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THE MANITOBA AND WEST CANADA

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HYDROCEPHALUS WITH JACKSONIAN EPILIPSY CURED BY OPERATION, BY J. W. GOOD, M.D.

M. G. G. Female, 3 years. Parents alive and healthy. One brother and one sister living and well. One sister died in infancy, after one day's illness, from what was said to have been cerebro-spinal meningitis. No particular hereditary tendency. Patient born at eighth month of gestation, the mother having had a fall in the seventh month, which nearly precipitated labor at that time, and which apparently caused it at the eighth.

During the first three weeks of life she had a great number of convulsions, some of them lasting three or four hours. She then had no more fits until about two years old, when they commenced again. And a few months later, after a particularly severe one, it was noticed that her left side was paralyzed. Power returned first in leg, and then in arm. Convulsions always commenced in left hand, extending to arm and left leg, and then becoming general. She sometimes had them in her sleep without awakening. In several instances water was passed and evacuation of bowels took place. Tongue was never bitten. Divergent squint occasionally occurred. There was no deafness or middle ear disease. On the train from Northcote, Minnesota, to Winnipeg, in the course of about seven hours, she had sixteen fits. Previous to this she had been under treatment by Dr. Muir, of Hallock, Minnesota, and Dr. Harris, of Pembina, Dakota. I saw the patient on June 28th, with Dr. Jones, when she was in the following condition :—She had about twenty convulsive seizures daily, with partial paralysis of left leg and arm, the latter being more affected. She had also some divergent squint. The tongue was not bitten nor the bladder or bowels evacuated at this time. The head was not unduly enlarged, and the bones seemed pretty firmly united. I was inclined to think that a tumor was present, and that operation afforded the only hope of relief, an opinion in which Dr. Jones concurred.

Operation at the Winnipeg General Hospital, June 29th, 1895. The head having been shaved the night before and a carbolic bandage applied, was, just previous to operation again washed with ether and perchloride. A large semicircular flap, with the convex upward, was reflected, taking in all the tissues, including the periosteum. Hemorrhage having been arrested, three medium-sized trephine openings were made, so as to command the motor areas of the leg and arm. These were then joined by cutting out the intervening bridges with a Hey's saw. The dura over the exposed surface was then reflected upwards. There was immediate evidence of increased tension, the brain bulging markedly into the opening. Suspecting fluid, Dr. Jones introduced the needle of an aspirating syringe and withdrew from the lateral ventricle about two ounces of cerebro-spinal fluid The dura was now stitched with fine catgut sutures, and the portions of removed bone which had been meanwhile kept in warm normal saline solution, were, after being broken into smaller pieces, placed

over the dura, and the periosteum and scalp brought into position by silk-worm gut sutures.

She remained in the Hospital until July 28th, the total number of fits during her stay being only seven, and taking place during the first ten days. The paralysis had nearly vanished. She then returned to her home, and for six or eight weeks she seemed fairly well, having only an occasional convulsion. Improvement, however, did not continue, the fits again becoming more frequent, while the paralysis recurred.

At this time was observed an accumulation of fluid beneath the scalp, which the attending physician evacuated from time to time by making a small incision with marked temporary relief to the paralysis and diminution in the number of convulsions. Such a condition of affairs led me to believe that the fluid was slowly finding its way upward through a channel established by the neddle, and that the only rational treatment would be to provide for its gradual and continuous evacuation, as the symptoms were clearly due to pressure from the re-accumulation of the fluid.

The child was again brought to the General Hospital, Nov. 12th, 1895, when, with the assistance of Dr. Jones, I performed the following operation :—

The head was shaved and cleansed as before. A small flap, including the periosteum, was reflected. The pieces of replaced bones were found generally adherent, some intervals being left where they did not fit closely. One of these intervals was selected, and a small opening made into the subdural space. Into this opening was introduced a small, short silver tube about one-sixteenth of an inch in diameter, having a flange for securing its retention, thus establishing communication between the subdural space and the external surface. An antiseptic pad was then applied. She remained in the Hospital from Nov. 12th to Nov. 19th, the fits gradually diminishing in number and the paralysis improving.

One month ago I learned that the recovery proceeded, and she is now enjoying good health.

THREE CASES OF LEPROSY, BY DR. INGLIS, CITY MEDICAL OFFICER.

By a somewhat remarkable series of circumstances, I have recently been called upon to deal with three cases of leprosy, which occurred amongst the Icelandic population of the Province, and had gravitated to Winnipeg for medical treatment. The disease is extremely rare in Manitoba—so rare, indeed, that I have been unable to find any record of a previous case. As, however, this province has amongst its residents quite a large quota of Icelanders, it is not outside the range of possibilities that upon investigation more cases may be found. One other case has already been located at the town of Selkirk, and I believe it is the intention of the Dominion and Provincial health authorities to make a thorough examination of the Icelandic settlements during the coming summer, to ascertain the location of any further cases should any such exist. The three cases with which I have had to deal have been removed to the Dominion lazeretto at Tracadie, N. B., and I have no doubt that should any more cases be found in future they will be as promptly removed as these have been,thus leaving our province free from the reputation of having this scourge as an endemic disease.

Thord Thordstein, aet. 28 years, born in Iceland, and emigrated to Manitoba two years ago, was admitted to the Winnipeg General Hospital for treatment on July 20th, 1896. He was suffering from a general skin eruption of a peculiar nature, and was placed in the isolated section of the hospital, where he remained until Nov the 6th, 1896. The patient was a well-nourished youth of medium height. His face and extremities were covered with a patchy, erythematous rash, which was somewhat pigmented in places,whilst in some of the patches the pigmented condition had faded out, except at the border, leaving the central area of a pe-

culiar glistening white. On the forehead a few nodular swellings, varying in size from a pea to a large bean, could be observed, and these seemed to be more about the anterior attachment of the occipito frontalis muscle, and the skin in this region had become somewhat thickened and corrugated, the lobes of the ears were eniarged, the eyebrows had dropped out, and the septum of the nose had ulcerated away so that the bridge of the nose was flattened and sunken. The lips were also thickened and erupted. On the extensor surface of the forearms and back of the hands a few nodules had formed, and the nails were thickened and arched so as to be talon-like.

The testicles had almost completely atraphied away. A few nodules were found on the outside of the thighs, and the feet were swollen and somewhat tender to the touch.

The case was examined by numerous physicians, many of whom ventured the opinion that it was a case of hepra. Amongst others, I had an opportunity of examining the case while it was in the hospital, and came to the conclusion that it was a case of tuberculated leprosy; but, as it was in an early stage of development, I decided to await further confirmatory evidence before taking the patient in charge.

On the arrival of Dr. Gordon Bell, the Provincial Bacteriologist, who had been absent in Vienna, specimens of the discharge from the nasal ulcerations were submitted to him for examination, and the result of his investigation showed the disease from which Thordstein was suffering to be undoubtedly leprosy. Within a day or two after the result of Dr. Bell's examination had been communicated to me, I was called to visit a woman named Mrs. Freeman, who had that day arrived in the city from Moosomin, in the Northwest Territory, and, to my surprise, I found her also suffering from tuberculated leprosy. She also was a native of Iceland. Her age was 39 years. She has a husband with three children, all of whom are, I believe, in good health. She has been a resident of the Territories some six years, and for the last three years had noticed nodular swellings on her face and hands. I could not elicit from her any history of marked premonitory symptoms, and the first thing which she noticed wrong with herself was a pigmented rash which appeared on her face, chest and thighs. In places the color faded out of the rash, except at the borders, and resulted in leucodermic spots on its former site. In some cases the pigment in the patches became more marked instead of fading, and at the time of my examination her skin had a very peculiar mottled appearance. She had marked thickening of the skin on the lower part of her forehead, and the cheeks were puffed out and pendulous. The lips were swollen and everted, and numerous large nodules were present on the chin, lobes of the ears and forehead. Her voice was thick and croaking, and numerous nodules were present in the larynx. The nasal mucus membrane was thickened and ulcerated, and she could not breathe through her nose, and had marked sniffling.

The extensor surfaces of the arms and hands were also covered with numerous nodules, and the finger nails had in most cases dropped out and been replaced by horny pegs. The lower extremities were aedematous, and numerous old scars could be observed on either side of the shin bones, extending upwards to the knees.

In this case the diagnosis was perfectly clear, but a bacterialogical examination by Dr. Bell showed the presence of the lepra bacillus in large quantities. I at once placed these two patients in an isolated building belonging to the city, and communicated the facts by wire to the Minister of the Interior, asking him to have them admitted to the Iazeretto at Tracadie, and a prompt reply was received, stating that Dr. A. C. Smith, the Dominion Leperologist, had been instructed to go to Winnipeg at once. Pending Dr. Smith's arrival, I set on foot an inquiry with the object of ascertaining whether any more cases of a like nature

existed amongst Icelanders, of whom we have a resident population in Winnipeg of about four thousand, and, with the assistance of a young Icelandic gentleman, who is studying medicine in the city, I located a third patient.

John Janieson, aet. 30 years. He had been a resident of Manitoba for eight years, and first exhibited symptoms of the disease two years previous to leaving Iceland, or in all about ten years ago. In this case, unlike the others, no nodular swellings were present on any part of the body. His eyebrows and every vestige of his hair had, however, disappeared from his face, and the eyes showed an ectopic condition. Large gangrenous patches were found about the elbows and lower extremities, and the patient had lost two toes on one foot and one on the other, and also the last phalanx of several fingers. The remaining fingers and toes presented a clubbed appearance, and in most cases the nails had entirely disappeared, and only a little horny excressence remained. There was marked enlargement of the ulnar nerve on both sides, and anaesthetic patches, as well as more limited areas where hyperasthesia existed, could be readily demonstrated on the extremities. The liver and spleen were enlarged, due to lardaceous deposit in those organs. The patient had no knowledge of his family history, he being a waif without remembrance of either of his parents or relatives. His only recollection of the early stage of the disease was a period when he was much troubled with laminating pains, which at times were quite unbearable. In this case I concluded that I had to deal with a patient suffering from anesthetic leprosy, and he was placed in isolation with the other patients. On the arrival of Dr. Smith, he confirmed the diagnosis in all three cases, and arrangements were made at once to transfer them to the lazeretto at Tracadie. From information in the possession of Dr. Smith I learned that there are over two hundred known cases of leprosy in Iceland, and that as in some districts little attention is paid to the isolation of people suffering from this disease, as a result it is spreading in those parts. The largest number of cases are found upon the south and west coasts, and about seventy-five per cent of the cases are of the tubuerculated form. In the three cases with which I have had to deal, one came from a village on the south coast, one from the west coast, and one from the northern part of the island. But all came from villages which were marked upon the map as infected with leprosy. The statistics regarding the greater proportion of tuberculated cases would also seem to be confirmed, as I believe the Selkirk case is of that class, and with the two patients, Thordstein and Mrs. Freeman, would make the proportion of three to one, or seventy-five per cent, showing the nodular condition. While under my care, Mrs. Freeman developed a very severe attack of erysipelas, but this rapidly subsided under dosages of iron and appropriate local treatment. This I afterwards learned is a very common complication of leprosy, and as a rule the condition of the skin eruption is much worse after such an attack. All the patients complained of feeling very much worse when the moist spring weather set in, and this I also learned is characteristic of the malady, it always being worse during the change of the seasons, and each equinoxial period marks a milestone on its downward course.

Regarding the future of this disease in Manitoba, I am strongly of the opinion that beyond a possible isolated case or two in the early stage which investigation may unearth, we are practically free from its infection. All the intimate belongings of the patients were removed,and the bedding upon which they slept has been destroyed, and the houses which harbored them during their short stay in this city have been thoroughly disinfected, so that I trust all infection has been entirely destroyed, and that, in spite of the interesting nature of the disease from a medical standpoint, we will have as little opportunity to study its clinical course in future as we have had in the past.

THE BACILLUS OF LEPROSY, BY DR. GORDON BELL, PROVINCIAL BACTERIOLOGIST.

In view of the recent discovery of leprosy in Manitoba, a short account of the micro-organism which is now generally regarded as the cause of this disease may be of interest. It is a bacillus 6 to 8u long and 2u in breadth, and in its form and micro-chemical reactions so closely resembles the tubercle bacillus that many have regarded leprosy as only a peculiar form of tuberculosis. Both are best stained by the Zuhi-Neelson method, so reacting very much like the spores of other bacteria.

The following are given as the most important points of difference between these two bacilli :—

I. The lepra germ is generally straighter than that of tuberculosis, and stains more readily with the ordinary aniline stains, so that one can obtain fairly good specimens in a few minutes with watery fuchsine.

II. The mode of occurrence on the tissues :—The tubercle bacillus being generally found scattered or in small groups, while in leprosy you get small heaps or clumps of the microbe.

III. In regard to histological features of new tissue. While in that of leprosy you get giant cells, the nuclei are not generally arranged along the edge, as is common in tubercle. A Leproma also has blood vessels, and does not caseate. A tubercle has no blood vessels, and has a great tendency to caseate. In a section of lepra tubercle you find the bacilli in the cells between them, and often in thrombotic-like masses in the lymph vessels.

IV. While the tubercle bacillus is easily grown on different artificial media, it is doubtful if the lepra organism has ever been successfully cultivated.

V. Inoculation experiments on animals have all failed in the case of leprosy, and there is some doubt about the one recorded case, where it is said to have been given to a human being. Tuberculosis is readily produced in animals by inoculation.

The method adopted to confirm the diagnosis in the first two cases occurring here was that known as Manson's method, which consists in rendering one of the tubercles anaemic with a clamp and then puncturing with a knife needle. From the serum so obtained cover glass preparations were made and stained with carbolfuchsine and methylene blue. In the third case, which was one of the anaesthetic type, the most careful examination of the blood and pus from one of the ulcers failed to reveal any of the bacilli.

ECTOPIC PREGNANCY, BY E. S. POPHAM, M.D., READ BEFORE THE WINNIPEG MEDICAL ASSOCIATION

Some authors will not admit that the uterine cavity alone is the seat of development of the ovum, and assert that it has not yet been determined at what point in the female genital tract normal impregnation takes place, and until this is settled, the question whether extra uterine foetation is an abnormal ectopic impregnation, or is simply a detained impregnated ovum, must remain unanswered. But the great majority consider that the normal place in which the ovum is developed is the uterine cavity.

In some cases the etiology seems tolerably certain, whereas in others we must be content for the present with a probable explanation.

Among the chief causes assigned are :

1. The body of the uterus, having been removed, impregnation may occur.

2. The ovum may escape into the abdominal cavity from the uterus through an opening in the latter, which remained after a Caesarian section.

3. Absence of ciliated epithelum from the tube. This absence is explained as the result of catarrhal inflammation.

4. Narrowing of the tube. Various causes.

5. Impermeability of the oviduct.

6. Accessory tubes and tubal ostia.

The greater number of authors put

most stress on No. 3. The absence of cil. epith. from the tube due to a desquamative salpingitis.

Frequency.—In arriving at a probable conclusion as to the frequency of ectopic pregnancy, it must be remembered, as the late Matthews Duncan said: "There are many cases in which the disease is never suspected, and the foetus dies, and is, so to speak, entombed." Or, there may be hemorrhage into the tube, which, in part with the ovum, finds its way into the abdomen, while the embryo is quickly absorbed. So, too, in tubal abortion in the first week, the developing ovum occupying a place near the pavillion, may be expelled into the abdominal cavity by the contraction of the oviduct. It is quite probable the expulsion may occur without any serious symptoms, and the patient recover. Taking all these into consideration, Farvin states that there is probably one case of ectopic pregnancy in five hundred of normal pregnancies.

Varieties.—There have been many classifications, with sub-classes, but that of Lawson Tait seems the simplest.

I. Ovarian—(Possible, but not yet proven.)

II. Tubal—(a) In the free part of the tube, which ruptures either.

1. Into the abdomen, constituting intra-abdominal gestation.

2. Into the broad ligament, constituting extra peritoneal gestation.

This broad ligament or extra-peritoneal gestation may have various terminations.

1. May develop in the broad ligament to full term.

2. May die, and be absorbed as extra peritoneal haematocele.

3. May die, and a suppurating ovum may be discharged.

4. May remain quiescent, as lithopoedion.

5. May become abdominal or intra-peritoneal by secondary rupture.

III. Tubo-Uterine, or interstitial.

I. Ovarian.—Some writers, most prominent among whom is Tait, practically deny that we have such a variety; yet no criticism has succeeded in destroying the claims of Leopold, Patenko and Martin, which we must accept as primary ovarian.

II. Tubal Pregnancy.—This is by far the most frequent variety, some contending that it is the only one. In the first week after fecundation, the tube begins to thicken, due chiefly to vascularization without hypertrophy of the muscular fibres, in this respect differing from that of the uterine muscle in normal pregnancy. As pregnancy advances, the wall of the tube becomes thinner, and stretches, until in some cases its appearance is a thin, transparent membrane, composed only of an attenuated stratum of muscle covered with peritoneum.

The development of the foetal membranes derived from the ovum, with the exception of the placenta, is the same as in intra-uterine pregnancy. If the ovum continues to grow, the point at which the placenta is attached is of the greatest importance to the mother, as upon this depends largely her chance of life in case of rupture. If the placenta is implanted on the superior wall of the tube, the mother is in constant peril, as rupture here may be followed by violent hemorrhage, the detached placenta having no counter pressure to control its bleeding, as is the case when it is attached to the floor of the tube. If the placenta is implanted on the floor of the tube, the danger attending rupture is much less to the mother. Here the placenta is pushed down against the pelvic floor, insinuating itself between the layers of the broad ligament.

Occasionally the ovum is lightly attached in the ampullar extremity of the tube, and is extruded into the abdominal cavity, without rupture of the tubal walls.

Tubo-Uterine, or Interstitial Gestation.—The history of the embryonic development in this type of ectopic gestation differs from the tubal proper, on account of its different environment. Here the muscular fibres of the uterus undergo the same change as in normal pregnancy. Rupture is almost inevitable, but does

not occur so early as in the tubal variety, on account of the greater thickness of the walls surrounding the gestation sac. Rupture occurs most frequently into the abdominal cavity, and in such cases the hemorrhage is profuse.

Diagnosis.—The history carefully reviewed often directs attention strongly toward ectopic gestation. To summarize briefly, it may be said that the diagnosis depends upon the following cardinal points :—

1. A history of probable pregnancy.
2. Paroxysmal pains, usually located at one or other side of the pelvis.
3. Irregular metrostaxis.
4. The expulsion of bits of decidua.
5. Considerable enlargement of the uterus and softening of the cervix, with discoloration of the vagina.
6. Tumor, lateral or posterior to the uterus, and indirectly connected with it. Uterus moderately, or not at all, enlarged.
7. Changes in the breast.
8. Anaemia.

Treatment.—I. Before rupture one of two courses are open to us ; either foeticide or abdominal section and removal of the gestation cyst. The foeticide means which have been adopted are :—

(a) Evacuation of the liquor amnii.

(b) Injection of solution of atropine, strychnine or morphine into the sac.

(c) Electricity.

This treatment, which may have been valuable in its day, has deservedly fallen into disrepute. The proper course to pursue is the removal of the affected tube.

II. At the Time of Rupture.—Immediate examination should be made to discover, if possible, whether the rupture has occurred into the broad ligament, or is intra-peritoneal. If into the broad ligament, a lateral tumor mass closely connected with the uterus will be detected. This mass, if circumscribed and fluctuating—shows the cul-de-sac to be free from fluid. In such a case the method of treatment is an expectant one, the possibility being that the hemorrhage will soon cease, if it has not already done so, and that the patient will recover, leaving a haematocile to be dealt with after, if necessary.

If examination reveals free fluid in the cul-de-sac, and there are no signs of improvement in the patient's condition, the natural inference is that the rupture is intra-peritoneal, and an immediate operation is indicated, as every moment detracts from the chances of recovery.

During the last four months I have met with and treated two cases of extra-uterine gestation, which will serve to illustrate the foregoing.

Case I.—Mrs. X—— ; aged 25 ; married three years ; no children ; no miscarriages ; menstruation regular and without pains until the beginning of the present trouble. Strong, healthy, active woman. Last menstruation on Nov. 15th, 1896. After this quite well until afternoon of Dec. 23rd, when she was seized with cramps in lower part of the abdomen. Went to bed for two days, and then appeared to be quite well again. On January 1st, 1897, had more violent pains in lower abdomen, but rest again seemed to give relief to the symptoms. On January 12th the cramps returned, coming and going for about twenty-four hours. There was no discharge from the vagina during any of the attacks. On vaginal examination, the cervix was found thrown forward against the anterior vaginal wall ; the body of the uterus was retroverted, enlarged and unusually hard, suggesting the probability of a small fibroid. There was no tenderness on examination, and no bulging of the upper part of the vagina, except that due to the misplaced womb. I had her removed to the Winnipeg General Hospital, and on January 18th operated. As soon as the peritoneum was opened dark blood-stained fluid exuded through the wound, and was followed by clots which had been floating loose in the abdomen. An examination of the pelvis showed a large collection of clots behind the uterus and broad ligaments. When these were removed, an unusual hooded arrangement of the right broad ligament was observed, as if Nature had attempted to wall in the exuded

blood by a serious exudate from the top of the ligament, but had not quite succeeded in her efforts. The ovary and tube were removed, the pelvis washed out with hot water, but it was found impossible to close the abdominal wound at the time because of rather free oozing. The pelvis was packed with gauze. This was removed the following day, and a glass drain inserted for twelve hours. As the discharge during this time scarcely reached an ounce, the tube was removed and the wound closed. The only complication which ensued was suppuration in the abdominal wall; but the patient made a good recovery, and is now perfectly well.

Case II.—Mrs. Z——; aged 25; married five years; one child 16 months old; no inflammatory trouble followed her confinement; menstruation always regular, except during her pregnancy; last menstruation Nov. 19th, 1896; last blood again on Dec. 28th, the flow continuing for two weeks, and was much more profuse than usual. On Jan. 9th, 1897, was seized with violent pains in the left inguinal region, which lasted for an hour. Pains recurred the following night in the same region. For three days she was easy, but then tenderness appeared above Poupart's ligament on the left side. On vaginal examination, the left side of the vagina, around the cervix, was found to be firm, bulging and painful. The pulse and temperature rose with the onset of tenderness, and continued elevated until after the operation. The febrile condition led me to suspect the presence of a pelvic abscess, although its origin from an ectopic gestation was considered and discussed. On Jan. 23rd, 1897, under anaesthesia, I passed an exploring aspirator into the vaginal swelling and removed some bloody fluid. I then cut along the aspirating needle as a guide until I reached a large cavity full of blood clot. The cavity was thoroughly washed out and drainage provided by double rubber tubes. The patient appeared to enter at once into a convalescent condition and made a marked improvement for a week. Then the temperature rose again, and a mass appeared above Poupart's ligament on the right side of the same character as that which first came on the opposite side. While discussing the need of a second operation, a quantity of pus and blood debris was discharged from the original opening, and the patient made a satisfactory recovery.

I believe both these cases to have been ectopic gestation. Case I—Tubal, with rupture into abdomen, i.e., intra-peritoneal. Case II—Tubal, with rupture into the broad ligament, i.e., extra peritonael.

INDIAN HOSPITAL, ST. PETER'S.

It is proposed to add a wing to the buliding at present used as an hospital at St. Peter's and sevral influential names have been placed on the patrons' list. The necessity for such an institution, as an hospital for the exclusive treatment of Indians is not very apparent. The hospitals of the province are open to the sick Indian, as well as to the European, and it cannot be contended that, in most, if not in all respects, it would not be for the advantage of the sick Indian, to receive treatment in one of the established hospitals of the province. If it is of importance, "it flavors more of sentiment," that the Indian should have nurses of his own nationality, a fund might be raised for the proper training of Indian men, and women, for this special purpose, in those hospitals which have facilities for doing so. The multiplication of charities, unless urgently needed, is more demoralizing than beneficial. One efficient and well-supported hospital, with its trained staff of professional men and nurses, is of more practical benefit to suffering humanity of every shade of color than any number of such institutions as the one it is now proposed to add to. Build an addition to the General Hospital, call it Victoria ward, and equip it with Indian nurses. This would prove a far greater boon to the Indian race, than the adding to the cottage hospital now existing.

THE LANCET

We again have the pleasure of placing before the medical men of this Province and Western Canada The Manitoba and Western Canada Lancet, which for some years circulated under the name of The Northern Lancet and Pharmacist. Its suspension for a time was due to several causes. But the basis on which it is now placed is of so sound a nature, that we believe its pages will continue to issue monthly, long after the youngest of our present medical confreres has passed away. The formation of the Winnipeg Medical Association, and the Manitoba Association, the growth of our local hospitals, and the establishment of similar institutions throughout the vast region where this publication circulates, the phenomenal increase of students in our medical schools, and the consequent numerous additions yearly to our professional ranks, form a combination for the affording of abundant professional material for the pages of this publication. While it will also be our constant endeavor to place before our readers all that is new, and all that is interesting and instructive in the practice of our art in other countries. No pains will be spared by the management, and we appeal to our professional brethren for their cordial co-operation. Though, in the unwearying search for scientific knowledge which characterizes the modern followers of Aesculapius, many medical papers find their way into the doctor's sanctum, his local journal becomes a requirement. It is the exponent of the opinions of his immediate fellows. It keeps him in touch with his brother practitioners, and promotes that homogenity so vital to our interests. It is also the ready and direct medium for heralding to his brethren throughout the world the knowledge gained by practical experience ; and thus, while benefitting his fellowmen, he places himself before the profession as a thoughtful worker in the most noble cause to which a man can apply himself.

Our columns are open to all articles of professional interest, and they will have as early publication as possible. We will be glad to receive any suggestions from our professional brethren, and will give the same our best attention. In all matters relating to the ethics of the profession, communications can only appear over signature.

We lately read in the Free Press an account of a case at St. Thomas, where an infant was allowed to perish, due to the mother's "ought-to-be-criminal" craze, viz., That the calling in of medical aid was a direct insult to Providence. The sooner such acts are placed under the statute of homicide, the better for the public at large. Religious motives, "crankisms though they be," no doubt, actuate in many cases, but the doctrine presents a ready method of getting rid of an undesirable burden, yet steering clear of the law's clutches.

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The first meeting of the Winnipeg Medical Association was held on the 18th of February, and was attended by nearly the whole of the profession in the city. Dr. Chown was elected president, Dr. O'Donnel, vice-president, and Dr. Harvey Smith, secretary-treasurer. Papers were read by Dr. Gordon Bell, Dr. Popham, and Dr. Webster, after which, at the invitation of the president, an adjournment

was made to the dining room, when a substantial supper, washed down with a variety of liquids, according to individual taste, wound up a red-letter day in the annals of medical life in this city.

* * *

It would be far from the desire of the editor of this journal to advocate any curtailment of that generosity so distinguishing of our profession, in administering to the ailments of our impecunious fellow-creatures without a desire of fee or reward. But the good nature of medical men is sadly imposed upon by unscrupulous and unprincipled persons. Having exhausted the long-tried patience of their medical man, to whom they have never paid a cent for his services, but who at last insists on some remuneration, they transfer their undesirable patronage to another, use him alike, and so go on in their career of swindling, for it cannot be regarded in any other light. To check this, we propose to keep a strictly private ledger, open only to medical men, subscribers to the journal, who may in confidence give the names of these deadbeats, so that the physician called in to replace the swindled one, may have an opportunity of knowing what he is undertaking, and govern himself accordingly. Our profession is ever ready to succor the needy, who acknowledge themselves to be so, not only by service, but with pocket. But the class of people above alluded to, always the most exacting, who can find money for anything and everybody but their doctor, deserve but scant consideration, and it is a duty which each practitioner owes to his professional brethren to stamp the evil out.

* * *

We desire to draw our readers attention to the interesting account of three cases of leprosy reported by our very efficient and energetic city medical health officer, Dr. Inglis. This officer deserves great credit for his activity in freeing the province of these very undesirable residents. Fortunately, leprosy, though a very loathsome disease, is not of that communicable nature that our forefathers believed it to be; the very touch of a leper was supposed to be sufficient to propagate the disease. But modern research has placed it on the same plane of infection as that which tuberculous disease is now known to possess.

* * *

A late Gazette gave the name of Dr. Gordon Bell as being appointed to the position of Provincial Bacteriologist. This appointment has given great satisfaction to the profession. Dr. Gordon Bell was a brilliant student of our local school, and since graduating has spent a considerable time in the centres of Europe, devoting himself entirely to this all-important study. Preventive medicine is the role of the future, and without the aid of the bacteriologist we would be working in the dark. It is to be hoped that the Government will follow up their praiseworthy action, by housing this important department in a suitable place, and provide all the necessary apparatus for carrying out scientific investigations.

THE PLAGUE.

At Bombay, perhaps the largest and wealthiest of Hindu cities—in fact, one of the great cities of the world—it now prevails with terrific violence. The official returns, issued on January 18, show that there have been 3,636 cases of the plague recorded, and 2,592 deaths from the pestilence. The city is deserted by all who can get away; all business suspended, and the whole future trade of the city endangered.

FRACTURE OF THE ACROMIAN PROCESS, BY ALFRED CODD, M. D., SURGEON LT.-COL. R.C.D.

This fracture is referred to by the older writers on surgery as being of very rare occurrence, and in almost all cases bony union is the exception. In setting the fracture, I observe they particularly caution the surgeon not to use a pad in the axilla. As a military surgeon of some years' experience, I have found this fracture by no means uncommon ; more especially does it occur in mounted corps and in bicycle riding. It is caused by direct violence to the shoulder by being thrown and falling on the joint, or by direct violence on the spine of the scapula. During the last six years I have treated eight cases of this fracture, and in six procured bony union. The two without bony union I attribute to allowing the bandages to become loose and causing too much motion of the joint, and the other to a weak constitution. These were both civilians, and, of course, not under that care and discipline which exists in a military hospital.

I have set this fracture the same as for fracture of the clavicle, using a pad in the axilla, only smaller than that for a fractured clavicle. I find by the pad better apposition at the seat of fracture can be obtained, and I also place a small pad of lint over the fracture. Bandage the arm; put on a figure of eight bandage as firmly as reasonable. Secure the arm well by a broad bandage to the chest wall, so that there is almost no mobility of the joint or limb ; then place the arm in an arm sling, being careful to have the elbow a little raised. If kept securely in this position for three weeks, a person of ordinary constitution bony union will take place without deformity.

TREATMENT OF OBESITY.

The treatment of obesity has hitherto chiefly consisted in the adoption of one of the various dietetic systems, as that of Banting or Ebstein, in connection with the use of drugs which owe their fat-reducing influence mainly to their purgative properties. While some persons obtain benefit from strict adherence to one of the so-called reduction cures, there are many who are unwilling to put up with the attending discomfort, or to whom the treatment become so irksome that the patient cannot be made to persevere for a sufficient time to experience its effects. Others, again, are so weakened by a radical change in the diet that it cannot long be maintained. Hence, when some time ago attention was drawn to the fact that many cases of obesity could be improved by thyroid feeding, it was thought that a decided acquisition had been made to the therapeutics of this affection. It was found, however, that owing to their uncertain strength it was difficult to regulate the dose of thyroid preparations, and that partly in consequence of this and partly because of the presence of albuminoid decomposition products unpleasant and even injurious sequelae were not infrequently noted. When, therefore, Baumann discovered the active principle of the thyroid, a trituration of which with sugar of milk has been introduced under the name of Iodothyrine, he enabled the physician to avail himself of all the benefits of the thyroid treatment in obesity without the drawback of other thyroid products. Experiments made with Iodothyrine by Dr. Grawitz in the medical clinic of Prof. Gerhardt,, of Berlin, by Dr. Hennig and others, have demonstrated that even in cases where no change was made in the diet there was a rapid and marked reduction in weight. This was unaccompanied by unpleasant or toxic effects of any kind, so that the new remedy may be considered as a safe and reliable anti-fat and an important acquisition to the treatment of obesity.—American Practitioner and News, January 23, 1897.

"God and the doctor we alike adore.
But only when in trouble, not before.
The trouble o'er, both are alike requited ;
God is forgotten and the doctor slighted."
—Anonymous.

THE VICTORIAN ORDER OF NURSES

This society, of which Lady Aberdeen is President, as well as the initiator of, is a scheme for celebrating the Diamond Jubilee of Her Most Gracious Majesty by the people of Canada. Any suggestion coming from Lady Aberdeen cannot meet with other than the greatest respect and attention, and a suggestion, to comprise a Dominion memorial of respect to our Sovereign at the present time, must speak forcibly to the loyalty and love of all Her Canadian subjects. But, though the intention is pure, and good, and solely for the benefit of her fellow-creatures, as all the desires of this most estimable lady are known to be, the scheme is one which requires close and scrutinizing consideration at the hands of the medical profession. Manitoba and the Northwest are specially pointed out as a field for the employment of the Victorian Order of Nurses, even the number probably required for this district is given, namely, sixty, with forty cottage homes, the salary for each nurse to be from $400 to $500 a year. Though no medical man could, or would, undervalue the services of a trained nurse, does not the Countess's idea strongly point to the conclusion of an inferior substitution, for educated and qualified medical men, by females, trained as nurses, pure and simple, competent in their legitimate spheres, the nursing of the sick, and the intelligent carrying out of the medical attendant's directions. But certainly not competent to assume the position, and responsibilities, of a qualified physician and surgeon. Again, is even a very strong-minded female, physically able to battle with the inclemency of a northwestern winter, and obey a sick call many miles distant at all hours of the night? Mention is made of using the railway lines and telegraph for the nurses in carrying on their work. Put the question to the medical men practising in Manitoba, and the Northwest, how often in their year's duties they have been able to utilize either railway or telegraph in the performance of them? And the answer will show the uselessness of the idea, even were all the services placed free at the disposal of the nurses. Another strange remark in the announcement is, "The farmers are abundantly able to pay;" then where is the need of a charity costing $27,000 a year? Unfortunately, as the books of country practitioners will show, the farmers hitherto have not been able to pay, but in this bright and sunny land we are always looking forward to the good time coming. In the various municipalities the country is divided into, there is no provision as, in Great Britain and Ireland, for what is there known as the parish doctor, who, on the requisition of a guardian, (here it would be a councillor) attends to the sick poor. Would not the Countess of Aberdeen's desire be more satisfactorily arrived at by placing at the disposal of each municipal council, a yearly sum for the remuneration of the municipal medical officer, for medical attendance and the supply of medicines to the indigent poor, and the fund might be appropriately called "The Victorian Fund of 1897?" The Victorian nurse scheme, so far as Manitoba and the Northwest is concerned, would, we believe, prove a failure, while a grant to the municipalities would be a great and appreciated boon, and would largely increase the number of medical men settling in country districts.

COFFEE-BLINDNESS.

Dr. Snaitken says: It is a well-known that the Moors are inveterate coffee-drinkers, especially the merchants, who sit in their bazaars and drink coffee continually during the day. It has been noticed that almost invariably when these coffee-drinkers reach the age of forty or forty-five their eysight begins to fail, and by the time they get to be fifty years old they become blind. One is forcibly impressed by the number of blind men that are seen about the streets of the city of Fez, the capital of Morocco. It is invariably attributed to the excessive use of coffee.

ELECTROLYSIS VS. DIVULSION OR CUTTING IN THE TREATMENT OF URETHRAL STRICTURES.

Doctor Newman, of New York City, depends entirely on the electrolytic action of absorption, which does not destroy the mucous lining, but affects the new formation. In the meeting mentioned above, Dr. W. J. Morton was the only one who said that "Dr. Taylor was not quite fair to Dr. Newman, in stating that the latter burned his way through the stricture, for certainly Dr. Newman distinctly states in his writings that mild currents are used," etc. There is absolutely no burning or destruction in the mucous lining by the writer's method of electrolysis, and he refers again to his writings and also to the results of his experiments in electrolysis on dogs, that were treated by a stronger current and nevertheless recovered in good shape. Even if a mucous lining is injured by caustics, it would recover itself, as we see in gynaecological practice, and Dr. I. A. Taylor has in his operations demonstrated this fact to the class of Bellevue Hospital Medical College.

The way a cure by electrolysis is effected is as follows:—A No. 11 French electrode connected with the negative pole of a galvanic battery is introduced to the stricture; three, four, or even five milliamperes are used; the electrode is held on the stricture (guided but no force used) till the absorption allows the electrode to pass and be easily withdrawn. After one week the operation is repeated with a No. 14 French electrode, egg-shaped, using a current of from three to five milliamperes for about ten minutes. Each week a seance follows with a larger electrode, till the stricture is absorbed and the calibre of the urethra restored to its normal size.

NOSE BLEACH.

The Revue Chirrug states that spraying with a five per cent. solution of boric acid is an effectual nose bleach.

COW DUNG AS A CAUSE OF THE INFECTION OF MILK BY BACTERIA.

The connection of cholera infantum with the bacteria of milk is demonstrated. Flugger has especially referred to twelve kinds of bacteria which he has isolated which occur in market-milk, one of which peptonises casein strongly; three of these species are strongly pathogenous. The author takes up the question of the introduction into considering the circumstance that, according to several investigations, from 3 to 19.7m.grm. of impurities were found in milk which on microscopic examination are found to consist of particles of dung; there were instituted a series of bacteriological investigations of cow-dung. In 0.001 grm. there were found as many as 20,000 aerobic bacteria. The anaerobic species and those which do not grow upon agar-agar we disregarded. From seven to eight distinct species were recognized. The majority belonged to the ordinary intestinal bacteria; about 1½ per cent. of all the bacteria were spores of peptonising bacteria. On a qualitative examination there were found four kinds of peptonising bacteria, I., VIII., IX., and XII., VIII., and XII. are especially of practical importance, as their spores are very persistent, and are not killed on boiling for four or five hours. The author believe therefore that cow-dung is one of the principal sources of the pollution of milk, especially on account of the peptonising and pathogenous bacteria.—(W. W. Favra.)—Wratsch, 1896, xvii., 1114, and Chemiker Zeitung.

ITCHING IN ECZEMA.

Prof. Buckley says: Use a solution of permanganate of potassium in water, of one to two per cent. or possibly stronger in some cases. This is brushed or mopped over the surface and allowed to dry, which it does quickly. The pink-colored fluid stains soon to a dark brown, and is finally thrown off by exfoliation of the tissues which it has oxidized.

BUREAU OF THE MEDICAL PRESS.

It has long been a subject of comment that the medical journals were slow to appreciate the advantages and benefits to be derived from a representation at the National and State Medical Society meetings, and, indeed, exhibiting an indifference in reporting the procedings. The fact that a half-dozen journals are rarely seen at the meetings of the American Medical Association, surely reflects little credit upon the enterprise of our medical publishers. It seems, however, to have an explanation in the matter of expense. Unless the publisher or editor has the leisure time to attend the meeting himself, it is difficult to secure a representative who will do justice to the publication, to say nothing of the expense of sending him and maintaining quarters during the session. Still, there is no question that the society meeting affords the very best opportunity for a journal to get in touch with both the profession and the advertiser, and this plan, if systematically followed, will ultimately insure a degree of success unattainable in any other way. We are, therefore, pleased to announce that the Bureau inaugurated by Mr. Chas. Wood Fassett at the last meeting of the Mississippi Valley Medical Association, proved such an unqualified success, that it will be continued at the golden anniversary of the American Medical Association in Philadelphia, June 1 to 4. A catalogue will be issued containing a descriptive index to the medical periodicals and reference books contained in the Bureau, and advertising matter of various kinds will be distributed for members.

TUBERCULOSIS OF HUMAN BEINGS AND OF FOWLS IDENTICAL.

The experiments of MM. Gilbert and Roger, recently published, show conclusively that the tuberculosis of human beings and of birds is one and the same disease. Observations made by Cadiot and Strauss also confirm this fact.

TRANSMISSION OF TUBERCULOSIS.

Dr. Jackh has investigated the question whether the sexual glands or their secretions contain virulent tubercle bacilli. He used the testicles and the contents of the seminal vesicles, as well as the ovaries of tuberculous patients who had died either of chronic pulmonary tuberculosis or of general miliary tuberculosis. Portions of the sexual organs or of the semen were introduced into the abdomen of guinea-pigs and rabbits. Of five cases, in which portions of testicle or of semen were injected, positive results were obtained thrice with the semen and once with the testicular substance. All the rabbits remained healthy. Of three injections with ovary one gave a positive result. Examination of the young of tuberculous female guinea-pigs gave only one positive result. It appears, therefore, that the semen may contain virulent tubercle bacilli, and that transmission of tubercle from mother to child is not the general rule.—(Virch. Archiv.)

COW'S MILK A CAUSE OF DISEASE.

It is a curious fact that the use of sweet cow's milk is chiefly confined to English-speaking nations, and many travellers have made the observation that tuberculosis, that great plague of civilization, which is responsible for from one-seventh to one-fourth of all the deaths which occur in England, America, Canada, and other English-speaking countries, is comparatively rare among nations who do not use cow's milk. The cow, of all domestic animals, is most subject to tuberculosis, and by its association with man there is an abundant opportunity for the communication of the disease to the cow from human beings affected by it. The contagious character of consumption is now fully established, together with the fact that the germs which produce it are often found in cow's milk, and even in butter and cheese, existing in the latter for weeks without losing their activity.—J. H. Kellogg, M. D.

TREATMENT FOR THE FALLING OUT OF HAIR.

Extraits du Formulaire Clinique de Vienne. Translated by Rutherford Gradwohl :—

℞ Tinturæ cinchonæ rubræ ℥ j
Tincturæ cantharidis, m. xxx
Acidi Phenici, gr, xxx
Tincturæ ignatii. m. vijss
Aquæ cologne,
Oleum coco, aa, q. s. ad., ℥ iv

M. Sig.—Make one or two applications daily.

SEMINAL EMISSIONS.

The following (Norsk Magazin fur La'yevidinskaben,) is praised :—

℞ Potassi bromid,
Tinct. ferri muriat., aa℥ j.
Aq. destillatæ, ℥ iij.

M. One to two teaspoonfuls after each meal and at bed-time.—Ex.

INJECTION FOR GLEET.

℞ Hydrarg. bichlorid., gr. ss.
Zinci sulph. carbolat., 3 ss.
Acid boric, 3 jss.
Liq. hydrogen peroxide, f ℥ iv.
Aquæ destillat., ad f ℥ vj.

M. Use injection in the morning and evening.—Hewson, College and Clinical Record.

ABORTIVE TREATMENT OF ERYSIPELAS.

Talamon recommends the employment of a spray of sublimated ether (1:100) in the treatment of some cases of erysipelas. If the infiltration be not extensive, the application is to be continued until vesication occurs ; if the involvement be extensive, the central portion is only to be moistened.

FOR CHLOROSIS.

℞ Ferri et ammonii citrat., gr. xv.
Aquæ destillat,
Aquæ laurocerasi, } āā f ℥ j.

M. Sig. : Minims xv hypodermically—once daily for a week, then twice daily. —Bongiovanni, Journal de Med. de Paris.

A noted London chemist has analyzed Keeley's bi-chloride cure with the following result :—Water, 31.61 per cent.; sugar, 6 per cent.; a trace of mineral salts, principally lime ; and 27.55 per cent. of strong alcohol.

FOR FISSURES OF THE TONGUE.

℞ Acid. carbolic, 3 ss.
Tr. iodi.
Glycerini, } āā 3 ijss.

M. Sig.: Apply topically.—Prager med. Woch., No. 24.

AN ANTISEPTIC POWDER.

℞ Pulv. camphoræ, 5 parts.
Pulv. bismuthi subnitrat., } āā 20
Pulv. acidi salicylici } parts
Pulv. iodoformi, 55 parts.

M. Sig.: As an application to wounds and ulcerous surfaces.
—Cazozzani, in Rev. gen. de Clin. et de Ther.

CANCER PASTE.

℞ Farinæ tritici (wheat flour)
Amyli aa ℥ i
Acid. arsenios. pulv. grs. viij
Hydrarg. sulph. rub. ʒ ii
Ammon. mur. ʒ ii
Hydrary. bichlor. corros. grs. iv
Zinci chlorid. sryst. ℥ i
Aquæ fervid. ℥ iss

ANTIDOTE FOR ARSENIC.

Dr. Squibb recommends the following as a simple method of preparing hydrated oxide of iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained. Take tinct. ferri chloridi, four ounces ; mix in a vessel of twelve ounces capacity, and add aqua ammon., one drachm. Shake well, pour it on a large wet muslin drainer, wring out the water and alcohol, and wash with fresh water. The stomach having been evacuated by emetics, while the antidote was being prepared, give four fluid ounces at once, to be followed by an emetic. Then give two ounces every ten minutes.

LIBRARY TABLE

"Contributions of Traumatic Abdominal Surgery," by T. H. Manley, M. D., New York.

"On the Treatment of Fractured Shalfts of Bone in Children," by T. H. Manly, M. D., New York.

"On the Treatment of Inebriety by Gold." by Oliver C. Edwards, M. D., Ottawa.

"The Diagnosis of Flat Foot," by H. P. H. Galloway, M. D., Toronto.

"Chorea Treatment, by Training," by B. E. McKenzie, M. D., Toronto.

The latter gentleman encloses a card, stating that he last year paid a professional visit to the towns along the lines of railway in Manitoba, and was so largely consulted that he had determined to make another trip this year, the date of which he was good enough to say he would duly inform us of. Now, though very familiar with similar notices from travellers, in the interests of instrument makers, medical book sellers, and manufacturing druggists, we cannot call to mind anything of a similar nature from an orthodox medical practitioner, and we consider such a method of tooting for practice is in bad taste, unethical, and more calculated to retard than to advance the professional reputation of any practitioner resorting to it. Further, we do not think this province requires any special orthopedic consultant, especially a peripatetic one. We have an idea that the available brains we can call upon here are equal to the treatment of even orthopedic cases.

On enquiry of the Registrar of the College of Physicians and Surgeons of Manitoba, we find that Dr. McKenzie is not qualified to act as a medical man in this province, and subjects himself to unpleasant legal penalties by doing so.

Subsequent to writing the above, we we received a post card, announcing that this gentleman would be at the Leland House for consultation in cases of deformity and joint disease.

Comment is superfluous. Such a proceeding in Great Britain and Ireland would endanger his registration on any college list.

A HINT TO UNDERTAKERS.

A citizen of Philadelphia was buried in an alumininum casket last week. The weight of the casket was considerably less than that of wood, and it is absolutely indestructible.

WARNING AGAINST ORIENTAL GOODS.

Our readers know with what facility cholera is propagated by the slightest contact with infectious mucous matter. We understand that a number of persons have been infected in this way, in England and in English colonies, in consequence of having committed the imprudence of using Japanese tooth brushes. Everything that comes from Asia, that cradle of cholera, ought to be scrupulously disinfected before using.—L'Echo de l' Oise.

HEREDITY AND CRIME.

The following, taken from the Medical Press, compiled by Professor Belman, of the University of Bonn, relates the career of a notorious drunkard who was born in 1740 and died in 1800. Her descendants numbered 834, of whom 709 have been traced from their youth. Of these 7 were convicted of murder, 76 of other crimes, 142 were professional beggars, 64 lived on charity, and 181 women of the family led disreputable lives. The family cost the German government for maintenance and costs in the courts, almshouses, and prisons no les a sum than $1,250,000 ; in other words, just a fraction under $1,500 each. It would probably be difficult to find a more remarkable example than this of the evil effects of the transmission of heredity defects.

In acute suppression of urine, pilocarpine hydrochlorate is recommended in doses of one-thirtieth to one-tenth of a grain doses.

PERSISTENT BLUSHING

If the phenomenon of emotional blushing, remarks a writer in the Journal des praticiens for March 13th, is a rather frequent occurrence of a psychical nature, it may become the starting point of a peculiar mental condition, almost amounting to a fixed idea, to a delusion. M. Pitres and M. Regis, says the writer, have made a most interesting study of this variety of "phobia," the principal points of which are given in the Archives de neurologie for January, 1897. Concerning the mental effect produced by blushing, it may be divided into three degrees, as follows:—1. Certain individuals have simple ereuthosis; they blush very easily; for nothing their faces become animated and flushed, but they are not concerned about it, and it does not annoy them. 2. In the second group may be ranged the individuals who not only blush very frequently, but are more or less distressed on account of the affection. In some the proneness to blush is only temporary; in others it is lasting. These persons are annoyed at their disposition to blush; they are very anxious to rid themselves of the affection, but the sense of annoyance and the desire are not lasting, and they do not think of it, except from time to time, after an attack of blushing which leaves them ashamed and irritated for a while; afterward they become cheerful. 3. There are others in whom the anxiety caused by blushing amounts to a veritable delusion, an extremely painful dread, obstinate and continuous.

The patients observed by M. Pitres and M. Regis were young men twenty and thirty years of age. The family history of each showed nervous troubles, alcoholism, and tuberculosis. The state of the weather more or less affected the condition of these patients, who blushed less during the dry cold of winter and the intense heat of summer; during hot, damp weather they blushed much more readily. The fact of finding themselves in the presence of others, of passing places where they could be seen, caused an attack of blushing.

These attacks, says the writer, occur in the patient nearly always at the moment when he is apprehensive of its appearance. Generally, he feels it coming; there are nearly always premonitory symptoms and a greater or lesser degree of intensity in the blushing, which vary according to the individual. The variations are from a light color to a scarlet and have no influence whatever on the mental condition. Sometimes the capillary pulse is very distinctly perceptible. The attacks of blushing are more frequently limited to the face and are arrested at the neck. A sensation of heat, often very intense, accompanies them; a more or less profuse perspiration ordinarily manifests itself in the last stage of the attack. From the beginning the patients undergo inexpressible sensations of anguish; there is a feeling of confusion with a sense of anger toward everybody; they are so completely under the influence of the delusion that they become neurasthenics, hypochondriacs, and pessimists, and sometimes they are even inclined to suicide. They lead a peculiar existence, avoiding all contact with others, shunning pleasure, and resorting to innumerable artifices to prevent or to conceal their attacks of blushing; many become alcoholics.

In regard to the evolution of this affection, it may be remarked that in all cases the tendency to emotional blushing precedes by several years the morbid dread of blushing. The order of succession of symptoms is as follows: Vasomotor symptom (blushing); emotional symptom (confusion); and mental symptom (fixed idea.).—The New York Medical Journal.

ASTHMA DETECTED BY X-RAYS.

Among the recent discoveries made by means of the Roentgen rays, reported from Berlin, are several relating to diseases of the heart. It has been observed in cases of asthma that the right half of the diaphragm stops work during the attack, and the left half is compelled to bear all the exertion.—Sun.

ADVANTAGES OF SLEEP.

In reply to the question: Is it wise for a man to deny himself and get along with a few hours' sleep a day, to do more work? Tesla, the great electrician, replied, "That is a great mistake I am convinced. A man has just so many hours to be awake and the fewer of these he uses up each day the more days they will last, that is, the longer he will live. I believe that a man might live 200 years if he would sleep most of the time. That is why negroes often live to advanced old age, because they sleep so much. It is said that Gladstone sleeps seventeen hours every day; that is why his faculties are still unimpaired in spite of his great age. The proper way to economize life is to sleep every moment that is not necessary or desirable that you should be awake."

TRANSFORMATION OF THE DIAMOND INTO GRAPHITE IN THE CROOKES TUBE.

Mr. Crookes has demonstrated in his fine researches on the phenomenon which he has named molecular bombardment that on placing diamonds in one of his tubes they quickly lose their lustre and are coated with a black layer. Having been present in his laboratory at this curious experiment, I asked him for some of the diamonds which had been bombarded that I might study the variety of carbon produced under these conditions. Mr. Crookes having kindly sent me a diamond, the surface of which had been completely blackened by this bombardment, I heated it to 60 degrees in an oxidising mixture of potassium chlorate and fuming nitric acid prepared from sulphuric acid exactly monohydrated and potassium nitrate fused and quite free from moisture. The action on the black layer is very slow. There is produced graphic oxide, which at an increased temperature yields pyrographitic acid which is easily destroyed by nitric acid. Hence the variety of carbon which coated the diamond was graphite. This transformation of the diamond into graphite must be very high. Mr. Crookes had already proved the platinum-iridium can be fused in his tubes, but the temperature obtained in the bombardment is much higher, since the transformation of diamond into graphite requires the high temperature of the electric arc. The higher the temperature to which graphite is raised the greater is its resistance to oxidation. The temperature reached is probably about 3600 degrees.—H. Moissan.

REMOVAL OF INGROWING TOE-NAIL.

The operation on the ingrowing toe-nail which I wish to describe is one in which it is necessary, on account of the condition of the soft parts, to remove a portion of the toe nail, either combined with excision of the overlying soft parts or not as the case may be. It is not necessary to enter into the causes of ingrowing toe-nail, nor the indications for operative interferences, as these are generally well understood.

Although the operation for ingrowing toe-nail is one of the simplest in surgery, it is one with which a good deal of pain is connected, and in most cases it is necessary to give an anaesthetic or cocainize the parts. Any one who has carried out the operation as ordinarily described, by means of the scissors, scalpel and dressing forceps, can readily understand why it is painful, when he takes into consideration the amount of gouging, digging, pulling and tearing that is indulged in to remove as simple a thing as a nail.

Let us see for a moment, how the operation is ordinarily done. The first step usually is to slit the nail from the free border through to the root by means of a scalpel or scissors. This first step is the most brutal part of the operation, and the amount of gouging the sensitive matrix receives can readily be imagined, and without an anaesthetic is worse than pulling a tooth. The second step is to free, from its bed or matrix, the portion of the nail that is to be removed, so that it can be seized with a dressing forceps and

evulsed. The second step is also a very painful procedure and is done with scissors and scalpel. The third step is to seize the partly freed portion of nail with a pair of dressing forceps and evulse it. This, practically, is the operation for ingrowing toe-nails, modified, if necessary, by removal, in aggravated cases, of a portion of the over-hanging soft parts.

For the operation I wish to demonstrate, I have devised an instrument by means of which the first two steps above described are combined; i. e., incision of (division) and elevation or separation from the matrix of the portion of the nail to be removed. By the use of this instrument the operation is simplified, and is free from the gouging and digging so characteristic of this operation as usually performed. It can also be done so quickly that an anaesthetic in most cases is unnecessary.

The instrument consists of a gouge, the blades of which are set at right angles. The blades merge into a shaft, which is set into a strong firm handle. The blades of the instrument are about three to four-sixteenths of an inch wide and are very thin. The angle where the blades join is shaped so that each blade presents a rounded end. By this construction it can be used either right or left handed.

The use of the instrument is as follows: The point of the horizontal blade is inserted under the free end of the nail so that the perpendicular blade represents the point at which the nail is to be divided. With a firm stroke the instrument is pushed under and through the nail until the same has been completely divided from free edge to root. It will be found that the nail is cut and elevated from the matrix and can be easily seized with dressing forceps. The thinness of the blades of the instrument allows it to pass between the rail and matrix with but very little pain.—A. H. Meisenbach, M. D., St. Louis.

Castor oil heated and thoroughly applied to the abdomen, in children, will often move the bowels as effectually as when given internally.

WINNIPEG WATER SUPPLY.

The preservation of the health of forty thousand, or four millions of human beings, is merely a numerical question. The most approved and scientific methods known are called for in both cases, and now that the future water supply of this growing metropolis is prominently before the citizens of Winnipeg, the following, taken from the Chemical News, of London, will be read with interest. Our readers will see, with what care and circumspection the water supply of London's vast city is surrounded, and, the given bacteriological examinations of these eminent chemists as to the microbes, of the same waters, filtered, and unfiltered must be of great interest to our citizens. For many months of last year the liquid mud of the Assiniboine was delivered, pure as it was pumped up, into the city mains, and this year, for a short time, we had a similar experience. The water is now much clearer, but is still capable of being vastly improved. Messrs. Crookes and Dewar's report will prove to the most skeptical the imperative necessity of thorough filtration. Except under the most stringent and strictest provisions, no monopoly should be granted to any company for the supply of what, either is of vital necessity, or is absolutely required for man's use. We cannot help expressing a strong desire that the water works of this city, together with the gas supply, will before long be operating under city control.

To Major-General A. De Courcy Scott, R. E. Water Examiner, Metropolis Water Act, 1871.

London, April 10th, 1897.

Sir,—We submit herewith, at the request of the Directors, the results of our analyses of the 189 samples of water collected by us during the past month, at the several places and on the several days indicated, from the mains of the London Water Companies taking their supply from the Thames and Lea.

In Table I we have recorded the analyses in detail of samples, one taken

daily, from March 1st to March 31st inclusive. The purity of the water, in respect to organic matter, has been determined by the Oxygen and Combustion processes ; and the results of our analyses by these methods are stated in Columns XIV to XVIII.

We have recorded in Table II the tint of the several samples of water, as determined by the color-meter dscribed in a previous report.

In Table III w have recorded the oxygen required to oxidise the organic matter in all the samples submitted to analysis.

Of the 189 samples examined one was recorded as "turbid," the remainder being clear, bright, and well filtered.

There has been a large excess of rain recorded at Oxford during the month, the actual fall being 2.61 inches; as the average fall for thirty years is only 1.50 inches, we have had an excess of 1.11 inches.

Our bacteriological examination of the London waters gives the following results :—

	Microbes per c. c.
Thames water, unfiltered (average of 27 samples)	9187
Thames water, from the clear water wells of five Thames-derived supplies (average of 159 samples)	33
Ditto, ditto highest	372
Ditto, ditto lowest	2
New River, unfiltered (average of 27 samples)	1160
New River, from the Company's clear water well (average of 27 samples)	30
River Lea, unfiltered (average of 27 samples)	1080
River Lea, from the East London Water Company's clear water well (average of 27 samples)	22

Last month we drew attention to the abnormal bacterial contents of some samples taken form the wells of the Grand Junction Water Works at Hampton, connected with the supply of the country district. The Engineer has now informed us that the Company in May last authorized extensive additions and alterations to their filtering plant at Hampton ; these are in course of construction. The Board, however, having had our recent communications on the subject brought to their notice, have now authorized the Engineer to carry out more extensive alterations than had been previously contemplated. We have had a consultation with the Engineer, at which he submitted the general plans of the proposed new filtering plant, which in our opinion will meet the difficulty.

Since the beginning of the month the water from the Hampton Works has steadily improved, and for the last ten days it has been in a satisfactory condition.

At this season of the year there is always a considerable amount of fish spawn in the river, clogging up the filters, and rendering very frequent cleaning necessary. This, added to the recent heavy rainfall, has put a severe strain on the filtration plant of the differnt companies. The results, however, show that they have been well able to cope with the difficulties.

We are, Sir,
Your obedient servants,
WILLIAM CROOKES,
JAMES DEWAR.

—Chemical News, April 23, 1897.

THE RHEUMATIC ELEMENT IN VARIOUS DISEASES.

The relations between rheumatism and various other affections have been particularly elucidated by the investigations of the French school of clinicians, notably Bouchard and Charcot. The chief affections which have been found to be frequently dependent upon a rheumatic diathesis are various neuralgias, such as migraine and sciatica, chorea, tonsillitis and pleurisy. Confirmatory of these views is the well-known efficacy of anti-rheumatic remedies in many of these cases. As examples of this may be cited the remarkably favorable results obtained by Marie and Huot from the use of Salophen in chorea ; by Claus, DeBuck, and Vanderlinden, Lutz, Lavrand, Goldschlager, Drews and others, in neuralgias ; by Woodbury in tonsillitis, and Barbour in pleurisy. That the effects of

Salophen in these conditions are almost specific, is shown by the large number of observations already published. In the nervous form of influenza, which is more frequently met with at the presnt day than the other varieties, Salophen alone or in combination with Phenacetine is also promptly efficient in relieving the distressing rheumatoid pains. The advantages of this remedy are well summarized by Dr. John Davis Harley (The Lancet, December, 1896) who says: "For acute, articular and muscular rheumatism, as well as most forms of neuralgias, Salophen is the most successful remedy offered. In my practice, both private and hospital, I have met with phenomenal success with Salophen in all forms of acute rheumatism and neuralgias. Salophen is non-irritating to the stomach and free from any toxic ation on the nervous system. As an anti-rheumatic, anti-neuralgic and anti-pyretic, Salophen approaches as near a specific as any remedy known to the profession."—New England Medical Monthly, March, 1897.

THE HOSPITAL AND DISPENSARY ABUSE

When I look over the long list of presidents of this Society, and perceive such names as Hosack, Cock, the two Rogers, Delafield, Bulkley, Taylor, Finnell, Hubbard, Peasley, the two Elliotts, Jacobi, Sands, Peters, Bumstead, Purdy, Sturgis, Webster, Vanderpoel, Lewis, Grandin, and Fisher, I cannot but feel that I have received a great honor in being chosen as a successor to these gentlemen.

In the great changes that have taken place in this city between 1806, when this body first came into existence and the population was about 90,000, and the present year, during which it is estimated that the dwellers within our corporate limits number 1,851,060, medical societies have multiplied, not only for scientific, but also for social, topographical, and collegiate reasons, and the County Society no longer occupies the same relative position that it did for years after its foundation; and this has too often caused those not familiar with its work to overlook the fact that it is possessed of great powers, which would make medical men instinctively turn to it as an arm of strength in time of trouble or epidemic. It has at the present time a membership of 1484. It is the official or representative society of the medical profession in the county of New York; while, through its delegates, who can become members of the State Society by the simple process of attendance for two successive years, it has an intimate affiliation with the larger organization, and, by this intermediary, with every county medical society in the State. It has three standing committees of great importance. By means of one upon Ethics it regulates the professional conduct of the members with an authority that very few men would care to dispute. By its committee on Hygiene it keeps watch over the public health, and the committee upon Prize Essays gives an opportunity for generous recognition to many a struggling man of talent. It has a large and active Comita Minora, acting as councillors to the President. It has a salaried legal counsel standing ready to protect the interests of the profession against imposture and injudicious legislation. It is in the metropolis; and its incentives, its opportunities, and its dignity are that of the greatest city of the country; so that what it does (provided it be worthy of notice) is known of all physicans throughout the broad American nation. I do not need to remind you how effectively these powers have been used in the past and are being employed in the present, for the historian of the battles that have been fought and won here for a higher standard in medicine, would need more than an evening to chronicle them.

It would seem, from what information is at my disposal, that the members of this society are not aware af the fact that Section 41 of the Consolidation Act, Chapter 410, Laws of 1892, disqualifies a physician from being the President of the Municipal Board of Health in these words:—

"The head of the health department shall be called the Board of Health. Said board shall consist of the president of the the board of police, the health officer of the port, and two officers, one of whom shall have been a practising physician for not less than five years preceding his appointment. The commissioner of health, who is not a physician, shall be the president of the board, and shall be so designated in his appointment. The commissioners of health shall, unless sooner removed, respectively hold their offices for six years, and until their successors shall be respectively appointed and have qualified."

I am told that this clause was copied from the Charter of 1873, but I am at a loss to understand the reason for the disqualification of physicans for an office peculiarly requiring medical skill and experience.

But I ask your especial attention tonight to the abuse of medical charity—a subject which has been so often discussed and re-discussed that our souls have become weary, and I should hesitate to allude to it but for the seeming opportunity now offered to us in the power recently given to the State Board of Charities to revoke the charter of an institution proven to dispense medical charity improperly. This clause wes introduced into the new constitution by Mr. Tunis G. Bergen, president of the State Board of Charities, to whom the profession is under a lasting debt of gratitude, and I never fully appreciated what this gentleman has attempted to do for us until I obtained accurate figures upon the subject, through the kindness of our distinguished colleague, Dr. Stephen Smith, who is a most energetic member of the same board. From these statistics it appears that the county of New York has at the present time twenty-six hospitals and 114 dispensaries. In the former, during 1895, 75,368 patients have been treated free, and in the latter 661,803, making a total of 737,171. The population of this city is only 1,851,060, so that the proportion of such free patients to the whole community is 39 per cent. There have been 92,529 free visits of patients to hospitals in 1895, and 1,387,170 free visits of patients to dispensaries. Out of 1,104,381 prescriptions that have been dispensed, there is no means of knowing exactly how many have been without charge, because fifty-two of the dispensaries have made no report to the State Board of Charities, while of the sixty-two that have reported, sixteen make nominal charges of from five to fifty cents, or nothing when the patients are unable to pay. Of these 114 dispensaries, sixty take certain precautions to weed out the unworthy, such as making inquiries, questioning the patients, judging by their appearance, and by the statements of physicians sending them, while the remaining fifty-four either make no inquiries or have made no report. In attendance upon these 114 dispensaries are 949 medical men, which is twenty-seven per cent. of all the physicians in the city, who number 3430. Efforts were made to ascertain how many of these patients were non-residents, but the answers were usually very indefinite, one institution stating "Very few, if any," others "From one to ten per cent.," while ten had treated 212. The foregoing summary does not include institutions under the charge of the local Commissioners of Charity, one of whom, Mr. John, P. Faure, has kindly informed me that there are eight city hospitals, containing 7089 patients, and that the outpatient branch has treated 49,620 patients during the year ending June 30, 1895. Although it is probable that these cases are really worthy of charity, yet, in strict logic, the figures should be added to those given above, which would swell the total of patients treated free in this city in one year to 793,880.

These statistics confirm the rumors that have been rife among us for many years, such as that the president of one of the largest municipal railroad corporations was discovered to be a regular attendant at one of the dispensaries; that patients come occasionally to the clinics in carriages; that practices can almost always be obtained from certain clinics in a large

dispensary, such as those of general medicine or gynecology ; that the neighborhood of large dispensaries is bare of physician's residences ; that patients come to town from distant cities with a physican, occasionally with a relative, put up at a hotel, seek a clinic for medical advice, and when told in one dispensary that they are not fit subjects of charity, speed away in hot indignation to another ; that patients are frequently sent to a clinic with a letter from the attending physician contaning a modest request for diagnosis, prognosis, and treatment, inquiry eliciting that their intention is to go back to this gentleman's office and pay him for treatment ; that patients in the country towns for miles around New York are quite appreciative of the excellencies of our city dispensaries for different diseases ; and that patients constantly go to dispensaries in order to ascertain the best physician for their particular disease. The reason for the enormous increase in our charity work is plain to any one who has witnessed the development of our hospitals and dispensaries of late years. The public must be appealed to for money: the larger the number of patients, the more need shown for money ; and no effective general regulations being strongly enforced, the growth of the abuse has been so stupendous that all methods of restriction have proved utterly ineffectual. The intentions have been altruistic in the extreme, on the part of both lay and medical members of hospital boards ; indeed, it is questionable whether any one has known the full extent of the evil.

It will not be denied for one moment that a certain, nay, a liberal amount of charity work, is a necessity to the medical profession, distinguishing it in this respect from all others. The lawyer, for instance, the engineer, the minister, the architect, the litterateur, the journalist, can each perfect himself in the art of his calling without proffering his services gratuitously. But the physician must study types of disease only to be adequately observed in sufficiently large numbers either in a very large practice or in hospitals and dispensaries—indeed, it may be doubted whether the fullest practice, in the harvest-time of a successful physician's life, can offer him such opportunities for familiarizing himself with maladies as do our hospitals and dispensaries. It must be remembered, too, that relatively few men obtain great practices, and that they can only hold them by means of the knowledge of ailments acquired in the previous years of attendance upon hospitals and dispensaries. So that these institutions are the training schools of our profession, inestimable to the men whom they bring into contact with each other in their varyingly eager and mutually stimulating persuit of the same ideal, aided by the assistants, the instruments, the nurses, the housing, and the organization of such corporations. Then, the thousands of students who come to this city must be taught, and this cannot be done without the clinical material of hospitals and dispensaries. Any unwise restraint would therefore imperil the existence of New York as the medical centre of the country, and no man in his senses would dream of such restriction. But such manifestly indiscriminate charity as exists does not seem necessary to these purposes. It is trite to say that no suffering person should fail to receive the medical aid that may be needed in the emergencies of life, but in this city there really does not seem to be much likelihood of such a grievance when 949 physicians, out of a total of 3430, treated 737,171 patients in one year, made 1,479,609 free visits, and wrote 1,104,381 prescriptions, besides paying due attention to the other duties incidental to attendance upon twenty-six hospitals and 114 dispensaries.

In our medical profession there are gentlemen who have been so favored by fortune that it has not been their lot to come in contact with the seamy side of practice ; there are others to whom fame has brought its attendant success ; there are still others whose special branches obviated the necessity of general practice. To these medical men this statement of facts may seem exaggerated, but the great

body of practitioners, and those who are broad-minded enough to realize this grave violation of the first principles of a wholesome political economy, will feel, as I do, that prompt and just measures should be taken to regulate our medical charities. For my part, I have a most thorough appreciation of the needs of those upon whom we would bestow charity, but my sympathy is broad enough to embrace the medical as well as the lay poor. I therefore recommend to this Society that a special committee be appointed to obtain such facts about this subject as may be necessary to just conclusions, and that the results of this investigation be submitted to the entire Society for such action as it may think proper. I would suggest that this committee consist of eleven members, namely, the chairman, five members to represent respectively the five medical schools, and the other five on behalf of the profession in general.

STARVING ON BEEF TEA.

It is generally believed that beef tea and animal broths of all kinds are nourishing. The most recent medical authorities assure us that this is a mistake. In order to combat what it calls "The Beef Tea Delusion," Modern Medicine (March) publishes an article consisting largely of quotations from a high modern authority. We produce several paragraphs below: "The late Dr. Austin Flint remarked on one occasion that thousands of patients have been starved to death while being fed on animal broths, beef tea, etc. No error could be greater than the notion very commonly held by the laity, and still quite too largely entertained by the members of the medical profession, that beef extracts, beef tea, bouillon, animal broths, etc., are peculiarly nourishing in character. We can adduce no better evidence to the contrary than is afforded by the following paragraphs from 'Bunge's Physiological and Pathological Chemistry,' one of our latest and most reliable authorities:

"We must guard against supposing that meat buillon possesses a strengthening and nourishing influence. In regard to this, the most delusive notions are entertained not only by the general public, but also by medical men.

"Until quite recently the opinion was held that bouillon contained the most nutritive part of meat. There was a confused idea that a minute quantity of material—a plateful of bouillon can be made from a teaspoonful of meat extract—could yield an effectual source of nourishment, that the extractives of meat were synonomous with concentrated food.

"Let us enquire what substances could render bouillon nutritious. The only article of food which meat yields to boiling water is gelatin. It is well known that albumen is coagulated in boiling, the glycogen of meat is rapidly converted into sugar, and this again into lactic acid. The quantity of gelatin is, moreover, very small, for a watery solution which contains only one per cent. of gelatin coagulates on cooling. Such coagulation may occur in very strong soups and gravies, but never in bouillon. Bouillon, therefore, contains much less than one per cent. of gelatin. In preparing extract of meat, the quantity of gelatin is reduced as much as possible, because it is in a high degree liable to putrefactive changes, therefore likely to interfere with the preservation of the preparation. The other constituents of bouillon are decomposition products of foodstuffs—products of the oxidations and decompositions which take place in the animal organism. They cannot be regarded as nutritous, because they are no longer capable of yielding any kinetic energy, or at most such a small amount that it is of no importance whatever.

"Nevertheless, until the most recent times creatin and creatinin, which are among the chief constituents of meat extract were regarded as the source of energy in muscle. This assertion was shown to be untrue by the researches of Meissner and of Nott, who proved conclusively that creatin and creatinin are excreted in the urine twenty-four hours after their absorption without loss. A material which is neither oxidised nor decompos-

ed cannot form a source of energy apart from the fact that the quantity of creatin and creatinin which is absorbed in bouillon is so small that it could not possibly be seriously regarded as the source of muscular energy."—Indian Lancet.

NOTES OF THE TREATMENT OF FAECAL FISTULA.

At the thirteenth annual meeting of the New York State Medical Association, which was recently held in New York City, Dr. Frederick Holme Wiggin, of New York County, presented a paper with the above title. The chief cause of the occurrence of faecal fistula was stated to be the delay in resorting to operative measures to which patients suffering from typhloenteritis or strangulated hernia were frequently subjected while their ailment was carefully diagnosticated. The view recently advanced by a writer on the subject under consideration, that the best treatment for this condition consisted in its prevention, was concurred in. But the case in which this mishap had occurred, it was pointed out that if the opening was of small size, was located near or below the ileo-caecal valve and no obstruction to the faecal current existed, operative measures might be deferred, as in most instances the opening would close in a short time spontaneously. On the other hand, if the bowel opening was of large size, was situated laterally, or some distance above the ileo-caecal valve, and was accompanied by the escape of a large proportion of the contents of the bowel, operative procedure for the closure of the opening should be undertaken.

The histories of three cases, successfully treated by surgical measures were cited. In two instances the patients were inmates of the Hartford (Connecticut) Hospital, and were operated upon by Dr. Wiggin, by reason of an invitation which was extended to him by the medical board of that institution, after several previous unsuccessful efforts to close the bowel openings had been made. The occurrence of the fistulous opening was due in the first case to failure, and in the second case to delay in resorting to surgical treatment of typhloenteritis, from which disease both patients originally suffered. In the third case, the bowel opening was caused either by pressure of the gauze used to drain the abscess cavity, or by an ulcerative process which originated from within the gut. In the first case, as the opening in the bowel was of large size, irregular in shape, and the gut was thickened and friable, the deceased portion of bowel containing the opening, about four inches in length, was excised, and the divided ends joined by the suture method of Maunsell. In the second and third cases, the bowel openings were situated in the head of the colon, and were in both instances closed by means of several rows of sutures, after which the omentum was drawn over the former site of the fistula, and retained in position by sutures.

In describing the etchnic employed, the writer laid much stress upon the following points, viz.: The thorough disinfection of the parts, including the interior of the bowel, with hyrdozone, the closing of the intestinal opening, when possible, before the breaking up of the general cavity, the removal of any existing obstruction to the faecal current, the disinfection of the bowel surface with a solution of hydrozone, before and after the placing of the sutures, the control of oozing from the cicatrical tissues by the same means and the closure by a single row of silkworm gut sutures without drainage of the abdominal wound after the washing of the peritoneal cavity with a saline solution, some of which is allowed to remain.

In concluding, the writer stated that ever since September, 1893, when he had proved the value of hydrogen dioxide as an effective antiseptic, which in proper solution did not unduly irritate the peritoneum, when followed by a six-tenths per cent. solution, he had had but little reason to fear the danger of causing septic peritonitis from accidental escape of pus or faecal matter while operating;

and that when this complication had occurred, it had been invariably successfully met by the use of hydrogen dioxide in the manner described in the paper. He advised the excision of the diseased portion of the gut in those instances where it had become much thickened and friable, and expressed the belief that with a clearer understanding of the objects to be attained by operation—i. e., the restoration of the integrity of the intestinal canal, as well as the closure of the opening in the bowel—future operations for the cure of the faecal fistula would more frequently result successfully than they had in the past.—Medical Lancet.

MALARIA AND THE MOSQUITO.

The latest, and what may turn out to be the most important development of the malaria theory, is due, a correspondent writes, to an Englishman, Dr. Manson, lecturer on tropical diseases at St. George's Hospital in London. Led by much study of this and other parasites, he has come to the conclusion that the infection of malaria is carried on by no other than our old friend the mosquito. Up to the present, of course, it has been generally supposed that malaria arises from swamps, and so on, in the shape of "blue mists," and malarious winds; and Manson's theory if true, will be an important revolution in our ideas. Besides those forms of the parasite which develop at regular intervals and cause fever, there is another form, not unlike a minute sausage, which produces no fever and the meaning and object of which has been much debated. Directly after the blood is drawn from the finger, and while it is being watched under the microscope, this curious little body is seen to swell up suddenly, and then emit several long wriggling filaments, which, after struggling violently for a few minutes, may sometimes be seen to break loose and dart away out of sight. It looks just as if several little snakes were issuing from an orange. What the meaning of so strange a phenomenon can be, no one has been able to conjecture, until Manson gave a number of theoretical reasons which furnish us with good grounds for supposing that it is intended for the benefit of the mosquito. As soon as that confiding insect has fed herself (for only the female mosquito can bite us) on the blood of a malarial patient, this curious metamorphosis goes on within her, and the serpent-like bodies dart away and bury themselves somewhere in her tissue, there develop into another form of the organism. When the time comes for her to lay eggs on the water and die there, the transformed malaria germs disappear in the fluid and lie ready to be drunk by some unlucky mortal. Let us be vindictive, and hope that while they remain inside the mosquito they annoy her as much as she is in the habit of annoying us. So Manson thinks on theoretical grounds; and a very little actual investigation is enough to show us that the sausage-shaped bodies do really change within the mosquito, in the manner described. But between this and the complete proof of the theory is a far cry. If that proof be obtained, it will add a stronger reason than ever to those which already should induce us to boil our drinking water and have the wells throughout the country properly covered in and supplied with pumping gear. Of course, as Manson seems to think, in some parts of the country, malaria may be an endemic disease among the mosquitoes which infect us by laying their tiny eggs in our drinking water (not by biting us); if so, we shall have to attend rather to our water supply than to those "meteors, mists and exhalations" which have troubled us so long.—Lancet.

INFECTION BY PETS.

Cats have been suspected of conveying the infection of diphtheria, and scarlet fever has been traced to them. To this may be added the unwelcome news that a health officer has reported a case of small-pox which has been brought about in the same way; that is to say, by a cat from an infected house entering a neighbor's.—Popular Science.

THE AMERICAN MEDICAL ASSOCIATION.

The committee of arrangements for the fiftieth meeting to be held in Philadelphia on June 1, 2, 3 and 4, 1897, announces the meeting of the association there will be for a week preceding and a week succeeding the association meeting special courses and clinics given in the various large teaching institutions of Philadelphia, without cost to visiting physicians. This course has been organized in response to a generally expressed wish that opportunities might be given to visiting physicians of taking clinical courses, for it is believed that many physicians from distant points would be glad to spend a week or two in this manner over and above the time occupied by the meeting. A schedule and roster, describing the course in detail, will be published shortly before the meeting. Further information may be obtained from Dr. Edward Martin, No. 415 South Fifteenth street, Philadelphia, the chairman of the committee on hospital courses.—N. Y. Medical Journal.

THE CRAZE FOR OPERATING.

Some surgeons think they are underserving of their calling, unless they can point with pride to case books filled with the records of operations and jars filled with various organs, while too often graves are filled with their patients. It is not so much the technical skill and the modern instruments that make a surgeon celebrated, as it is his good judgment and ability to forecast a prognosis which shall stand after the operation. It is well-known everywhere that many unnecessary operations are done, organs removed and exploratory laparamotoies performed, partly for the patient's good and partly to add to the surgeon's statistics.

An item is going the rounds of the medical press to the effect that a man who is in fear of becoming unconscious on the street, and being carried to a hospital and operated on, before a diagnosis is made, wears, sewed in a conspicuous place on his underclothes, the inscription: "My appendix has been cut out," thus insuring himself against an operation for appendicitis.

This is probably the invention of some witty newspaper man, but it has its moral. Operations for diagnosis should not be undertaken without the best council, and then not without some deliberation.—Maryland Medical Journal.

MEDICAL MEN TO AVOID.

The one who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hunderds of cases of rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.—Medical Record.

ON THE FATTY MATTERS FOUND IN THE EGYPTIAN TOMBS OF ABYDOS.

The author has examined certain antique objects found at Abydos by M. Amelineau and considered to be anterior to the first dynasty. The fatty matter consisted chiefly of palmitic and stearic acids, and was doubtless the tallow of beef or of mutton. It is interesting to find that the fatty acids, such as the stearic and palmitic acid, and even the glycerides of these acids, have been capable of preservation for thousands of years. Among the substances found in small vases was pulverised lead sulphide mixed with a quantity of fatted matter; evidently a cosmetic used as antimony sulphide is still employed in the East.—C. Friedel.

THE HEART UNDER ROENTGEN ILLUMINATION.

Dr. Benedict, of Vienna, (Wiener Medizinische Blatter, October 29, 1876), finds by X-ray illumniation that the apex approaches the base of the heart in systole, so that there is no apex impulse in Skoda's sense, but at most a lateral systolic apical stroke. The ventricles are not entirely emptied at each systole, but always retain a considerable amount of blood; nevertheless, the four thousand heart-beats to the hour carry fresh blood enough into the arteries. On deep inspiration, the normal heart rises from the diaphragm, so that an appreciable interval is visible between them. Such examinations are most satisfactory if made on young and thin persons, and they do no harm unless they are made improperly or too often.

TOBACCO AND THE EYESIGHT.

Prof. Craddock says that tobacco has a bad effect upon the sight, and a distinct disease of the eye is attributed to its immoderate use. Many cases in which complete loss of sight has occurred, and which were formerly regarded as hopeless, are now known to be curable by making the patient abstain from tobacco. These patients almost invariably at first have color blindness, taking red to be brown or black, and green to be light blue or orange. In nearly every case, the pupils are much contracted, in some cases to such an extent that the patient is unable to move about without assistance. One such man admitted that he had usually smoked from twenty to thirty cigars a day. He consented to give up smoking altogether, and his sight was fully restored in three and a half months. It has been found that chewing is much worse than smoking in its effects upon the eyesight, probably for the simple reason that more of the poison is thereby absorbed. The condition found in the eye in the early stages is that of extreme congestion only; but this, unless remedied at once, leads to gradually increasing disease of the optic nerve, and then, of course, blindness is absolute and beyond remedy. It is, therefore, evident that, to be of any value, the treatment of disease of the eye due to excessive smoking must be immediate, or it will probably be useless.

PROMISCUOUS USE OF HANDKERCHIEFS.

At a recent meeting of the Dublin Sanitary Associations, the president, Dr. J. W. Moore remarked upon the spread of coryza by the common use of pocket-handkerchiefs. One of the commonest maladies is "cold in the head," or, as it is technically called, "caryza." It is notoriously infectious, and the means of communication is the discharge from the nostrils. He was satisfied from repeated observation that this troublesome affection often spreads through a family of children and then through an entire household through the promiscuous use of pocket-handkerchiefs.

A little child comes to the nurse with the request, "Blow my nose." This is carelessly or thoughtlessly done with the parent's or attendant's pocket-handkerchief, which has become infected and spreads the attack. In other cases the soiled pocket-handkerchief is allowed to dry without disinfection, and the dried discharge from the diseased mucous membrane of the nose is then diffused through the air, spreading the malady just as measles is spread.

The recommended time of quarantine adopted by the Pennsylvania State Board of Health for persons who have been exposed to infectious diseases, when they may safely be admitted again to school, if they continue in good health, and have taken proper measures for disinfection, are as follows: For diphtheria, after twelve days; small-pox, eighteen; measles, eighteen; chickenpox, eighteen; mumps, twenty-four; whooping cough, twenty-one. Adults may be admitted at once, if they disinfect their clothes and persons.—Maryland Medical Journal.