into prominence. Dr. Squibb regards it as surplusage of a very use-less kind to have a drug in substance, in *abstract decoction, infusion, extract, fluid extract, and tincture*. He says the individual habits of physicians are the cause of much of this surplusage. One of the remedies for this evil he points out as follows:—“The individual preferences of physicians are largely prejudices adopted from teachers in the schools, and, therefore, if the schools would but reason upon the subject, and direct only the best preparation of each drug, a needed reform in the Pharmacopœia would soon follow, and the phar-macists' supplies would be much fresher and more trustworthy.—*Med. Age*.”

PLACENTA PRÆVIA.—Prof. Parvin (*Col. & Clin. Record*) says:—While there is no single plan of treatment applicable to all cases of placenta prævia, in general, this treatment may be compre-hended in the alliterative phrase, Temporize, tampon, turn. Temporize if the hemorrhage be not so great, and the pregnancy not near its end. Tampon if the hemorrhage be severe, and the os not sufficiently dilated for immediate delivery; but let the tampon be so applied that the hemorrhage will

be surely stopped and that dilatation of the os may be effected. Of course, a tampon can be most effectually applied if the perineum be drawn back by a Sims' speculum, and the os can be best dilated by a sponge-tent, or by means of Barnes' dilators, and these are to be preferred. If you use a vaginal tampon, do not soak the material in any astringent solution, for it is not by coagulating blood, but by pressure, you hope to arrest the flow. Of course, position is important, and you may also give cold acid drinks; opium and stimulants may be required if there be pain and prostration. Finally, turn—turn, because very often in placenta prævia the fœtus is transverse; turn, because when you bring the legs and then the thighs into the os uteri, you have a most effectual tampon; turn, because you can thus as a rule most quickly effect delivery; and the great dominating principle in the treatment of placenta prævia is, that when the hemorrhage is grave, end the pregnancy as soon as possible, both for the safety of the mother, and the safety of the child.

MORPHINE IN THE EARLY STAGES OF INSANITY.

—The responsibility of the physician in the use of morphia, in consequence of the possible development of the morphia habit, is great; but his responsibility relative to the possible disaster of a preventable life-long insanity, not prevented, is, if possible, still greater.

Auguste Voisin, of the *Salpêtrière*, Paris, claims for the use of the hydrochlorate of morphia, in gradually increased large doses long maintained, remarkable results in the treatment of certain forms of insanity. His theories are well sustained by physiological observations, and his cases are taken from the records of the *Salpêtrière* and private practice, and many of the cases have been examined after the lapse of several years.

In the article referred to, "Leçon Trentième," he gives a resumé of the history of the systematic use of opium and morphia in the treatment of insanity, and dates his own experience with it from the year 1867. His success was at first greatly diminished by the obstinate vomiting which frequently occurs; but on learning from M. Roller, Physician of the Insane Asylum at Illenau, France, that, regardless of the vomiting, the dose should be increased, he continued to increase the dose, and to that instruction he attributes his success. He has since treated successfully the various manifestations of insanity, which would seem to correspond practically to the first division adopted by the International Congress of Alienists in 1867, namely: simple insanity, comprehending mania, melancholia, monomania, circular insanity, moral insanity, in their early manifestations.

He uses exclusively the hydrochlorate of morphia, and only hypodermically, but fails to give the strength of the solution which he finds most

satisfactory. He does not mention the combination, so much appreciated in America, of morphia and atropia. Probably the association of the atropia is not to be desired. The efficacious dose desirable to sustain until the desired effect is obtained, can only be found by proceeding cautiously and studying each individual apart. One rule which the author never departs from, is not to exceed, in the initial dose, from one to three milligrammes. Whilst light cases associated with hallucinations are frequently relieved in a few days with a daily dose of from five to six centigrammes, yet in other cases the dose has to be increased to seventy centigrammes. He narrates one case in which two grammes of the hydrochlorate of morphia, in two doses, were administered daily, with no manifestation of its presence beyond a contraction of the pupils. The latter was one of the unsuccessful cases. He never entrusts the administration to a nurse.—*Four. Am. Med. Assoc.*

IS PAIN DURING THE FIRST STAGES OF LABOR NECESSARY?—In a communication to the *Obstetric Gazette*, Dr. I. W. Chisholm says that in answering this question I would say, from my own experience, and also from the observation of others with whom I have conversed on the subject, I have concluded that the pains incident to dilatation of the os during the first stage of labor are not necessary. My attention was first directed to this some years ago. Being called to see Mrs. G., whom I found suffering from the pains of the first stage of labor, being of the grinding character, and seemingly at regular intervals, I found, upon examination a rigid os and no signs of dilatation, and after waiting a considerable while I made another examination and found the same condition of things. I then concluded the pains were probably of the spurious kind, despite their seeming regularity, and gave her a dose of morphia, and in a short time she was entirely relieved and I took my departure. About ten o'clock in the evening I concluded I would call and see her before retiring, and on entering I found her resting comfortably, as she had been ever since I left in the morning after administering the morphia. I made an examination and found the os well dilated. I remained, and in a short time the second stage of labor came on, and the child was born in a few hours.

I was attending on Dr. P. at that time, and on calling on him in the morning I reported the results of my observations, he being a man of a large and extended experience of thirty-five years, said that he also had noticed the same thing, and always attended by good recoveries. Now if this is the experience of all who have tried it, why not relieve women of the painful ordeal of the first stage of labor?

A PIN SLING.—Samson Gamgee F.R.S.E., of

Birmingham, gives the following in the *Lancet*, Sept. 27th, 1884: A gentleman consulted me the other day, for a painful condition of the tip of his left little finger. To secure the benefits of physiological position and immobility, I bent the elbow at an acute angle and raised the hand; then, pinching up the sleeve at the wrist, fixed it to the coat with a safety-pin; with another I attached a fold of the sleeve to the coat just under the elbow. Rest was absolute; the finger waxed pale and easy; and my patient went to his office duties in comparative comfort.

Even if an ordinary sling be at hand, the process of fixing the forearm at an acute angle is not quite simple; and the resulting unsightliness is often unpleasant. With a little contrivance a pin sling may be made invisible. A third pin, fixing the inside of the arm sleeve to the body of the coat, adds greatly to immobility. In this position I have found one pin very useful, in steadying the shoulder of a young lady who had had it dislocated three times. She had barely recovered the last accident, when she was very anxious to go to a ball. By fixing, with a safety-pin, the inside of the sleeve to the bodice, a trusty yet invisible, checkmate was provided, allowing freedom of hand, but barring abduction. These are trifles, only noted apologetically, because, *pro re nata*, they may be useful.

CHLORATE OF POTASH IN TINEA.—Dr. C. C. P. Clark once had a case of tinea tarsi in a little girl. In spite of all the treatment recommended in the books, the morbid condition of the Meibomian glands persisted in pouring out their sticky exudation. Considering its efficacy when internally exhibited as an alternative in certain affections of the mucous membranes, particularly of the mouth and throat, the patient was given full doses of this medicine—about a drachm per diem. It worked like a charm. Repeatedly the disease returned, as its wont, and was as often and as readily subdued. He has since constantly used this medicine in that complaint, and has never been disappointed.

Not long after a lad was brought to the doctor whose scalp was thickly bossed with huge, stinking, porriginous scabs. Reasoning from what was seen in the last-mentioned case, the same remedy was used to stay the morbid secretion in this, and with like good effect. The crusty hummocks disappeared, as a syphilitic node sometimes will under the use of the iodide of potassium, only far more rapidly. He who tries this remedy in this disease, in full doses, will not turn again to the scalp-shaving, poulticing, etc., which is the customary practice.—*N. Y. Medical Journal*.

THE HYPODERMIC INJECTION OF PILES.—Dr. J. W. Girard, of Winchester, Tenn., says "that the use of carbolic acid in hemorrhoids is condemned by the majority of leading physicians, but

successfully used by non-professional men." He further asks if there is not something radically wrong in the method of using the remedy, or in the act of condemning it, and continues: "If my experience with the use of the hypodermic syringe in hemorrhoids is worth anything to the profession I give it cheerfully.

"I have used it for about ten years, and have treated, I think, about two hundred cases without a single failure, and in no case has the tumor returned thus far. My course of treatment is generally to take one part of tannic acid, two parts of carbolic acid, four parts of alcohol, and eight parts glycerine. Inject each pile separately, and in a few days they slough away and generally heal kindly under dressings of carbolated cerate. If there is much constitutional disturbance, I generally control it with a steam bath or a hot sitz bath. My confidence in the method is so strong that I would persist in its use in spite of all that could be said against it. I would gladly answer any questions in my power that would enlighten any professional brother on the subject."—*Medical Bulletin*.

"TAKE YOUR FORCEPS WITH YOU."—Dr. H. V. Sweringen, of Fort Wayne, Ind. (who is well-known to our readers), contributes an article with this caption to the July number of the *Obstetric Gazette*, for the purpose of warning all physicians to be very particular always to carry with them to every labor case their forceps. It is well to issue such a warning occasionally, because on account of the very large proportion of cases of parturition that terminate spontaneously, the physician is very apt to leave his forceps at home, feeling that the chances are against his being obliged to use them, and if his home is far from his patient, and the demand for instrumental interference becomes very urgent, the patient may die before the forceps can be procured. Such a case has happened to Dr. S., and he concludes his article by saying, "I verily believe, that if she had been delivered promptly, with the forceps, immediately upon or before the appearance of her first convulsion, her life would have been saved. I close as I began, *take your forceps with you always.*"—*Med. & Surg. Reporter*.

TREATMENT OF NASAL POLYPI.—As a valuable contribution to the therapeutics of this unpleasant condition, we are glad to note that Dr. Richardson, in the *Asclepiad*, recommends the use of sodium ethylate in the treatment of nasal polypus. The caustic agent is applied by means of a probe made of soft cotton-wool, twisted into shape on the points of a pair of forceps. This cotton probe is saturated with the ethylate, and then plunged into the substance of the polypus. On removing the cotton it commonly happens that the patient

can expel the whole mass of destroyed polypus, in a semi-fluid form, by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids, and the former acts as a powerful caustic. With the exception of some burning pain, no unpleasant effects seem to follow the use of this method.—*Ibid.*

USES OF MURIATE OF AMMONIA.—The *Med. Record* says: It increase the secretion of mucous from the alimentary canal, and is supposed to render the blood less plastic and coagulable, without impairing the structure of the corpuscles. Its habitual use causes emaciation, renders all the secretions freer and more abundant, and exerts an alterative and absorbent action, especially on the connective tissues, in hyperplasia and cirrhosis of many organs. It has even exerted some beneficial influence upon fibrous tumors of the uterus, and much more upon chronic engorgement of that organ. Its slow but steady modification of the nutrition of the connective tissues has been seen in chronic enlargements of the liver, spleen, prostate, thyroid and other enlargements. It cures many cases of gleet and if any internal remedy will relieve strictures of the urethra, this is the one most apt to do it. It cures some cases of neuralgia depending upon thickening of the neuilemma, and is one of the best remedies in fibrous phthisis. If other remedies fail, it should be tried in sclerosis of the cord and brain depending upon thickening and induration of the neuroglia.

MEMBRANOUS CROUP.—Dr. Jacobi says (*Med. News*) the mercurial treatment of membranous croup promises good results. The bichloride appears to be the best preparation for this purpose. The remedy should be given early and frequently repeated. The bichloride should be well diluted (about 1 to 3000). To babies about half a grain should be given in twenty-four hours, and, as a rule, its administration could be kept up for many days, if necessary, without bad effects. Stomatitis or salivation is very rarely observed, and gastrointestinal disturbances are not frequent under its use. If any unpleasant consequences result from the bichloride, inunction by the oleate of mercury is advised in its place. If the treatment of the diphtheritic disease be undertaken in time, the croup may often be prevented, as this is believed to be due to descending pharyngeal diphtheria.

HYSTERIA WITH UNILATERAL SWELLING.—Dr. S. Weir Mitchell records in the July number of *The Amer. Journal of the Medical Sciences* three cases of hysteria in which there was unilateral in-

crease in bulk at or near the menstrual period, and also at other seasons after emotional excitement, and he has been unable to find elsewhere any narration of similar cases. The writer cannot explain the causes of this phenomenon further than to say that they are under the influence of the nervous system, and vary with the causes which also increase or lessen the analgesia or give rise to chronic spasm. Most probably, he thinks, in many unilateral hysteric palsies a like phenomenon exists, and has merely escaped attention because of being the least prominent in a group of symptoms. At all events it adds another to the large group of resemblances which so closely relate organic to hysteric hemipalsy.—*Boston Med. Journal.*

BLISTERS AND SALICYLIC ACID IN RHEUMATISM.—The following are a couple of brief extracts from a clinical lecture delivered by Prof. Draper at the New York Hospital (*Med. & Surg. Rep.*):

Now a word about the use of blisters in the treatment of inflammatory rheumatism. We do not very often resort to them in acute cases of inflammatory rheumatism where there is a high temperature and great tenderness and swelling of the joints. And in my experience, they are not nearly so valuable here as in cases of sub-acute rheumatism. But where they are used in the very acute cases, it is almost invariably in connection with some other anti-rheumatic treatment, so that we do not get, I think, a true estimate of their value. But in those sub-acute cases where there is a moderate amount of infusion into the synovial cavities and some thickening of the tissues surrounding the joints, I believe that rest of the part and the local application of a blister are very valuable—while in cases of acute inflammation of the joints, I do not believe that blood-letting and counter-irritation are of much value.

There is one remark I wish to make about the salicylic acid treatment of rheumatism. I have told you before that of all the remedies which have been suggested for the cure of rheumatism, and their name is legion, none have given such satisfactory results or proven so valuable as salicylic acid. Now the history of the treatment of rheumatism constitutes a very remarkable chapter in the history of therapeutics.

There is no disease for which a greater diversity of remedies has been proposed. At one time acids were in favor, and at another time alkalies; at one time purgation was practised, and at another opium was used; and salts of every variety have at different times been supposed to have some superiority in the treatment of this disease. As a result, skeptics have arisen who doubt the efficacy of any treatment at all in rheumatism. So about fifteen years ago, at the time of the introduction of Fuller's alkaline treatment, Drs. Gull and Sutton treated a number of cases with simple mint-water, and their

results were as good as were obtained with the alkalis. They believed that all cases ran a regular course, and all had a tendency to end in a week or nine days, or in a fortnight, or else in the classical period of six weeks. But when you come to the salicylic acid treatment, there is no question as to its power. When you see, as we frequently do here, the greatest relief produced within twenty-four hours by the administration of ten-grain doses every two hours, and you find at the same time a great improvement in the appearance of the joints, I think that we get here not only a "post hoc" but a "propter hoc" argument to justify us in attributing the improvement to the use of salicylic acid.

OSTEOTOMY FOR GENU VALGUM.—Osteotomy for genu valgum was discussed at the International Medical Congress, and Macewen's supracondyloid osteotomy was acknowledged by all to be the most satisfactory one. Professor Ogston gracefully acknowledged that his own operation (fracture of the internal condyle) did not yield as good results as Macewen's simpler and safer operation. Professor Schede said that, with German surgeons, he had accepted Macewen's operation as the best. He differed from Dr. Macewen in doing his operation in one respect—he did not use but one chisel, and considered the withdrawal of the instrument from the wound a serious matter, in that it led to an unnecessary disturbance of the parts, and frequently some difficulty occurred in reintroducing the chisel. He thought that in many cases the tibia, rather than the femur, was involved, and in these cases he preferred his own operation (section of the tibia). Mr. Bryant complimented the gentlemen on the manner in which they had given up their pet operations, and had accorded to the supracondyloid operation (Macewen's) its just value.

INTRA-CAPSULAR FRACTURE OF THE FEMUR.—Dr. W. M. Fuqua is of the opinion that the "do nothing" plan of the older surgeons, in these cases, is wrong, and should be abandoned. Experience has shown that bony union can be had, and he thinks that every effort should be made to bring it about. He is satisfied that many of these fractures are through the inter-trochanteric lines, and therefore amenable to the reproductive influence of the periosteum. In the *American Practitioner* for October, 1884, he relates a case where, after ten or fifteen days' confinement to bed, he adjusted a well-fitting "*Sayre's short splint*," and placed the patient on his feet, having first lengthened the sound leg by the addition of an inch cork sole. With this appliance, and a crutch and cane, the patient walks about just as in a case of chronic disease of the coxo-femoral articulation. If the tendency to eversion, or possibly to inversion, be great, then "*Sayre's long splint*" would be required, night extension to be made by weight, and the

splint to be used during the day.—*Med. and Surg. Reporter.*

REDUCTION OF SUBCORACOID DISLOCATIONS.—Reduction of subcoracoid dislocations, as directed by Kocher, is accomplished as follows: Patient, sitting up, the forearm is fixed to a right angle with the arm, the elbow pressed firmly to the side of the chest; the arm rotated outward until firm resistance is met with; then the arm rotated inward. The last movement is one of restitution, and carries the shoulder opposite the one dislocated. These manipulations resolve themselves practically into two movements—outward rotation and flexion. Dr. C. A. Jersey (*New York Medical Jour.*, December 8, 1883). says the advantages of the method are:

1. The control obtained over the humerus by the position of the forearm.
2. The advantage obtained by the relaxation of the edges of the rent in the capsular ligament.
3. The absence of the necessity for the employment of an anesthetic.
4. The absence of pain to the patient and of discomfort to both surgeon and patient as compared with other methods.—*Medical Herald.*

TREATMENT OF BOILS.—Dr. John Aulde, following the suggestions of Dr. Sidney Ringer, has met with most satisfactory results by adopting the following plan. The diet is to be regulated and if constipation exists, a teaspoonful of magnesia sulph. in a glass of cold water should be taken every morning before breakfast:

R Calcii sulphidi grs. iij.
 Sacch. lactis grs. xxx.
 Miscæ bene et div. in chart., No. xxx.
 Sig. Five powders daily at intervals, between meals.

By this method beginning boils will be aborted, and those far enough advanced to threaten a siege of several weeks and successive crops, will soften and heal in such short time that the patient will be surprised at the result. When they can be obtained, granules containing one-tenth grain are to be preferred to the powders. The urine should be examined for sugar, as boils and diabetes often go together.—*Summary.*

GUMMA OF THE BREAST.—Prof. S. W. Gross, says the *Medical Bulletin* (August), brought a case of gumma of the breast before the class last season, which was interesting, both because of the infrequency of its occurrence, and of its resemblance to malignant disease. Gumma of other parts of the body are met with almost every day in hospital practice, but it is extremely uncommon to find this manifestation of the syphilitic poison on the female breast. The patient, who was twenty-eight years old, and appeared to be in good health, complained

of trouble in the left breast. Examination showed a cake-like superficial tumor, involving the skin and subcutaneous connective tissue. The skin over the tumor was livid in color, and the nipple was retracted into it. These signs apparently pointed to superficial scirrhus. But from the absence of pain and axillary involvement, as well as the history of a dissolute husband and three miscarriages, Professor Gross concluded that it was a gumma. The woman was put on the mixed specific treatment, and the tumor disappeared in a short time.

LIVER SPOTS.—In an article on tinea versicolor, or liver spots, the *Med. and Surg. Reporter* says: The treatment is not difficult. The sulphur preparations are all useful, such as sodium hyposulphite, one drachm to the ounce of water, or Velminckx's solution, which is prepared as follows: Quicklime, one half ounce; flowers of sulphur, one ounce; water, ten ounces. Boil down to six ounces and filter. Perfume with oil of anise. This may be used diluted with four to eight parts of water, to be dabbed on the patches after a bath with soap and water. At the end of a week scarcely any sign of the disease will remain, and at the end of two weeks a cure may be effected. The result depends largely on the manner of making the application.

EXTIRPATION OF GOITRE BY MEANS OF THE ELASTIC LIGATURE.—Dr. S. Usiglio (*Gaz. de Asp.*), reports the case of a patient, æt. 56, who had enlargement of the thyroid body due to hyperplasia of the left lobe, in which the enlargement was removed by means of the elastic ligature. The part came away in five days and the patient recovered easily. Two months previously, in March, 1883, Dr. G. B. Masta had successfully employed the same means for the removal of a pedunculated tumor. De Vecchi and Castelleone have also reported cases. An incision is made into the skin in which the ligature is placed, the wound being disinfected and the ligature tightened daily.—*Practitioner.*

IN-GROWING NAIL.—In a note to the *Union Medicale*, June 26, M. Monod states that during the last twenty years he has treated in-growing nails by a very simple and effectual method, which does not involve the removal of the nail. He makes a free application of nitrate of silver at the commencement of the affection, without isolating the nail. If the cauterization is carried deeply into the diseased furrow, the patient has usually, even by the next day, derived considerable relief, and is able, even thus early, to walk in moderation with an easy shoe. Extirpation of the nail should be reserved for quite exceptional cases.—*Kansas City Medical Record.*

POSITION IN THE AFTER-TREATMENT OF LITHOTOMY.—Alex. Faulkner, of H. M. Indian Med. Service, says:

"I should like to bring to notice a point in the treatment of cases subsequent to the operation of lateral lithotomy, which I have practised for some time, namely, the advisability of continually keeping the patient lying on his abdomen after the operation. Although this mere position may seem at first an apparently trivial detail, yet I consider it is of importance in expediting the healing process of the perineal wound, as by its means the urine has a tendency to pass more through its natural course into the urethra when expelled from the bladder, instead of continually permeating through, and, consequently, irritating the open perineal wound."—*Med. Review.*

DR. J. A. LARRABEE, Prof. of Diseases of Children and *Materia Medica* and Therapeutics, Hospital College of Medicine, Louisville, Kentucky, says: Bromidia I regard as a more elegant and acceptable mode of administering safe and effectual hypnotics in childhood, than extemporaneous prescriptions. I have no doubt that Bromidia has supplied a want felt by many practitioners in diseases of infancy and childhood, preventing many from yielding to the temptation to use the various preparations of opium, which are so objectionable and dangerous.

INTESTINAL HEMORRHAGE IN TYPHOID FEVER.—At a recent clinical lecture, Professor Da Costa exhibited specimens from a case of typhoid fever in which death had occurred from peritonitis, with three recent perforations of the bowel. The patient four days before his death had had a profuse intestinal hemorrhage. The distinguished teacher took the opportunity of endorsing the ergot treatment of the hemorrhage, but insisted upon the importance of following it up with decided doses of opium in order to prevent perforation or to limit its effects.

OLEATE OF BISMUTH IN ECZEMA.—

R Bismuthi oxid,	. . . . .	3 j.
Acidi Oleici,	. . . . .	3 j.
Ceræ albæ,	. . . . .	3 iij.
Vaseline,	. . . . .	3 ix.
Ol. rosæ	. . . . .	m ij. M.

Its action is particularly satisfactory in eczema of the hands.—*Von Hartlingen in Philadelphia Medical Times.*

A medical student gave the following translation of the very correct Latin adage: "De mortuis nil nisi bonum": "From the dead nothing but bones." He was, probably, cousin-German to the young man who, in answer to a question declared Virchow to be the discoverer of vaccination.

THE CANADA LANCET.

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THE PAST YEAR.

As is our custom at this season of the year we present our readers with a short *resumé* of the progress of medicine and some of the principal events which have transpired in the medical world during the past year. This we find, from the wide scope of the work, even in the necessarily imperfect manner in which it is done, to be no easy task, and we would gladly be relieved from the labor if we had the slightest reason to believe that it was not appreciated by the majority of our readers. The ceaseless activity in all departments of medicine renders it very difficult to follow with a critical eye all the new theories, methods, and appliances which have been advanced by enthusiastic admirers, yet there are a few prominent features connected with the progress of medicine, surgery, obstetrics and gynecology which it may be well to call attention to. Of all departments of medicine probably none have made more rapid strides than public hygiene. The subject is being continually pressed upon the attention of the governments both at home and abroad. Sanitary associations are being formed under favorable auspices, sanitary laws enacted, and governmental aid granted for the purpose of advancing the spread of knowledge among the people on subjects of the highest importance to their well-being. At no period in the world's history has greater attention been paid to sanitary science than at the present time. All this is the outcome of the teachings and repeated admonitions of the medical

profession, which is ever in the vanguard of all mental, social and physical improvement in the condition of the people; and in return for this we hope some day to see the claims of the profession more fully recognized and appreciated both by nations and individuals than they are at present. As a sign of the times, and as an earnest of the good things in store for the profession, we may mention the munificent gift of \$500,000 to the College of Physicians and Surgeons of New York by W. H. Vanderbilt, Esq.

In the elucidation of questions in etiology and pathology, great strides have been made. Close upon the heels of the discovery by Koch of the tubercle bacillus, comes the announcement of the comma bacillus by the same observer as the cause of cholera, and although there are those who are not prepared to accept all Koch says about these bacilli, he has not as yet been shown to be wrong in his conclusions. Other commissions have been appointed and we shall look forward to their reports with considerable interest. Pasteur's vaccination experiments, too, in connection with hydrophobia, have been put to the test with the most gratifying results, and from these small beginnings who shall say what grand results may be anticipated?

In medicine and therapeutics much valuable work has been accomplished. The use of convallaria maialis in heart disease has been more fully tested, and while the administration of the tincture in five minim doses has been attended with beneficial results in many cases, yet it requires, according to the experience of Dr. Herschell, care in the selection of cases. In one case in which he exhibited it in cardiac weakness and irregularity, the pulse became almost imperceptible, and there was great oppression, whereas digitalis caused rapid improvement in the patient's condition. Intra-peritoneal injections of albuminate of iron in cases of obstinate chronic anæmia have been recommended by Vachetta. He made numerous experiments on animals and never observed the least peritonitis as a result of the operation, and he regards it as safer than Ponick's intra-peritoneal injection of blood. He recommends one to two grammes (15 to 30 grs.) of the albuminate of the Ammonio-citrate of iron dissolved in warm distilled water and injected through the abdominal wall near the umbilicus. Dr. B. W. Richardson (*Med.*

Times and Gazette) also advises *intra peritoneal* and intra-venous injections of warm saline solutions in the second stage of cholera. Kairine, so highly spoken of as an antipyretic, has on further trial failed to confirm the high estimate formed. Besides, it is expensive, disagreeable to the taste, and transitory in its action. The use of corrosive sublimate in diphtheria has been attended with very good results. It may be administered in doses of $\frac{1}{10}$ to $\frac{1}{2}$ of a grain every two hours to a child ten years of age. For topical application it may be made of the usual strength for dressing wounds. Among other uses to which corrosive sublimate has been applied during the year not the least is its application in the treatment of ringworm. Its efficacy is much enhanced by dissolving it in tincture of myrrh, in the strength of four grains to the ounce. The part is painted with the solution twice a day. In the treatment of infectious diseases, and especially typhoid, carbolic acid has been still further experimented with, the results being on the whole satisfactory. It is claimed by those who have tried it that the tongue remains moist, the diarrhoea is lessened, action of the skin is promoted, and the appetite early restored under its use. Dr. Wilks, of Guy's Hospital (*Med. Times and Gazette*) claims to have had very satisfactory results in the treatment of cases of diabetes mellitus with nux vomica and the mineral acids. The patient gained in weight, digestion was improved and the remedies seemed to have a specific action upon the glyco-genic function. Dr. Peyer, of Nottingham, Eng., (*Lancet*), utters a caution to medical men concerning the danger of using iodide of potassium internally and calomel externally, owing to the liability of the latter being formed into the iodide of mercury, and produce destructive action in the part. He gives his own experience in one case and refers to other published cases in support of his contention. The use of paraldehyde in the treatment of *delirium tremens* has again been brought forward by Prof. Gugl. He claims that it proves a prompt hypnotic, and in no case were there any unpleasant symptoms. The dose is from three to six or eight grammes. Dr. Galicer, of Versailles (*Bull de Therap.*), recommends the use of strychnine hypodermically in cases of paralysis. He maintains that used in this way it stimulates the muscles, producing a local as well as a general effect; in other words, it acts like elec-

tricity in paralysis. Notwithstanding the great success in the use of bichloride of methylene as an anæsthetic agent in the hands of Spencer Wells, it has not received much attention from the profession generally. This has no doubt arisen from the fact that two or three deaths occurred from its use when first introduced. M. Le Fort, of Paris, has been giving attention to this agent during the past year, and has come to the conclusion that it is superior to chloroform, inasmuch as the stage of excitement is much less marked and there is scarcely ever any vomiting. This is what Spencer Wells, who has used it in hundreds of laparotomies, always claimed for it. The external use of iodoform-collodion in the treatment of erysipelas has been highly extolled by Dr. Burman (*Practitioner*). He claims that it promptly relieves the burning sensation, reduces the swelling, and arrests the progress of the disease. In acute rheumatism the use of ten minims doses of oil of gaultheria is highly recommended by those who have given it a fair trial. This is not to be wondered at when it is remembered that this substance was the original source of that excellent remedy salicylic acid. In the treatment of angina pectoris with sodium nitrite further successful cases have been published during the year. It should be given in three to five grain doses, as larger quantities are likely to produce unpleasant symptoms. The value of bromide of sodium in the treatment of epilepsy has been made the subject of investigation by Prof. Germain Sée, the result of which is to increase general confidence in its use. He says the efficacy of the drug rests almost exclusively on the depressing influence it exercises on the reflex action of the spinal cord and medulla, and he would therefore rigidly proscribe all stimulants of every form—such as alcohol, tea, coffee, etc. Further use of nitro-glycerine in this affection also shows its value in certain cases in arresting the frequency and violence of the fits. The dose is from one to two drops of a one per cent. solution three or four times a day. As a means of distinguishing between simple ectasis or dilatation of the stomach, and that due to stricture of the pylorus from carcinoma, the fact first pointed out by VanderVelden, and recently investigated by Dr. Kredel, of Giessen, viz., that free hydrochloric acid is absent in the ejecta in cases of carcinoma, is, if true, a most significant and valuable

aid in diagnosis. The results of Dr. Kredel's researches are not only most assuring, but they also afford a hint for the medicinal treatment of these unfortunate cases.

In the domain of general and operative surgery there are many interesting facts to record during the year. A valuable point in intestinal surgery has been given to the profession by Dr. Rand in the *LANCET*, viz., a means of identifying the upper and lower ends of any given piece of small intestine. The mesentery is the guide. Holding the bowel in its true direction, and passing the hand on the right side back to the spinal attachment of the mesentery, it will be on the right side of the spine; but should the apparent upper end be in reality the lower, or, in other words, be held in the wrong direction, the hand passed to the right of it will pass to the left of the spine, and *vice versa*. Mr. Lawson Tait, in the (*Brit. Med. Journal*), gives his method for the radical cure of umbilical hernia by abdominal section, and considers it applicable to other forms of hernia. He opens the sac, frees all adhesions, cuts off omentum that may be in the way, pares the edges of the ring, and stitches up the wound with a continuous silk thread which he leaves permanently. The results have been most satisfactory. The subject of rectal etherization was brought prominently before the profession during the early part of the year, but though taken up with alacrity at first, seems already to have been almost entirely lost sight of. This is to be regretted, as there are no doubt cases in which this method of producing *anæsthesia* is valuable—such as operations upon the mouth, throat, and palate. We gave in our columns at the time full instructions as to its mode of administration. An improvement upon the ordinary operation for cancer of the rectum has been proposed by Mr. Pollosson. It consists in first making an artificial anus at the sigmoid flexure, and subsequently removing the cancer of the rectum. His idea is, that by this method the rectum is rendered passive and inert before extirpation, and many dangers are thereby avoided. The removal of a cancer of the anus and rectum was successfully performed in the Toronto General Hospital by Prof. Fulton, of Trinity Medical College. The entire anus and three inches and a half of the rectum were removed. The subject of so-called "catheter fever," was brought under the notice of the profession by

a paper read before the London Medical Society, by Sir Andrew Clarke. By catheter fever is meant a severe and sometimes fatal form of fever following the use of the catheter in apparently healthy persons, in whom no lesions to account for death can be found post mortem. As a preventive he advises the use of opiates or *anæsthetics*, in cases where trouble of this kind may be expected, or has previously occurred. The general opinion of surgeons on this subject, however, is that what Sir Andrew Clarke alluded to was not new, but only one of the forms of urinary fever which follows the use of the catheter. The surgical treatment of large bronchocæles, has been discussed from various points of view. Some recommend their removal by the knife, tying all large vessels entering the tumor before division, so as to prevent loss of blood. Others have successfully treated them by the seton. Another method consists in cutting down upon the isthmus and applying a ligature at its juncture with the lateral lobe on each side and removing the isthmus. In a case operated upon in this way, by Mr. Sidney Jones, great relief from dyspnoea followed. The application of an elastic ligature around the base of the growth has also been quite recently recommended. The treatment of senile gangrene was the subject of discussion before the Royal Chirurgical Society, London. Mr. Jonathan Hutchinson read a paper recommending amputation high up in all cases of senile gangrene, viz.: in the lower third of the thigh and the middle of the arm. In the discussion that followed Mr. Savory said that if the causes were chiefly local, amputation might be successful, but if constitutional it would not, and in such cases he would prefer to leave it to nature. A little later on a very important paper was read before the above named society by Mr. F. Treves, on the direct treatment of spinal caries by operation. In cases of commencing psoas abscess, he cuts down along the outer border of the erector spinæ, opposite the last dorsal and first lumbar vertebræ—the most common site of abscess, gives exit to the pus and removes any sequestra of bone which may be found. In one instance he evacuated 40 ounces of pus and removed a large sequestrum from the body of the first lumbar vertebra. The improvement in the patient's condition was immediate. Several interesting and important cases of suturing the intestines have been reported,

besides experiments on the lower animals, to determine the best method of treatment. The results of treatment in these cases have been such as to lead us to adopt active surgical interference in all cases of traumatic lesion of the bowels. A modification of the Lembert interrupted suture is the one most strongly recommended. The late Prof. Gross, in a paper republished in our columns, very properly, we think, recommends the interrupted silk ligature in preference to catgut. Dr. McDonald, of Edinburgh, reports a case in the March number of this journal, in which he removed several inches of the small intestine, in the course of an abdominal section for extra-uterine pregnancy. The patient made a good recovery. A very interesting case of gastrotomy is reported by Prof. Loreta (*Lancet*), for stenosis of the cardiac orifice. After making an opening into the stomach, the cardiac orifice was dilated by means of a suitable instrument, and the patient made an excellent recovery. Resection of the lung in acute pulmonary gangrene has been successfully performed by Dr. Fenger, of Chicago. In this case an incision was made parallel to the clavicle, the ribs excised sufficiently to permit of the operation, and an opening made through the lung tissue into the cavity with the thermo-cautery. Portions of the putrefied lung tissue were discharged through the opening, and the patient made a good recovery. In the matter of osteotomy for genu-valgum, Dr. McEwen's supra-condyloid operation has come to be regarded as the most successful in its results, and at the International Medical Congress this fact was publicly acknowledged.

Nerve suturing has been again still further put to the test. A case is reported in the *Brit. Med. Journal*, Nov. 29th, in which Prof. Von Bergmann removed two inches of the shaft of the humerus in order to be able to unite the nerves which had been widely separated as the result of a wound by a circular saw. Successful cases of extirpation of the spleen have been chronicled from time to time during the year. A successful case was recently reported by Von Hecker, assistant to Billroth. So far there have been 36 cases of extirpation of the spleen. Of these 24 were for leukæmia, of which only one recovered.

The antiseptic treatment of wounds, *a la* Lister, is still being carried out by his disciples in all parts of the world, but the antiseptic agents used are

being changed from time to time. Corrosive sublimate dissolved in blood-serum (1 part to 100) is the agent recommended by Mr. Lister at a recent meeting of the London Medical Society. The introduction of the new local anæsthetic muriate of cocaine in ophthalmic and general surgery will within certain limits undoubtedly prove of great value to the profession. It is easily applied and its anæsthetic effects are sufficiently complete to render it useful in operations where a transient effect is all that is necessary.

In the matter of obstetrics and gynæcology there has been much material progress. In the early part of the year the subject of puerperal fever occupied the attention of some of the most prominent gynæcologists, and much was said and written regarding the use of prophylactics, the practical outcome of which was to impress upon the professional mind the oft-repeated maxim that cleanliness is the greatest of all prophylactics. As is usual in human affairs there was a tendency manifested to go to extremes in regard to the measures to be used to prevent the occurrence of puerperal fever, septicæmia, etc. Dr. Thomas, who read a paper before the N. Y. Academy of Medicine, strongly advocating the most active interference in the puerperal state, afterwards so far modified his former expressions of opinion as to bring them into harmony with those who advocated less active measures. The combined method of turning in placenta prævia has again been brought more fully under the notice of the profession by Dr. Behm, of Berlin. The advantages claimed for this method are the avoidance of sepsis and the limitation of the loss of blood, from atonic post-partum hemorrhage. His plan is to leave the case entirely to nature after getting the breech down to the os—"haste" in performing combined turning, "delay" in extraction. The application of the forceps to the breech in certain cases has also been advocated by Truzzi (*Gaz. Med. Ital.*) contrary to the teaching of former times. He regards their use as preferable to traction on the groin by the finger, fillet or blunt hook. Porro's operation has been the subject of earnest discussion, by some of the leading gynæcologists during the year. Dr. Godson read a very interesting and valuable paper on this subject before the British Medical Association in Belfast, giving ample data upon the status of the operation from a statistical point of view. In 131

cases the total mortality amounted to a fraction over 55 per cent. from which he is warranted in drawing the inference that the operation is one from which most satisfactory results may be obtained in properly selected and managed cases. Too many such cases are put off until it is too late to expect a successful issue. In the vomiting of pregnancy, iridin has been recently most enthusiastically praised as a remedy. M. De Musy (*Progrès Medical*) stated at the Société de Therap. that the Edinburgh physicians has used it extensively. Dr. Berry Hart had used it in ten cases without a single failure. The dose is three grains in pill form with conserve of roses every night, followed by a saline purgative in the morning. Hydrastis Canadensis has been used with great success by numerous observers both at home and abroad, in the treatment of uterine hemorrhage, and the results have been on the whole most satisfactory. It appears to produce contraction of the arterioles and lessen congestion, its action being somewhat similar, but more reliable than ergot. The dose is ten to twenty minims of the fluid extract. In the treatment of uterine displacements, Dr. Bell (*Lancet*) claims to have had excellent results from the use of medicated tampons. The substances he uses are alum, carbolic acid and glycerine, which he says support, deplete and invigorate the uterus and vagina. Mr. Lawson Tait reports (*Brit. Med. Four.*) five cases of laparotomy for extra-uterine pregnancy, with four recoveries. The diagnosis in these cases is perhaps the most difficult part, but Mr. Tait never hesitates to open the abdomen. If a patient has been eight weeks or more without a period, and a pelvic mass can be felt on one side of the uterus and fixing it, and if sudden symptoms of pelvic trouble and hemorrhage come on, rupture may be suspected and abdominal section should be performed at once. Mr. Tait in his address on abdominal surgery at the meeting of the Canada Medical Association, gave us some idea of the reason of his remarkable success, viz., entire restriction to his chosen field, minute attention to every detail, together with great attention to cleanliness in every part of his work.

The association meetings during the year were more than usually well attended, and an increasing interest was manifested in all the proceedings. The various Provincial Associations in Ontario,

New Brunswick and Nova Scotia, were well attended, and much valuable work was accomplished. The New Brunswick Medical Association decided to enter upon the experiment of publishing a quarterly medical journal, but we have not yet seen the first number. The Canada Medical Association met in Montreal in August under the presidency of Dr. Sullivan of Kingston, and under the most favorable circumstances. The interest of the meeting was greatly enhanced by the presence and active co-operation of members of the British Association for the advancement of science. Many instructive and valuable papers were read and discussed, not the least of which was the admirable address on abdominal surgery by Mr. Lawson Tait. The profession of Montreal in their hospitality exceeded all previous efforts, and both the social and intellectual proceedings were highly spoken of by all who participated. Dr. Osler was elected President for the ensuing year, and Winnipeg was chosen as the next place of meeting on the third Tuesday in August, '85. The American Medical Association met in Washington in May, under the presidency of Dr. Flint, Sr. Upwards of 1200 members were present and the meeting was most successful in every respect. The code, contrary to what was expected in some quarters, occasioned no difficulty. The work of the session was well sustained. The Journal of the Association came in for a share of criticism, but it was decided to give it another year's trial. Dr. Campbell, of Georgia, was elected president, and New Orleans chosen as the next place of meeting on the last Tuesday of April, 1885. The meeting of the British Medical Association was held in Belfast in July, Dr. Cuming, president, in the chair. A number of distinguished foreigners were present, besides delegates from the United States and Canada. Able addresses were delivered on medicine, surgery and obstetrics, and the work of the sessions was earnest and active. The social aspect was of the most brilliant and hospitable character. The eighth session of the International Medical Congress opened in Copenhagen on the 10th of August, under most favorable auspices. The attendance comprised about 1600 medical men of all nationalities. The meeting both intellectually and socially was a great success. The next meeting is to take place in Washington, in 1887, under the presidency of Dr. Flint, Sr.

During the past year the following new books and new editions of old ones have been issued from the press:—*Syphilis in New-born Children and Infants*, Diday; *Materia Medica and Therapeutics*, Bartholow; *Student's Manual of Chemistry*, Witthaus; *Operations of Surgery*, Bell; *Pathology and Treatment of Venereal Diseases*, Bumstead; *Roller Bandage*, Hopkins; *Medical and Surgical Uses of Electricity*, Beard; *Manual of Diseases of Nose and Throat*, Kitchen; *Oral Surgery*, Garretson; *Hand-book of Chemistry*, Greville; *Hand book of Skin Diseases*, Kippax; *Influence of the mind upon the body*, Tuke; *History of Tuberculosis*, Spina; *Manual of Practical Hygiene*, Chaumont; *Bright's Disease of Kidneys*, Millard; *Practical Pathology*, Woodhead; *International Encyclopædia of Medicine*, vol. iv., Ashhurst; *Dictionary of Medicine*, Quain; *Treatise on Pharmacy*, Parrish; *Therapeutic Hand-book of U. S. Pharmacopœia*, Edes; *Manual of Obstetrics*, King; *Treatise on Surgical Diagnosis*, Ranney; *Epitome of Skin Disease*, Fox; *Guide to American Students in Europe*, Hun; *Hand-book of Forensic Medicine and Medical Police*, Husband; "Shakespeare as a Physician," Chesney; *Elements of Pharmacy, Materia Medica, and Therapeutics*, Whitla; *Opera Minora*, Seguin; *Elementary Principles of Electro-Therapeutics*, Haynes; *Medical Ethics*, Hamilton; *Elements of Surgical Pathology*, Pepper; *Clinical Lectures on Mental Diseases*, Clouston; *Brain Exhaustion*, Cornell; *Deutch's Medical German*; *Diseases of Rectum and Anus*, Kelsey; *Gonorrhœa*, Milton; *Obstetrics*, Verrier; *Diseases of Heart*, Paul; *Eczema*, Buckley; *Second Annual Report of Ontario Board of Health*; *Clinical Chemistry*, Ralfe; *Dissector's Manual*, Clarke; *American System of Practical Medicine*, Pepper; *Electro-Therapeutics*, Amidon; *Diseases of Throat and Nose*, McKenzie; *Diseases in Children*, Smith; *Manual of Obstetrics*, Partridge; *Auscultation, Percussion and Urinalysis*, Leonard; *Visions of Fancy*, Baskett; *Hooper's Physician's Vade Mecum*; *Materia Medica and Therapeutics*, Bruce; *Principles and Practice of Medicine*, Davis; *Practical Medicine*, Loomis; *Malaria and Malarial Diseases*, Steinberg; *Diseases of Women and Uterine Therapeutics*, Jones; *Medical Rhymes*, Erichsen; *Lock-jaw of Infants*, Hartigan; *Fractures and Dislocations*, Hamilton; *Science and Art of Surgery*, vol. i., Erichsen; *Pathology and Morbid Anatomy*, Greene, etc.

Among those of our confrères who have passed away during the year, may be mentioned,—S. F. Whitman, Bridgetown, N. S.; H. Bennett, Priceville; J. Reddy, Montreal; J. Thomson, Chatham, N. B.; J. R. Tabor, Whitevale; A. C. Savage, Chicago; J. R. Smith, Harrowsmith; C. H. Lavell, Kingston; R. Black, Wickham, N. B.; E. Clay, Halifax, N. S.; J. F. Coad, East Zorra; C. Deguise, Quebec; Wm. James, Burgessville; P. N. Leclair, North Lancaster; S. W. Cooke, Paris; —. Kittson, St. Paul, Minn.; J. J. Dickinson, Cornwall; R. Stephen, Digby, N.S.; J. E. Landry, Quebec; H. Maüdesley, Moorefield; H. C. Fixott, Arichat, N. S.; E. Morton, Queensville; G. A. Kent, Wallace, N. S.; J. A. Aikman, Ingersoll; J. S. Diamond, Toronto; G. Willcock, Toronto; E. Jennings, Halifax; G. H. Nelson, Santa Barbara, Cal.; Jas. McCammon, Kingston; A. B. Craig, Montreal, etc. Among those in foreign lands may be mentioned,—Prof. Balfour, Alex. Wood and Allan Thomson, Edinburgh; C. H. Hawkins, London, Eng.; Prof. Jäger, Vienna; —. Radcliffe, Engiand; Prof. Cohnheim, Leipsic; Profs. Gross and Rogers, Philadelphia; Prof. Parker, New York; Dr. Dugas, Georgia; Dr. L. P. Yandell, Louisville, etc.

The outbreak of cholera during the past year in the south of France and its extension to other points in Europe, and recently to Paris, strikes the note of alarm, and bids us prepare to ward off the impending blow. Our sanitarians in Canada and the United States are united in making representations to their respective governments, with the view of dealing promptly with the adversary should it unfortunately reach our shores. Various outbreaks of smallpox and diphtheria have taken place at different times and in different localities, but upon the whole the health of the community has been no worse than in former years. We conclude by wishing our many readers a happy new year, great and increasing prosperity, and long lives of usefulness.

JAMES McCAMMON, M.D., M.R.C.S., ENG.

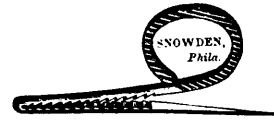
Dr. McCammon, whose death recently took place, was born in Kingston, Ont., in 1833, and there received his primary education. On reaching manhood he first devoted his attention to school teaching, after qualifying himself for the duty by

attendance at the Normal School, Toronto. He followed this occupation with remarkable success for several years, after which he turned his attention to the study of medicine, and graduated with honors in Queen's College in 1863. He subsequently practised for several years in Newburgh, Ont., where he acquired a lucrative practice. In 1871 he visited the European hospitals determined to acquire experience and obtain a wider knowledge of surgery and physic. He there obtained the diploma of the Royal College of Surgeons, Eng., and on his return settled in Kingston. He was for several years a member of the Ontario Medical Council, and was recently appointed to the chair of clinical surgery in the Kingston Medical School, which position he filled with marked ability and favor. He was also a member of the Council of Queen's University. He was elected mayor of his native city in January last, and was most assiduous, as indeed in everything else, in the performance of his civic duties. In the death of Dr. McCammon the profession of Canada has lost one of its most active and intelligent members and the city of Kingston its chief magistrate and one of its most valuable citizens. The sick poor of the city have lost a sincere and self-sacrificing friend, and his wife and family a devoted father and husband.

THE LYNAM CASE.—About two years ago Mrs. Lynam was considered insane, and was sent to the Longue Point Asylum by the certificate of the visiting physician. Recently a Mr. Perry, who interested himself in her behalf, became convinced that she was sane, and applied to Judge Jette to have her produced in court, in order to test the question of her sanity or insanity. Experts, or so-called experts were called to testify, and as is usual under such circumstances, some of them declared her insane, while as many of equal authority pronounced her sane. The judge was, of course, bewildered, and accordingly put Mrs. Lynam in the witness box, and is said to have given her a most severe examination, which she bore with great calmness and fortitude. He finally decided to appoint Dr. Vallee of the Beauport Asylum, to examine her, and suggested that the Quebec Government should appoint two others to act in conjunction with him. The government have been

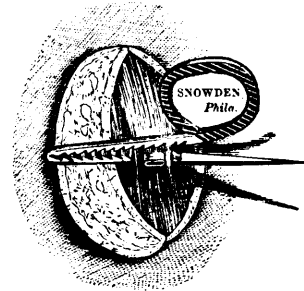
dilatory in the matter, but Dr. Vallee has visited Mrs. Lynam, and has filed his report in the superior court, declaring her in his opinion, to be sane.

ARTERY-COMPRESSOR.—A convenient and effective appliance has been devised by Dr. Levis for the rapid arrest of hemorrhage in large open wounds. It is exceeding simple and inexpensive.



Numbers of the compressors can be quickly applied during an operation, and the surgeon may leisurely ligate the vessels if after their removal, the ligature should be required. In many operations attended for the time by great hemorrhage from numerous small vessels, the temporary stasis produced by the compressors will be sufficient to prevent further flow.

By this device the operator can proceed to the end of an operation without stopping to apply ligatures.



The instrument and its application are so illustrated in the cuts that description is unnecessary. The compressors are made by Snowden, 7 South Eleventh Street, Philadelphia, and the price is only 25 cents each.

SUBCUTANEOUS INJECTION OF MORPHIA IN CHOLERA.—Dr. Brown, of Clayton, Ont., has called our attention to the following which was published in the LANCET several years ago, and which we now re-publish: "Dr. Patterson, of Constantinople (*Braithwaite*), reports that in the late epidemic of cholera in that city, finding all other treatment unsatisfactory, he determined to try the subcutaneous injection of morphia. In the first case a quarter of a grain of the acetate caused relief to the cramps and vomiting in a quarter of

an hour, and the skin became gradually warm and moist, and the pulse returned. In ordinary cases he found one or two injections sufficed, in a few three were given, and only once four. He does not maintain that the treatment is a specific against cholera, but that its action is more speedy, certain and effectual than any other tried by him. Out of thirty-two cases in which the treatment had a fair chance, there were only ten deaths."

MORE ADVERTISING IN THE LOCAL PRESS.—Inasmuch as the LANCET is again on the war-path, the following "most extraordinary case" under the care of Dr. Hamilton, of Port Hope, Ont., may be alluded to. The item, which appears to have been written, or at all events the facts supplied by a medical man, appeared in the *Port Hope Guide*, Dec. 5th. A young man was wounded in the orbit by a piece of wood. The doctor, after "probing the wound, discovered a foreign body," and advised an operation. He gave chloroform, "enlarged the wound," and on laying hold of the "foreign body" with a "strong forceps," removed it, &c. We leave our readers to judge of the paternity of the offspring.

INTERNATIONAL MEDICAL CONGRESS.—The Committee on Organization of the 7th International Medical Congress, to be held in Washington in 1887, met recently and the following officers were elected: *President*, Dr. Austin Flint, Sr., New York. *Vice-Presidents*, Dr. Alfred Stille, Philadelphia; Dr. Henry I. Bowditch, Boston; Dr. R. P. Howard, Montreal. *Secretary General*, Dr. J. S. Billings, U. S. Army; *Treasurer*, Dr. J. M. Browne, U. S. Navy. *Members of the Executive Committee*, Dr. I. Minis Hays, Philadelphia; Dr. Jacobi, New York; Dr. Johnston, Baltimore; Dr. Busey, Washington.

REMOVAL OF LARGE CALCULI.—Dr. Hingston, of Montreal, removed from the bladder a calculus weighing five ounces and five drachms, and measuring upwards of nine inches in its greatest circumference. The lateral method was adopted and the patient, a youth of 21 years, made a rapid recovery. Dr. Burns, of the Toronto General Hospital, also removed a calculus from the bladder a few months ago by the supra-pubic method, weighing three and a half ounces, and measuring two and three quarter inches in its greatest diameter. The

patient, aged 21 years, unfortunately died within 24 hours.

REMOVAL OF A TUMOR OF THE BRAIN.—Mr. Godlee recently removed a tumor from the substance of the brain at the hospital for epilepsy and paralysis, London, Eng. The case was under the care of Dr. Hughes Bennett, who diagnosed the existence of a tumor in the upper part of the fissure of Rolando, and requested the surgeon to trephine over the suspected region. A mass of glioma the size of a walnut was successfully removed and the patient had progressed favorably up to the time of writing.

SANITARY CONGRESS.—Dr. C. W. Covernton, Chairman of the Ontario Board of Health, has been requested by the Dominion Government to represent Canada at the Sanitary Congress held in Washington. Dr. Canniff, medical health officer for Toronto, has also been sent as a delegate. The object of the meeting is to recommend to the governments of the United States and Canada the adoption of measures to prevent the invasion and spread of cholera, which is confidently expected to visit our shores next summer.

REMOVAL OF A CYSTIC KIDNEY.—Dr. McLean, Prof. of Surgery, Ann Arbor, Mich., (*Phys. & Surg.*) formerly of Kingston, Ont., removed the left kidney which was in a state of cystic degeneration, both ovaries and a portion of the greater omentum, on the 26th of October last, from a woman supposed to be pregnant (2nd or 3rd month). At last accounts, seventeen days after the operation, the patient was doing well.

EPIDEMIC OF SMALL-POX.—An epidemic of this loathsome disease has broken out in the county of Hastings. In the village of Stoco, scarcely a family has escaped the scourge. The secretary of the Ontario Board of Health, Dr. Bryce, has made a tour of inspection of the district, and is doing all in his power to prevent the spread of the disease.

VACANCIES IN U. S. ARMY AND [NAVY.—The *Medical Record* of New York states that for several years there have been a number of vacancies in the United States army and navy medical department. There are not enough applicants to fill the situations. This ought not to be the case, inas-

much as the position is a very desirable one for a young man, and the salary is very good.

ANOTHER LOCAL ANÆSTHETIC.—Our attention has been drawn by Dr. Ryerson of this city to the anæsthetic powers of Rhigolene, a drug introduced to the profession some time since by Dr. H. J. Begelew, of Boston. Rhigolene is a naphtha obtained by re-distillation of petroleum. It is not a definite compound but is the most volatile liquid known and one which produces the greatest cold on evaporation. It is highly inflammable. Used in the form of a spray it freezes rapidly and *deeply*. Its effects are somewhat evanescent, but can be maintained by frequent sprayings. It seems likely that Rhigolene may play a prominent rôle in general surgery, inasmuch as the hydrochlorate of cocaine has been found to be a comparative failure when applied to the unbroken skin, and when injected hypodermically has produced unpleasant constitutional symptoms, with imperfect local results.

LIGATURE OF THE CAROTID AND JUGULAR VEIN.—Dr. Deakin (*Lancet*, Nov. 15th), has recently applied a ligature to the right common carotid artery, and two to the jugular vein, in the removal of an epithelial tumor of the neck. Although a cure could not be looked for in the case, the result of the operation was satisfactory.

AMYL NITRITE IN ASTHMA.—Dr. W. B. Richardson, of London (*Asclepiad*, July, 1884) gives the following formula for its administration: R. Amyl Nitrite, M. xxxv., Alcohol, ℥v., pure glycerine to ꝥiss,—M. One fluid drachm in a wineglassful of warm water.

SUCCESSFUL OVARIOTOMY—Mr Knowsley Thornton has lost but three of his last one hundred ovariectomies. He is a follower of Lister. Of the three patients that died one had malignant disease and the others died of hemorrhage.

THE death of Dr. Henry Martin, of Boston, who has been for years identified with vaccination, is announced in our exchanges. His son will continue the business.

GLEET.—*Pinus canadensis* is a specific in gleet. Its action is prompt and permanent.

Books and Pamphlets.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS, by Frank Hastings Hamilton, M.D., LL.D., late Prof. of Surgery in Bellevue Medical College and Surgeon to Bellevue Hospital, New York; St. Elizabeth Hospital, etc.; Author of a Treatise on Military Surgery and Hygiene, a Treatise on the Principles and Practice of Surgery, etc. 7th American edition, revised and improved. Illustrated with three hundred and seventy-nine wood cuts. Philadelphia: H. C. Lea's Son & Co. Toronto: Williamson & Co.

This most excellent and classic work of Prof. Hamilton has now been before the profession for a quarter of a century, and is well known to surgeons both at home and abroad. The present edition has been carefully revised and re-written, and new matter has been introduced, which adds to its value as a work of reference. The work now comprises about 1,000 pages octavo, and is noted alike for its originality and completeness. The author has taken nothing for granted, and commends no procedure for which he does not find a warrant in the results of his own experience. From the beginning of his studies, he declares, he has found one of his most difficult labors in attempting to eliminate from surgery the numerous "false facts" or unreliable statements derived from observations made on the cadaver or on cabinet specimens whose history is unknown. We unhesitatingly recommend the work to our readers.

THE SCIENCE AND ART OF SURGERY.—By John Eric Erichsen, F.R.S., LL.D., F.R.C.S.; Emeritus Prof. of Surgery in University College, etc. Eighth Edition. Revised and Edited by Marcus Beck, M.D., Land, F.R.C.S., Prof. of Clinical Surgery in University College, London. With 984 Engravings on Wood. Volume I. Large 8vo. Pp. 1124. Philadelphia: Henry C. Lea's Sons & Co. Price, \$5.50.

Each of the various editions of this magnificent work has been noticed by us from time to time. It is only necessary for us now to inform our readers in regard to the present edition, which the author has thoroughly revised in order to bring it abreast of the knowledge of modern surgery. Erichsen's surgery since its first publication, more than thirty years ago, has held a position second to no other work upon surgery as a text book or a work for reference both in England and in this

country. When it consisted of but one volume, its convenient size and completeness of detail commended it, in our estimation, as one of the most valuable texts books for students. Yet although enlarged and made into two volumes, it is so free from prolixity and tediousness that we have no hesitation in recommending it to the attention of students as well as the general practitioner.

THE NATIONAL DISPENSATORY, containing the Natural History, Chemistry, Pharmacy; Action and Uses of Medicines. By Alfred Stillé, M.D., LL.D., and John M. Maisch, Phar. D. Third Edition thoroughly revised, with numerous additions, with three hundred and eleven illustrations. Philadelphia: Henry C. Lea's Son & Co., Toronto: Williamson & Co.

This valuable work is already so well known to the profession in Canada and the United States as to require only a brief notice at our hands. Complete information will be found in regard to all remedies, both old and new. Even in the matter of the new local anæsthetic it contains the fullest information. The work is almost a necessity to every practitioner of medicine as a book of reference.

DISEASES OF THE EYE, by Henry R. Swanzy. New York: D. Appleton & Co. Toronto: Hart & Co.

This book, which is about the same size as Dixon on the eye, is intended for the use of students attending an ophthalmic hospital, but will also be found very useful as a convenient work of reference for practitioners. The work is largely a compilation from standard works. The author rarely putting forward his own opinion or practice very prominently. The work is well and appropriately illustrated, and the text well written. A very interesting chapter treats of the motions of the pupil in health and disease.

MANUAL OF CHEMISTRY by W. Simon. Philadelphia: Henry C. Lea's Son & Co. Toronto: Hart & Co.

This may be considered, in some respects at least, as a companion work to the foregoing. It is intended as a guide to a course of lectures on general chemistry, but will be found especially useful to pharmaceutical and medical students. The work treats of organic and inorganic chemistry, qualitative analysis, physiological chemistry, etc.

The work is well printed on good paper and clear legible type, and is well adapted to the use of the general student of chemistry.

PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY, by T. Cranstoun Charles. Philadelphia: Henry C. Lea's Son & Co. Toronto: Willing & Co.

A knowledge of this branch of medicine is of great importance in the study of the science and art of medicine. Physiological chemistry promises much in the treatment of disease. The work before us gives an excellent outline of the most important branches of physiological chemistry, and in order to render the work more complete the author has given brief descriptions of such bodies as sugars, fats and certain salts. We commend the work to the attention of the student of chemistry.

THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston) FOR 1885. Thirty-fourth year of its publication. Philadelphia: P. Blakiston, Son & Co.

This popular List continues to maintain its former reputation. It was the pioneer in this line of publications, and fulfils every requirement of a daily companion. Every practising physician should have a visiting list; it will save him ten times its cost in the year.

THE MEDICAL RECORD VISITING LIST FOR 1885. New York: W. Wood & Co.

We have received a sample copy of this valuable and popular visiting list. In its preparation nothing has been omitted which is necessary in a pocket record. It is most concise, compact, and handsomely finished work, and will be found a most useful companion.

Births, Marriages and Deaths.

On the 10th of December, P. J. Strathy, M.D., M.R.C.S., Eng., to Fannie, youngest daughter of the late J. Alley, Esq., Toronto.

In Kingston, on the 29th of November, James McCammon, M.D., Mayor of Kingston, aged 51 years.

In Montreal, on the 12th of November, A. B. Craig, M.D., aged 60 years.

*** The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.*