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SCARLATINAL DROPSY.

A Clinical Lecture delivered at the Montreal General Hospital by Francis W. Campbell, M.A., M.D., L.R.C.P. London, D.C.L., Professor of the Theory and Practice of Medicine, Faculty of Medicine, University of Bishop's College.

The child now before you is aged 5 years, and has had scarlet fever, of that there is no doubt. The mother tells us that about two weeks ago, after an afternoon of what she terms "indisposition," it went to bed decidedly "out of sorts." During the night it awoke crying, and almost immediately was seized with violent vomiting, which lasted some time, that is to say, it vomited repeatedly during an hour or two. The following morning it was feverish, and complained of sore throat and had some difficulty in swallowing. During the following night the child was hot and very restless, and when daylight came she noticed that it was covered with a bright red rash. Medical advice was called in, and the doctor pronounced it scarlet fever. The case, however, does not seem to have been very severe, for the throat symptoms—the gauge of the severity of the disease—soon improved, and a week ago the doctor ceased attendance after giving advice—good, I have no doubt—as to the future general treatment of the case. It is not clear when desquamation set in, but as it is in full activity at this moment, I should say it began about five days ago, which is just the date when this child was allowed out of bed. This was a grave error, and in direct disobedience, it is admitted, of the doctor's orders. The mother says "the child was so well and she begged so hard I could not refuse her." It would have been well had she done so.

The weather was cold, and the child got exposed to a current of cold air. Next morning the child was allowed up again, though it was not so lively as it had been the day before. Towards evening its face was noticed to be fuller than usual, and yesterday the feet began to swell. To-day it presents the following physical symptoms: Face swollen and pallid, there is general anasarca over the rest of the body, the degree of the distension of the skin being very well marked over the legs. The amount of urine passed is much diminished, and the specimen we have obtained is decidedly smoky in appearance, and by the old test of heat and nitric acid, albumen is shown to be present in considerable quantity. The diagnosis is made without difficulty, it is a case of scarlatinal dropsy, or acute desquamative nephritis. This is a common affection and most important. It generally occurs about the second or third week of scarlet fever, when desquamation is at its height. As a rule it is more frequently met with following mild than severe scarlatina. The reason for this is obvious. In severe cases the patient is compelled to keep to bed till the period of danger has passed. In mild cases the patient, as in the case now before us, is allowed to leave bed at the period of greatest susceptibility. I cannot impress you too strongly with the fact that scarlet fever is the mother of acute nephritis, and that great care is necessary in treating the mother disease, with a view of preventing this greatly dreaded sequelae. The most common form of effusion is anasarca, but it may be followed by oedema of the lung, hydrothorax, hydropericardium or ascites.

The exciting cause is cold. The disease is rarely known to occur if the patient is confined to bed till after the 21st day. I have seen it occur on the 14th day by allowing the patient out of bed and giving him the run of the house, being thus exposed to draughts from open windows and doors. It occasionally comes on suddenly, but as a general rule its onset is slow. The urine in most cases has a smoky appearance for several days before the other symptoms supervene. The constitutional symptoms are marked. The patient droops, is languid and irritable, the temperature varies from 100 deg. F. to 102 deg. F., the pulse is quickened and is hard and sometimes jerking, appetite is either lost or is much impaired, more or less thirst, bowels generally constipated, urine diminished, sometimes headache, nausea and vomiting. Occasionally there is hardly anything noticeable beyond what

is expressed by the words "the child has not, for a few days, seemed as well and bright as usual." Yet even in cases which present such trivial symptoms, close examination often shows a very serious condition, so rapid indeed is the effusion into some of the cavities as to produce a fatal termination with frightful rapidity. Do not, therefore, allow the absence of grave symptoms to prevent your close examination of the case. The face is generally the first place where swelling is noticed, most marked about the eyelids, which look puffed. From the face it extends to the hands and feet, commencing about the ankles and extending gradually upwards. The skin is hard, firm and elastic to the touch. It generally does not pit on pressure, certainly not in the early stage, and is of a dull white color. If the disease be not checked or removed it may extend to the internal organs, such as the lungs, producing oedema, to the pleural sac or to the pericardium. The amount of urine secreted is generally less than normal, occasionally it is increased in quantity, and micturition is more frequent. This is doubtless due to the irritating character of the secretion which causes the bladder to expel it, even when the amount collected is small. The urine may be almost entirely suppressed, or even entirely so. I have known entire suppression to continue for thirty-six hours. In mild cases the urine is of a deeper color than normal, but retains its transparency for a short time after being voided. On cooling it is apt to become turbid and to deposit a considerable quantity of urates. It has generally a normal reaction. In proportion to the amount voided the sp. gr. varies, urea and the chlorides are diminished. Albumen is present, and the microscope shows epithelial or hyaline casts of the renal tubules and blood globules. In more severe cases the urine is greatly diminished and looks smoky, a very dark red or brownish. Its sp. gr. is high, the quantity of albumen is large, and the microscope shows large numbers of blood globules. The duration of this stage of diminution of the urine varies. It is succeeded by an increased secretion much beyond normal with low sp. gr. and the return of the urates and chlorides to normal. The albumen persists as does the smoky color, and the precipitate still contains blood globules, renal epithelium and granular casts. In favorable cases, and fortunately they are the majority, the smokiness and the albumen gradually disappear. Unfortunately in some they persist, and eventually these cases gradually assume all the characteristics of

chronic Bright's Disease. Diarrhoea is not unfrequently present, sometimes constituting a serious complication. Generally, however, it is due to some simple functional derangement of the bowels and readily yields to treatment.

Treatment.—I need hardly say that if the child is up when the disease is discovered, it should at once be put to bed, and kept there for at least two weeks after all dropsy has disappeared, and the urine has become perfectly normal. This is absolutely necessary, as in my experience a relapse is not uncommon if the patient is allowed up too soon. The diet should be restricted to fluids, only milk and the animal broths or farinaceous fluids being allowed. The patient should be encouraged to drink freely, plain water, lemonade or orange water. In the early stage a hot bath at least once a day, or, if the child is strong and can bear it, twice a day. The bath should be of a temperature of 96 deg. to 100 deg. F. Its duration must depend upon the effect, the child being fully immersed at least seven to ten minutes. When removed it should be wrapped in a soft cotton sheet, which has been heated before an open fire, and over this a light blanket. In this covering it should remain half an hour to one hour. The child should then be quickly dried before a fire, and then have its night dress put on and placed in bed between blankets. If there is not any diarrhoea keep the bowels open by syrup of rhubarb, senna, figs or Rochelle salts. If the urine is scanty the following prescription will be found useful : R Potas bitart ʒi, spts juniper co. ʒii, spts ether nit. ʒi, syr simp ʒss, aquae ad ʒii. Of this mixture give a teaspoonful every two hours. In more severe cases where the temperature is high, with scanty and dark colored urine, containing a large amount of albumen, dry cup the loins. This should be followed by hot linseed poultices over the same part. I have found it a good plan to mix a quantity of partially pulverized digitalis leaves in the poultices, which should be changed every four hours. Give internally the following mixture : R Potass acet ʒi, tinct digitalis ʒss, syr simp ʒss, aquae ad ʒii ; give a teaspoonful every three or four hours to a child two or three years old. If the child is over ten years I would give the above mixture, leaving out the tincture of digitalis, and have the mixture consist of the acetate of potash and infusion of digitalis, giving from half to one teaspoonful three or four times a day. Infusion of digitalis is an excellent diuretic when the fever has gone and a normal range of temperature

reached. I am fond of a mixture containing two to five drops, according to age, of tincture of the chloride of iron, fifteen drops to half a drachm of liquor ammonia acetatis combined with glycerine and water. If the stomach will not bear iron in the form of the tincture, I substitute the wine of iron, peptonate of iron, or the ferrated elixir of calisaya bark. The food must be gradually added to, as the stomach regains its power of digestion. At times the stomach remains very irritable, and then all preparations of iron will have to be avoided, at all events till that organ is brought into line. This can generally be accomplished by mild, repeated counter irritation of the gastric region, and the administration of some of the following remedies: One drop of vinum ipecac every half hour in a teaspoonful of water; half a drop of carbolic acid, the same quantity of tincture of iodine B.P. in a teaspoonful of water every two or three hours. An excellent combination is one containing spirits of chloroform, hydrocyanic acid and elixir of bismuth, in doses appropriate to the age of the patient. A very fatal complication, which however I have never seen, is dropsy in the areolar tissue about the larynx, inducing oedema of the glottis. The child is very apt to remain weak and anaemic for a considerable time after convalescence has become established. In such cases I find syrup of the iodide of iron an excellent remedy. To prevent relapse, which I have repeatedly seen, the body must be kept warmly clothed, especially the chest and loins. In female children wearing short clothes, special attention must be had to having the limbs thoroughly protected from cold. It is an absolute necessity that the possibility of this disease occurring be impressed on the parents' minds, for it is a common sequelae of scarlet fever, and is often more dangerous than the primary disease itself. The occurrence of this disease is uncommon in adults, for the simple reason that, as a rule, scarlet fever is a disease of childhood. It is, however, occasionally met with. I have seen two or three such cases. When met with, the treatment will be that which I have mentioned. More active purgation will, however, be required, and one of the best hydragogue cathartics which can be given is the compound powder of jalap. When death occurs in the acute stage the kidneys are found enlarged, their surface smooth and injected, on being cut they drip with blood. The malpighian bodies are congested, and look like red dots, the vessels of the cortex and cones are gorged with blood, the tubules are distended with granular epithelium or fibrinous plugs.

THE VAGINAL ROUTE FOR OPERATIONS ON THE UTERUS AND APPENDAGES.

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Removal of diseased uteri or appendages by an opening in the vaginal roof has been practised very generally in Europe since three or four years, but at first received very little favorable consideration from American operators. Last year, however, Jacobs, of Brussels, reported four hundred major operations by this route at the meeting of the American Gynaecological Association at Baltimore, and his report was not only well received, but several American operators testified that they had employed this method of operation with very satisfactory results. In Canada our feeling was one of general abhorrence of removal of the uterus in every case in which the appendages were diseased. At the last meeting of the American Gynaecological Society, in New York, this year, Dr. Paul Segond, of Paris, gave a great impetus to vaginal hysterectomy for diseases of the appendages, by not only reporting six hundred cases with a mortality of four per cent., but by performing nine operations in the presence of many of the leading gynaecologists of this continent. The discussion which followed the reading of Segond's paper, which was very well received, showed that during the last two years the vaginal route had gained very much in favor. Although I was shocked three years ago at the idea of removing the uterus whenever the tubes and ovaries are taken away, I must admit that in at least three cases in which I have removed pus tubes and ovaries, and left the uterus, I have had reason to regret my conservatism, for these patients still have a large, heavy and infected uterus, which has continued to pour forth an acrid and profuse discharge, which excoriates the thighs. In their cases I would have no hesitation in removing the pus uterus as well as the pus tubes. After witnessing Segond's skillful procedure, I became satisfied that in certain cases at least the vaginal method has many advantages over the abdominal route, but I still believe that in certain other cases the abdominal route is still far preferable.

The procedure carried out by Segond was as follows: A vertical incision was made on each side of the cervix

up to the vaginal lateral fornix; then these two lateral incisions were joined by a transverse one front and back, so as to make an anterior and posterior flap. These flaps were pushed up by the finger, the bladder detached and the peritoneum opened, front and back. A pair of powerful clamps were placed on the uterine arteries on each side, and the lower half of the uterus amputated. The rest of the uterus was split up the middle line, each half dragged down, bringing the pus tube and ovary with it, and the broad ligament on each side secured with two more powerful clamps, and the pus tubes and ovaries, each with half of the fundus attached, were cut off. Any other bleeding points were clamped, and the space between the three or four clamps on each side was packed with iodoform gauze, care being taken not to introduce more than a small quantity of the latter, for fear of the iodoform being absorbed. If more was required, sterilized gauze was used. One of the cases reserved for Segond was supposed to be a fibroid, which had been treated by electricity, but it turned out to be a pus tube, to the disappointment of many who were anxious to see Segond perform *morcellement*. The three cases which I saw Segond operate on were well suited for the method, because the vagina was capacious, and there were no adhesions; but I have been informed by those who have seen him operate much in Paris, that he frequently meets with cases in which, owing to the adhesions, he is unable to remove the pus tubes, in which case he merely opens them and drains them through the vagina, after having removed the uterus. From what I saw of the operation in Segond's hands, and also in the hands of Polk last year, I would still prefer the abdominal route for bad cases of pus tubes, for, with the patient in the Trendelenburg position, and a free abdominal incision, we can remove every vestige of the diseased appendages, put ligatures on bleeding points, and leave the peritoneum clean and dry and closed. By the vaginal route one must work in the dark, and by touch to a great extent, and the opening into the peritoneal cavity is left open. The one great advantage of the vaginal route is that there is no abdominal cicatrix, and no danger of hernia. Hernia, it is true, is becoming more and more rare, but it is an unfortunate result when it does occur, and in Europe these two considerations carry so much weight that even Martin, of Berlin, who was steadily opposed to

the vaginal route, has been compelled by his patients to adopt it. Although I have not yet been able to justify myself in submitting every woman with diseased tubes and ovaries to a vaginal hysterectomy, I have become so far converted to the vaginal route as to employ it in cases where for any reason the appendages must be removed, while the uterus may be left. On my return from New York, I found a patient awaiting me at the Western Hospital, who, though only thirty-two years of age, had been an almost constant sufferer for several years. She had already had several operations, curetting, lacerated cervix, and again curetting on different occasions for dysmenorrhoea, menorrhagia, endometritis, and she was still suffering as much as ever with dyspareunia and painful locomotion, although she had been under almost constant local treatment for several months. On examination, the ovaries were felt in Douglas' cul-de-sac enlarged and very tender, and they could not be dislodged from their abnormal position. This poor woman demanded relief from her suffering, and it seemed a suitable case for the vaginal route. She was quite willing to have her ovaries removed, and was particularly pleased when I told her that I would endeavor to avoid the abdominal wound which all the other patients in that ward presented.

On the 1st of June, therefore, the patient was prepared as for a lacerated cervix or any other vaginal operation, the field being made thoroughly aseptic and the posterior fornix incised with scissors about an inch above the os. Two snips of the scissors brought me into the peritoneal cavity, the incision was enlarged a little on each side, and the fingers introduced, when they immediately came upon the swollen ovaries and tubes. They were firmly bound down by several layers of adhesions of different degrees of organization, but these were easily broken through, and the ovaries and tubes were dragged down into the vagina. A ligature was passed through the broad ligament, and they were tied and cut off just the same as in an abdominal operation of the same kind. The uterus was replaced in normal position, the cul-de-sac was washed out and dried, and the inch and a half wide opening in the vagina was sewed up with catgut, which at the same time quite controlled the bleeding from the little arteries of the vagina. The latter was packed with boracic tampons, and the patient was off the table in twenty minutes from the first incision. The remarkable part of the history was that she had little or no pain. Passed water and

moved her bowels naturally, and could have left the bed in less than a week, she felt so well. But it was deemed prudent to enforce rest in bed for two weeks, at the end of which time she was allowed up. Apart from a slight attack of cystitis, which kept her in bed for a few days, she made a good recovery, and is now entirely free from the pain which she had suffered from for years. In her case at least the operation was quite as easy and her recovery quite as good as though she had been operated by the abdomen, and she enjoys the immense advantage of having no abdominal incision either to pain her or to cause her the risk of a ventral hernia. Although one case is not enough to base an opinion upon, and although my opinion is not based upon that one alone, I feel satisfied from the progress that this method has steadily been making, in the face of keen opposition, that in certain cases, such as the one I have related, and in still easier cases, where the ovaries are removed in order to bring on the menopause, this operation will be employed more and more. For bad pus cases and large fibroids, I still believe that the abdominal route has many advantages. For instance, where the adhesions are so bad, as we often find them, that the bowel is torn in liberating them, it is certainly much easier to repair the bowel as it lays on the abdomen than to sew it through the opening in the vagina. And even Segond admitted that he had had a considerable percentage of faecal fistulae following bad pus cases removed by vagina. The question as to whether the uterus should come out in every case in which both appendages are removed is still *sub judice*. Segond admits that the abdominal route should be employed when only one ovary and tube has to be removed; he only advocates the vaginal route in conjunction with hysterectomy, for without removing the uterus he considers vaginal removal of appendages too difficult. Some maintain that even a diseased uterus is better than no uterus at all; and others claim that even a diseased uterus can be cured by repeated curetting and drainage. Howard Kelly has gone so far as to employ the vaginal route for tubal pregnancy, but his and the experience of others was disastrous; in such cases the tying of the ovarian artery, from which comes the hemorrhage, is ever so much easier by an abdominal incision. In the course of a few years the indications will be more thoroughly established, and in the meantime what work that is done in this direction must necessarily be more or less of a tentative nature.

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

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TONSILLITIS AS A FACTOR IN RHEUMATIC FEVER.

An article under this caption appears in *Gaillard's Medical Journal* for August, by Sir Willoughby Wade F.R.C.P. The theory now receiving attention is that tonsillitis is a primary infective disease of the lacunae, rheumatic fever a secondary disease arising from the absorption of microbes or their products into the system. He refers to the fact noted that tonsillitis usually precedes this rheumatic fever, sometimes, but rarely, the latter precedes the tonsillitis, which may depend on absorption of the poison occurring at other points, as seen in such infectious diseases as gonorrhoea, typhoid and scarlatina, when rheumatic symptoms manifest.

Tonsillitis is regarded as an infectious disease on the grounds that,

1. The clinical phenomena correspond in every particular with those of an infective disease.
2. Cases have been noted in which the disease had undoubtedly been transmitted from one person to another.
3. Various species of coccus and bacillus are to be found within the lacunae, within the closed follicles, and even within the epithelial cells of tonsils removed during the acute stage. Leucocytes in large numbers are found associated with the microbes.

In an inflamed tonsil there are numerous microbes, and the abundant lymphatic tissue renders absorption of poisonous products easy, but when the normal destructive function of this tissue is lessened the body may suffer.

The case as regards rheumatism stands thus: Inasmuch as it so frequently follows an infective disease, and that all its features can be explained by the assumption of a microbic infection, there is a high degree of probability that it also is an infective or microbic disease. If we take into account other features of rheumatic fever besides those already alluded to, this probability will be heightened. Among the prodromata of the full attack we may observe (1) anaemia, (2) undue fatigue, (3) chill, (4) wandering pains.

Anaemic persons are more liable to infectious diseases. Erythema nodosum, which has affinities with rheumatism, is more common in the anaemic. Chill is a factor in many microbic diseases. The tendency to relapse and metastasis suggests fresh doses of poison, and the various modifications of the disease and association with other diseases as chorea suggests mixed poisons from several varieties of bacilli acting separately or in combination. That chorea is of microbic origin may be inferred from its partial resemblance to tetanus and hydrophobia, when a microbic cause is in one case proved and very probably present in the other. All the facts of rheumatic fever are best explained by the theory of microbic origin, but all the facts of the connection between rheumatic fever and tonsillitis would be best explained by the existence of two varieties of microbes. The association of blood poisoning with slight throat troubles has yet to be worked out, and much has to be done clinically to convert the probability of the microbic origin of rheumatic fever into a certainty. A closer attention to the conditions of the throat is indicated from this point of view when we have rheumatic symptoms.

MORVAN'S DISEASE AND ITS RELATION TO SYRNGOMYELIA AND LEPROSY.

PRUS (*Archiv für Psychiatrie*, Bd. xxvii., Heft 3, *American Journal of the Medical Sciences*, July, 1896) reports the following:—A Galician Jewess, forty-six years old, began to feel pain in the right arm and weakness in the right shoulder. Then perforating ulcers formed in the region of the left internal and right external malleolus, followed by painless whitlows on the fingers. Later, anæsthesia of the finger-tips, paræsthesia and pain in the neck and arms, anæsthesia of the tongue, loss of teeth, and difficulty in speaking appeared. Atrophy of the phalanges, ankylosis of the phalangeal joints of the toes, of the carpus and elbow came next; the fingers were greatly deformed; walking became difficult. Among the other symptoms present at the time of the report, eight years after the onset, were white spots on the skin of the hand, atrophy of the nails and various muscles, with reaction of degeneration, disturbance of sensation, vasomotor anomalies, and diminution of the skin and tendon-reflexes. By a very complete process of exclusion, described in full in the original, a diagnosis of Morvan's disease was made.

Examination of the blood disclosed, in addition to anæmia and leucocytosis, bacilli which had all the characteristics of lepra bacilli, and, as miliary tuberculosis was evidently not present, a diagnosis of leprosy was made.

Prus, therefore, takes sides with those who deny the exist-

tence of Morvan's disease as a distinct process and see in it merely a form of anæsthetic and mutilating leprosy. According to the author, too, many cases of syringomyelia belong to the same category. His explanation of the process is as follows: After the lepra bacilli have penetrated the skin deeply, they develop in the sheaths of the cutaneous nerves and cause degeneration of the fibres. From this, various trophic disorders and alterations of sensation may occur. Later the bacilli affect the larger nerve-trunks, so causing paresis and muscular atrophy. If the spinal cord is reached, the bacilli develop in the neuroglia, especially in the gray matter, causing growths of the glia with subsequent retraction, whereby cavities are formed. It is possible that other things besides leprosy can cause such processes in the cord, but only the bacteriological examination can decide in any given case.

THE CAUSE AND TREATMENT OF FLATULENCE.

Stephen McKenzie, in the *Practitioner* for July, 1895, gives a practical discussion of this subject. He states that a certain amount of air is swallowed in the process of mastication and deglutition, but this has never produced any of the phenomena associated with flatulence. This condition is also attributed to fermentation occurring in the stomach, but he does not believe the gas of flatulence is the result of food-fermentation, for fermentation processes are too slow for the rapid development of the flatulence observed in dyspepsia.

Sir William Roberts has shown that a certain amount of flatulence may occur in acid dyspepsia through the action of an acid mucus upon the alkaline saliva swallowed with the food; but this is certainly a rare and minor cause in the production of gas. The regurgitation of carbonic acid gas from the duodenum may sometimes occur, and cause a flatulent distension of the stomach, but this is also a rare phenomenon, and only occurs when the gastric juice is hyperacid.

The writer, after discussing other theories, concludes that flatulent dyspepsia is due to a lack of gastric tonicity. In other words, the wall of the stomach, being weak, flabby and lacking in tone, suddenly dilates, and a volume of gas which was before somewhat compressed expands and fills out the enlarged viscus. The gas does not increase in quantity in the stomach, but only in volume. Associated with this gastric atony and perhaps dilatation, there is often a slight catarrhal condition of the stomach which lessens the power of normal gastric digestion and helps also to weaken the walls of the stomach.

The most important thing in the treatment of flatulent dyspepsia is to use remedies which will increase the nervous

vigor, hence tonics, and especially nerve tonics, are of the greatest importance. Nux vomica and strychnine should be placed at the head of the list. When there is gastritis associated with flatulent dyspepsia, with a coated tongue, the author gives bicarbonate of soda, strychnine and spirit of chloroform, dissolved in a bitter infusion of calumbo or gentian; 2 ounces three times a day, between meals. If pain is associated with the flatulence, bismuth is added to the mixture, or a pill containing carbolic acid, valerianate of zinc and alum is given. The compound assafetida pill and the extract of belladonna are sometimes useful. In cases where pain is located lower in the bowels, Indian hemp in doses of one-third of a grain often answers better than any other remedy. For the violent spasmodic attacks which these sufferers often have, associated with distension of the stomach and intestines, a mixture is given composed of equal parts of spirit of cajuput, aromatic spirit of ammonia, and spirit of chloroform; a teaspoonful in a wineglass of water every half or quarter of an hour.

The writer does not believe in the use of charcoal in flatulence, nor does he place great stress on the value of bismuth. The purpose of his paper is, he says, to urge the importance of tonics and antispasmodics as the rational and effective treatment of flatulence by improving the muscular tone of the stomach.—*Monthly Retrospect*, Aug., 1896.

AUTO-TOXEMIA IN CHILDHOOD.

In childhood the condition of the alimentary canal is a matter of, not an occasional illness, but rather of daily consideration. The digestive system has to ascertain, by a wide experimentation, the limits of its possibilities. Hence, the child repeats, in miniature, the history of the human race; it begins by putting into its stomach anything it can swallow, and learns by painful experiences to discriminate between the wholesome and the unwholesome. The most flagrant gastronomic sins are followed by local effects, such as colic, vomiting and diarrhoea; but by far the greater number of such errors give rise to general effects, by auto-toxemia; the absorption of toxines from the alimentary canal. The headaches, fevers, languor, anorexia, broken sleep, night terrors, as well as the affections of the gastro-intestinal tract itself, are very often attributable to this source. Indeed, it is now claimed, by very high authorities, that a vast number of nervous affections are to be traced to the absorption of these digestive-system toxines. Among the nervosa in this list are neuralgia, chorea, hysteria, melancholia, convulsions, strabismus, various spinal diseases, and epilepsy. Rheumatism, diabetes, uricaemia and uraemia have also been traced to this source. Mothers have been derided for excusing their chil-

children's misdemeanors on the plea of indisposition; but very many times children are spanked for naughtiness or ill temper directly due to leucomaia absorption. Our grandmothers administered a more judicious punishment in the shape of a dose of ipecacuanha, castor oil or brimstone and rhubarb; and while we make our doses more palatable we have not improved much on the efficiency of their treatment. In one household, of which the writer has some knowledge, the bottle of alkaline rhubarb with hydrastis held an honored place as long as there were children in the house; and every manifestation of original sin was followed by inquiry for the rhubarb. So well did the infants learn this lesson that when even the father attempted to reprove them, the youngsters, without a particle of malice or evidence of lacerated feelings, brought him the rhubarb. The probability is that they were right.

In the fevers of childhood, also, the absorption of toxins from the bowels plays an important part. Fever checks or stops the supply of nature's antiseptics, the bile, pancreatic secretion, etc.; and decomposition, the work of the intestinal micro-organisms, at once begins. In every case of fever, of whatever variety, simple or specific, so large a share of the symptoms presented are due to auto-toxemia, that intestinal antiseptics is the leading therapeutic indication. This accomplished, the attack is reduced to a comparatively innocuous malady, very often requiring nothing more than hygienic management.

Hitherto we have spoken only of the toxins generated in the intestinal canal as being the most important source of auto-toxemia and that most directly within our reach. But it must not be forgotten that in the operations of every cell in every tissue of our bodies, there is a constant formation of toxic matter, and that the getting rid of this waste product is essential to health. The kidneys are the main channels by which this excretion is performed, and the amount of solid matter thrown off in the urine is a fair indication of the state of this function. The day is at hand when no physician will be considered fairly equipped for his duties unless he has a laboratory at his command, with which the urine, faeces, sputa, blood, etc., can be scientifically examined. Our knowledge of the physiology of the tissues is unfortunately of the scantiest; of their pathology even less; consequently of their therapeutics there is hardly a vestige. In a general way we believe that calcium promotes the strength of the cell-wall, that phosphorous compounds favor the reconstructive work, and that the chlorides stimulate metabolism; while alkalides promote destructive metamorphosis, or katabolism, and the iodides stimulate the absorbents. But that there are much more definite indications behind these generalities, that there is a whole realm of truths as yet undiscovered waiting for recognition, no one who believes in the future of the medical art can doubt.

—*The Medical Council*, August, 1896.

THE VALUE OF THE OPHTHALMOSCOPE AS AN AID TO THE DIAGNOSIS OF CEREBRAL DISEASE IN PURULENT AFFECTIONS OF THE MIDDLE EAR:

Thomas R. Pooley, M.D., of New York, writes on this subject in the *Medical Record*, August, 1896.

Dr. Pooley gives the history of three cases reported by Dr. J. A. Andrews in 1883, where in chronic purulent otitis media, optic neuritis was observed. Also one reported by Dr. C. J. Kipp, of Newark, and one by himself. In these cases there is a history of otorrhoea for months or years, with meningitis and abscess or phlebitis of the lateral sinuses. In Dr. Kipp's case there was with the purulent inflammation in the middle ear a double optic neuritis, but without tenderness or swelling or of spontaneous pain in the mastoid process. Operation discovered an abscess in the mastoid, the healing of this cavity was followed by cessation of the otorrhoea, and later a subsidence of the optic neuritis and return to normal vision. The following deductions are made from a consideration of these cases:

Deductions.—From a consideration of these cases and many others in literature the following conclusions are drawn:

1. That the ophthalmoscope is of value in arriving at a diagnosis of the presence of cerebral disease—in some instances by confirming the evidence which is given by other symptoms, in others by being the principal if not the only reliable evidence of the existence of brain disease.

2. The subsidence of the optic neuritis after operation which gives a favorable turn to the ear disease, is shown by the recovery of the eyes and their restoration to normal vision. In this connection Kipp's case is particularly interesting and instructive, because there were wanting positive evidences of either mastoid disease or cerebral extension until the ophthalmoscopic examination detected double optic neuritis, upon which indication alone the operation was determined upon.

3. The percentage of cases in which the lesion under consideration is found is small, as, indeed, are brain complications. Kipp thinks that in most cases where meningitis is present there is some degree of optic neuritis. This seemed to have been the consensus of opinion in the discussion which followed the reading of the paper in the American Otological Society and was participated in by a large number of members present. This may be accounted for in a large measure, I think, by the neglect to look at the eyes—an omission which I for one confess to in many of my cases. Again, the attention is frequently not directed to the eyes, because, as is well known to ophthalmologists, vision is often unimpaired even in the most pronounced inflammation of the optic nerve.

4. The intra-ocular end of the nerve is never inflamed

when the disease remains limited to the middle ear and mastoid, but if it is, it is a certain evidence of brain disease. If, therefore, optic neuritis is found, the diagnosis of extension to the brain is certain, no matter whether other evidence exists or not.

5. The form of optic neuritis which exists is always of the kind seen in affections of the brain, viz., choked disc; but this may vary in degree from simple venous stasis, hyperaemia of the disc, oedema of the disc and surrounding retina, to, as in my case, the most pronounced choked disc. In my opinion the various forms described are only different grades of this form of neuritis. The eye trouble and impaired vision are most marked on the side where the ear disease is.

6. The presence of optic neuritis is unfortunately no aid in a solution of the difficult dilemma of locating the situation or even the nature of the disease, although, as we shall see under another head, the latter may be inferred from its more frequent occurrence in some of these affections than in others.

7. Optic neuritis occurs more frequently in cases of otitis media purulenta chronica than in acute cases, in which, indeed, its occurrence is very rare, the case of Kipp's in this respect being the earliest example of its occurrence after the onset of the ear affection. I have found that most of those I have looked up were observed in cases of otorrhoea of long standing, in many instances a number of years.

8. The list of brain lesions from otitis media purulenta in which optic neuritis has been observed, verified by autopsies, embraces nearly if not all those observed, i.e., abscesses of brain and cerebellum, meningitis, and sinus thrombosis.

9. The occurrence of optic neuritis in a case of otitis media chronica with implication of the mastoid, with a history of long-standing otorrhoea, is by inference very apt to be due to a cerebral abscess, although it must not be lost sight of that all of the lesions enumerated may be found in the one case—as in mine, where there was an abscess, meningitis, and sinus thrombosis.

10. The extent to which the presence of slight oedema of the optic disc should influence us in determining upon an operation on the mastoid is, in the absence of other sufficient evidences, necessarily an open question. But I think we may safely accept the conclusion arrived at by Dr. Andrews, a sound one, that "as the operation, when intelligently performed, is not a dangerous one, without waiting for pronounced neuritis we may accept the condition of oedema of the optic disc in the case under consideration as an indication for the opening of the mastoid; and if not with the expectation of liberating pus, at least to establish free drainage from the middle ear. The procedure is certainly consistent with a good surgical principle, and is not likely to add to the pre-existing mischief." In regard to the presence of a marked neuritis alone or in connection with other symptoms being an indication to open the mastoid, no doubt can exist. Another

indication of great value is pointed out by Knapp, who has been guided by the recession of the ocular symptoms in arriving at a decision when to let the opening in the mastoid (after operating) close. It is not necessary, he says, to keep up the syringing and drainage from the mastoid cavity until the suppuration has completely ceased, and it is just in these cases that the use of the ophthalmoscope has been of advantage.

11. The existence of optic neuritis as an indication for a more serious operative procedure than opening the mastoid, of the nature of an exploration of the brain for intracranial disease, can be considered only in connection with other symptoms which would go to render so grave a procedure justifiable. So far as it goes, however, it serves to make the presence of intracranial disease more certain.

THE DIAZO REACTION OF EHRLICH IN TYPHOID FEVER.

Dalgoff has reported to the Russian Medical Congress the results of his researches of Ehrlich's typhoid fever reaction. The study extended over 133 clinical observations, and Dalgoff has formulated the following conclusions:

1. In all cases of typhoid fever, of three weeks' duration, the reaction is observed in a majority of instances. A failure is rare. It is especially manifest at the seventeenth or eighteenth day and it often disappears three or four days before the febrile lysis.

2. In all typhoid cases, with a duration of three to five weeks, the diazo reaction never fails; it is especially evident at the end of the second or commencement of the third week; it disappears, generally, five to nine days before the fall of the fever; but, in grave cases, it will persist one or two days after.

3. When the fever has a duration of more than five weeks the reaction is very marked at the end of the second week and it disappears four to nine days before the fall of temperature.

4. When there is a relapse the reaction will reappear and its intensity will vary with the gravity of the relapse.

5. The reaction is not modified by complications, as peritonitis, etc. The intensity of the reaction follows a typical course with the fever. It has an ascendent, stationary and descendent period.

6. The diazo reaction is a constant phenomenon in typhoid fever; it is present in 99 per cent. of cases.

7. The reaction persists with the fever, but it disappears a short time before the fever declines.

8. The intensity and duration of this reaction are of prognostic importance; in grave cases it is strikingly manifest and persistent; in mild cases the reaction is always of short duration, and it is generally less intense than in grave cases.

9. The amount of the chemical bodies which produce the reaction are directly proportionate to the gravity of the disease.

The author has attempted to define the pathological substance which gives the diazo reaction. His researches have not been complete, but it seems that he has isolated the substance as an ethersulphuric acid. It is probably produced by a peculiar trouble of nutrition, and it can not be classed in the category of ordinary pathological urinary bodies (as albumin, peptone, etc.).—*Medical Review*, Aug., 1896.

THE TREATMENT OF DIABETES MELLITUS BY URANIUM NITRATE.

Samuel West, M.D., F.R.C.P., in the *Medical Press and Circular*, August, reports his further experience with this drug. He claims that it diminishes the thirst, reduces the amount of urine passed and lessens the percentage of sugar. In his hospital cases the drug was tried only after the patient had been kept on diabetic diet, and until the benefit to be derived from dieting, rest, and freedom from care and fatigue had shown themselves, and the patient had arrived at a state of equilibrium. Five cases are reported; the remedy was given in doses of from 5 to 10 grs. three times daily, in one case 3 grain doses (all the patient could take) produced no benefit, in all the others a marked improvement in all the symptoms was observed.

SURGERY.

IN CHARGE OF

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THE STREPTOCOCCUS AND ANTISTREPTOCOC- CIC SERUM.

Marmorek (*Annales de l'Int. Pasteur*, November 7, 1895; *Cent. für innere Med.*, December 28, 1895; *American Journal of Medical Sciences*, May, 1896), working in the same line as the diphtheria- and tetanus-serum theories, produced an anti-streptococcic serum which gave the following results in cases of erysipelas :

The mortality before its use was 5.12 per cent. During the period it was used there were 306 cases, 165 of these that were considered severe were injected; the mortality fell to 1.63 per cent., and if certain cases were left out that died

from other causes it would be only 1.2 per cent. A weaker serum was then employed, when the mortality rose to 4.82 per cent.

If the dose was sufficient, improvement in the subjective and local symptoms took place five to twelve hours after the injection. The temperature sank rapidly, and came to normal twenty-four hours afterward. If the temperature remained high, the dose was repeated at the end of twenty-four hours.

Albuminuria was never present in patients treated with the serum, and if it was previously present, it disappeared from twenty-four to forty-eight hours after the treatment commenced.

The dose varied according to the patient and the severity of the disease from 10 c.c. to 20 c.c. in severe cases. The total dose never exceeded 120 c.c. in ten days.

Gratifying results were also obtained in cases of puerperal fever, especially where the infection was not mixed, but a pure streptococcus infection.

SUTURE OF WOUNDED BLOOD VESSELS.

Two cases of this kind are recorded by Dr. Sabanyeff, of Odessa. In the first the suture was applied to the femoral vein, wounded during excision of the inguinal glands, and in the second to the femoral artery. In the latter case the patient died from the original disease, and the sutured artery was microscopically examined by Dr. Padalka, who found that the healing of the wound of the artery took place from outward to inward,—*i.e.*, that above all intima of the vessel healed, and parts approached by the suture healed sooner than those removed. In the same article the author studies the question of cardiac suture. He made a series of experiments upon rabbits, and arrived at the same conclusions as Block and Vecchio.—*Hirurgitchesky Archiv*, 1895.

THE GENERAL TREATMENT OF SYPHILIS IN PRIVATE PRACTICE.

Dr. RAMON GUITÉRAS gives an able paper on this subject in the *New York Medical Journal*, June 20th, 1896. He introduces his paper by saying: "This may be generally considered in about three lines, and as follows:

"For the first stage; the initial lesion; cauterize if necessary, and dress with aristol, iodoform, or calomel.

"For the second stage, prescribe pilula, hydrargyri protiodidi, from a third of a grain to a grain three times a day for the first year, and 'mixed treatment' for another year.

“For the third stage, if it occurs, employ ‘mixed treatment’ alone, or with fifteen grains of potassium iodide three times a day, the iodides to be increased if the lesions are serious, and use mercurials locally.”

After this introduction he takes up each stage and considers the treatment of different forms by certain methods.

In reviewing the primary lesion he emphasizes the fact that mixed infection should be treated first as a chancre with frequent washings with an antiseptic wash, and the application of some bland antiseptic powder, and as the sore becomes infiltrated and hard, to treat it as such by antiseptic washes and a dusting powder of equal parts boric acid, bismuth subnitrate, and calomel. In the event of the sores taking on an ulcerating form, he recommends cauterization with a saturated solution of silver nitrate.

In reviewing the treatment of the secondary stage, he says: “Some keep the patient on mercury for two years. It is my custom to give it for one year, and then to change it to mixed treatment, which I continue for another year. In prescribing this I order a sixteenth of a grain of the biniodide of mercury, and from three to seven and a half of iodide of potassium in the compound syrup of sarsaparilla, or better, the same strength in the Fraser ‘mixed treatment’ tablets, to be taken three times a day.”

In the treatment of ptyalism from mercury he uses a saturated solution of chlorate of potassium alternating with one of boric acid as a mouth-wash, and if the ptyalism is marked controls it with small doses of atropine.

DIAGNOSIS OF CARCINOMA OF THE BREAST IN ITS EARLY STAGES.

A. MARMADUKE SHIELD, M.B. Cantab, F.R.C.S. (*British Medical Journal*, May 30, 1896) considers 2,531 cases of carcinoma of the breast. Hospital records show that the most likely age for cancer is between 40 and 55. A tumor commencing in the breast of a woman under the age of 20 or over the age of 80 is not likely to be a cancer. The likelihood increases from 30 up to the age of 60, then gradually lessens.

Dr. Shield points out that patients usually discover quite accidentally that they have a tumor of the breast. It is quite the exception to have anything like severe pain in early cancer of the breast. Pain if present is not constant, but of the neuralgic type; there is no throbbing, or especial tenderness on pressure, heat, and redness. Symptoms which

are more characteristic of a deep abscess or inflamed cyst, or interstitial inflammation of an area of breast substance, than of cancer in its early stages. A number of cases of widespread carcinoma are reported where the disease in the breast was not detected until secondary cancerous deposits in other parts attracted attention. This insidious onset is especially common in very fat women, indeed the dimple in the skin over the growth is held often to be the first to attract the attention of the patient. Thus a case of pleurisy in an elderly woman, coming on insidiously, may be due to a deeply seated nodule of cancer in the breast, and the same may be said about pains about the thorax or bones, often supposed to be "rheumatic."

Of still greater importance are the phenomena of spontaneous fracture, especially of the femur, or severe pain in the spine terminating in paraplegia, and the sudden and rapid appearance of innumerable disc-shaped nodules of cancer over the skin of the thorax and abdomen.

In all such cases as these I would advise you to examine the breast, and in a certain proportion of them a nodule of deeply seated carcinoma will explain a very mysterious illness.

In considering the question of heredity, he says: "On the whole I may confidently advise you to look upon the family history of cancer, so far as breast disease is concerned, as of no great value in aiding you to arrive at a right and certain conclusion."

Dr. Shield claims that an exploratory incision is far and away the most reliable guide in cases of doubt. He urges the importance of becoming thoroughly acquainted with the appearance of freshly cut scirrhous. Even a small scirrhous nodule is said to offer marked resistance to the scalpel. The section is white and glistening like a section of unripe pear. The hardness fades off into the surrounding tissues, which are drawn together and contracted. The surface is often covered with little yellowish puncta from which on squeezing a juicy exudation and cells escape.

THE SERUM TREATMENT OF SYPHILIS.

Barling (*British Medical Journal*, February 8th, 1896) reports a case, where results produced by the injection of antisiphilitic serum was remarkable. The infecting sore was severe,—in fact, had taken on a phagedænic character, and had extended two-thirds of the way through the penis when the first injection was given. The other early secondary symptoms were well marked. On December 31st, when there was

immediate danger of losing the glans, all medicines were stopped and the injection of antisyphilitic serum was begun.

"On December 3rd 1 c. cm. was injected into the left flank. There was no apparent effect. The evening temperature was normal.

"On January 1st, 1896, 2 c. c.m. were injected into the right flank. The evening temperature was 99.2°. The patient felt sick about two hours after the injection, but this passed off in an hour. There was distinct redness and increased swelling around the chancre.

"On January 2nd, 3 c. cm. were injected in the left flank. No further change was noted. The temperature was normal.

"On January 3rd, 4 c. c.m. were injected into the right flank. The chancre had certainly not spread since December 31st. The edges were now clear of slough. The patient said he felt 'all right.' The evening temperature was 98.8°. On January 4th the slough was separating and the secondary eruption was almost gone.

"On January 6th the slough had come away leaving a healthy granulating surface. The patient's general condition was improving.

"On January 25th the patient had been out for nearly a fortnight, and had put on almost a stone in weight. The wound was practically healed, chiefly by third intention."

The whole dose of 10 c. cm. was spread over four days, instead of seven as is usual, but the urgency of the symptoms seemed to warrant this. So far as can be judged from one case, the serum seems to have had a very good effect. It remains to be seen if the experience of others will confirm this opinion.

OBSTETRICS.

IN CHARGE OF

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POWERLESS LABOR.

If rigidity of perineum causes powerless labor—and this is more frequently the cause in primipara than any other—there are four ways of treating the case. You can wring out flannel cloths in very hot water and keep constantly applied to the perineum. If it does not yield to that, you can put the patient into a hot hip-bath, and keep her there for twenty or forty minutes. If unsuccessful in this, chloroform your patient, put her on her side, and put two fingers in vagina and pull it steadily back towards the coccyx. The last resource

is to dilate gradually with the forceps, while patient is anaesthetized. Of course, in all these cases, if after the cause is removed the "pains" are inefficient, the forceps may be required to terminate the labor.

CRACKED NIPPLES.

Dr. Virginia M. Davis, of New York, is accustomed to apply lanolin with the onset of labor four times daily till lactation is established. The nipples are then, after each nursing, anointed with the following:

R.	Tinct. Benzoin Comp.....	15 drops.
	Ol. Olivæ	2 drachms.
	Lanolin	6 drachms.
M.	Ft. ungt.— <i>Prescription.</i>	

LACERATION OF PERINEUM.

Dr. Batman, of Ind., says:

1. The obstetrician has not discharged his full duty to his patient until he has carefully determined the location and extent of all injuries to the soft tissues of the pelvic outlet occasioned by the labor, and has repaired such as are susceptible of immediate repair.

2. The time is not far distant, if not already here, when the courts will take cognizance of failures to render such services when thus indicated, since they are a part of the service which the thoroughly equipped practitioner renders his patient. The only amends which can be made for failure to make the immediate repair, in case the attendant is not prepared with appliances and a knowledge of the technique of the procedure, is to call for assistance upon some one that is prepared.

THE INFLUENCE OF ALEXANDER'S OPERATION UPON PREGNANCY AND LABOR.

Stoeker finds that this operation exerts no unfavorable influence upon conception, and in his extensive experience he had never seen a labor complicated by the results of the operation.

THE INFLUENCE OF SOMATOSE UPON THE MAMMARY SECRETION IN NURSING WOMEN.

Drews reports twenty-five cases in which somatose produced an abundant milk secretion in women who seemed to be unable to nurse, and also caused the milk to flow in cases where, from one cause or another, it had ceased to flow. The dose given was one teaspoonful in a cup of warm milk 3 or 4 times a day. As it is tasteless, patients do not object to it.

VERSION IN THE VENTRAL POSITION.

Mensinga, in *Cent. Fur Gyn*, claims for this position the following advantages: 1. The aperture of the pelvis is directed upward, instead of downward as in the dorsal position. This gives more room for the operating hand. 2. The arm remains continuously in a position of pronation, in which the acting muscles have a greater certainty of action, than in supination. 3. The ventral position produces a shortening of the uterus and vagina and a widening of the latter organ, enabling the hand to be introduced with greater ease. 4. The os is also widened and the contracting ring at the os internum disappears. 5. The dorsal surface of the hand remains in continuous contact with the spinal column; this forms an excellent guide to the operating hand. The maternal soft parts cannot be injured. 6. The shortening of the uterus enables the operator to grasp the foetal parts with greater ease. 7. The patient is in a more esthetic position. 8. The danger of tearing the uterus from the vagina is avoided, because the hand encounters no obstacles in its entrance to the vagina and uterus. 9. Air embolism cannot occur, as the uterine fundus forms the most dependent portion of the genital canal, and any air which might enter remains in the vagina. 10. The former reasons also explain why the operation is less painful and the external genitals are always in plain view.

WHAT FACTORS ARE TO BE REGARDED IN THE DISINFECTION OF THE HANDS.

Dr. F. Ahlfeld (*Monat fur Gebust und Gyn.*) gives the following conclusions as a result of his experiments:

1. An essential factor in the success or failure in disinfecting the hands is their previous condition. Hands with long nails, deep grooves around the edges of the nails, and rough, fissured skin are very difficult to sterilize.

2. A second factor is the energy, both physical and mental, with which the disinfection is conducted.

3. In the sterilization, alcohol plays the most important role, on account of its germicidal action.

4. The operation should begin with the trimming of the nails. Then the hands should be scrubbed one or two minutes with soap and hot water. After the nails have been carefully cleaned, the scrubbing should be continued again for one or two minutes. The water should be very hot, and changed frequently during the process.

Careful observation of these points produced satisfactory results in all the experiments.

CARE OF PREGNANT WOMEN.

Pinard (*Gaz. des Hop.*) calls attention to the fact that it is very important that women should be kept at rest towards the end of pregnancy. Hard work is an evil both for the mother and for the child. He has made a comparison of cases of women who sought relief at the lying-in-hospital usually after the first pains had occurred, with those who had resided some time in the hospital, and finds that the weight of the children born of those who had been cared for in the hospital for some time was considerably greater. They also all carried their children the full 280 days; while those that were hardworked up to the last, only one-half carried to the 280 days.

MANAGEMENT OF LABOR.

J. S. Thomson, in *Ed. Med. Jour.*, never allows the use of the vaginal douché in a patient who has passed through a comparatively normal labor, whether forceps have been used or not. He uses forceps once in every five cases, for, he says, that "with a well dilated os it is folly to wait for hours upon nature to complete what can be brought to a close in as many minutes." He also gives ergot as a routine practice immediately after the birth of the child, and always removes the placenta within fifteen minutes.

GYNÆCOLOGY.

IN CHARGE OF

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THE INFLUENCE OF CASTRATION ON STRUCTURAL CHANGES OF THE UTERUS.

Sokoloff (*Archiv für Gynakologie*, Band li, Heft 2, the *American Journal of the Medical Sciences*, June, 1896) presents the results of a series of interesting experiments upon bitches and rabbits, undertaken with the view of determining the anatomical changes which take place in the uterus after the removal of one and of both ovaries. After the former operation the heat returned as before, but in no instance after the removal of both ovaries. The animals were killed at different periods after the operation, varying from twenty days to fourteen months, their uteri were removed, hardened, and sections were made. No variations from the normal were noted in cases in which a single ovary had been removed, but after complete castration a well-marked atrophy of the circular muscular layer was observed, which reached its height

four months after operation, as well as a disappearance of numerous muscular fibres in the longitudinal layer. The caliber of the vessels was diminished and their walls were thickened, especially in uteri removed several months after castration. The endometrium remained unchanged even a year or more after the operation.

The writer denies that the atrophy of the uterus following castration is due to ligation of the spermatic arteries, since the collateral circulation is speedily restored. It must, then, be attributed to a disturbance of nutrition in the uterine tissue secondary to extirpation of the ovaries, of nervous origin, either central or dependent upon the removal of vasomotor or trophic centres in the ovaries themselves. The writer favors the latter theory. Every tissue must, in order to retain its normal structure, perform its normal functions, as well as receive a proper amount of nourishment. When the normal physiological stimulus of this tissue is absent and its function is accordingly suspended, it undergoes atrophy, even though its nutrition is not disturbed. The regular rhythmical contractions of the uterus cease after extirpation of the ovaries which are the seat of the exciting impulses; its normal functions, menstruation and pregnancy, are eliminated, and muscular atrophy results. The endometrium, not being influenced by these contractions, remains unchanged. The latter phenomenon may be explained on the theory that the mucosa and utricular glands are presided over by a special nerve-centre independent of the atrophic centre regulating the muscular tissue.

CONSERVATIVE SURGERY OF THE TUBE.

Gersung (*Centralblatt für Gynäkologie*, 1896, No. 2) describes a conservative operation for hydrosalpinx after extirpation of the opposite tube and ovary, the corresponding ovary being normal. The sac was incised, its contents evacuated, and the ovary sutured in the opening with fine silk, so that only a portion of its upper surface remained visible. It seemed to be fairly certain that during ovulation the ova would escape into the tube, but, not having a probe, the operator was unable to satisfy himself that the proximal end of the tube was patent, so that conception might occur.

The patient was discharged at the end of three weeks; she menstruated a month later, and became pregnant after the second period. When examined, pregnancy had advanced to four months, and she was in excellent health.

The operation proved conclusively that a hydrosalpinx can, by conservative treatment, be transformed into a tube capable of performing its normal functions, and that the usefulness of a healthy ovary is not impaired by transplanting it into the wall of the sac.

FIXATION OF THE PROLAPSED OVARY.

SAENGER (*Centralblatt für Gynakologie*, 1896, No. 9, *American Journal of the Medical Sciences*, July, 1896) reports two cases in which he practised "pelvic fixation" of the ovaries. With the patient in Trendelenburg's posture, ventro-fixation of the retro-displaced uterus was first practised. The prolapsed ovaries were attached to the pelvic brim in one case by passing two fine silk sutures through each mesosalpinx near the ampulla of the tube, and then through the parietal peritoneum just in front of the attachment of the ovarian ligament. In the other case after ventro-fixation the ovaries (previously freed from slight adhesions) were drawn upward, ignipuncture of several follicular cysts was performed, and the organs were then attached to the parietal peritoneum as before, except that the sutures were introduced around the infundibulo-pelvic ligament just behind the fimbria ovarica. In both instances all former painful symptoms were relieved, and the ovaries remained permanently in normal position. In the second case the patient had conceived, and was six months pregnant.

The operation is comparable with intra-peritoneal shortening of the round ligaments, and, like the latter procedure, aims at restoring the displaced organs to their normal position without impairing their natural mobility. It is, of course, impossible to accomplish this fixation of prolapsed ovaries except by cœliotomy. It is intended merely as a supplement to other conservative work upon the uterus and ovaries.

AIR-EMBOLISM DURING MYOMECTOMY.

BIERMER reports the following case, which he regards as unique: During the removal of a myoma of medium size from the anterior aspect of the uterus, a sudden hissing sound was heard as the growth was twisted out of its bed, and the cavity was filled with bloody foam. Less than two minutes afterward the patient ceased to breathe, her pulse became imperceptible, and although efforts at resuscitation were continued for an hour, she expired. The diagnosis of chloroform-asphyxia was made, but at the autopsy the right ventricle was found to be distended with large air-bubbles.

GONORRHŒA IN WOMEN FROM A MEDICO—LEGAL STANDPOINT.

NEISSER (*Centralblatt für Gynakologie*, 1896, No. 14, *American Journal of the Medical Sciences*, July, 1896) discusses this important question with especial reference to the importance of the diagnosis, which, he affirms, cannot be positively made without the aid of the microscope. A secretion may be pre-

sent which bears an exact resemblance, macroscopically, to gonorrhœal pus, but contains no cocci, or, in fact, any bacteria whatever.

Moreover, it is impossible to determine the time at which infection occurred, since its course differs so widely in different subjects. When the cervical canal is affected, but not the urethra, symptoms may be absent. The writer denies the truth of the statement that obscure acute gonorrhœal infection in the female may cause a chronic discharge in the male; the gonococci always possess the same virulence, and when they come in contact with healthy mucous membrane produce an acute inflammation. This explains the violent gonorrhœal attacks in newly married women, whose husbands regard themselves as entirely cured, and also the similar acute infection of men after intercourse with females whose physicians had discharged them as free from disease. In both instances the secretion is found to contain a few scattered cocci, which are only found after a long search. In the chronic cases the characteristic appearance of the gonococci within cells is often wanting, and the culture-test is frequently unsatisfactory. In short, the microscopical diagnosis is often exceedingly difficult. Still, this is the only one which should be admitted as positive in a court of law.

SIMON (*Revue Méd. de l'Est; Annales des mal. des Organes Gén-urinaires*, 1896, No. 4), after reviewing the opinions of various authors with regard to the importance from a medico-legal standpoint of the presence of gonococci in suspected vaginal discharges, the following interesting case is cited: A man, aged thirty-seven years, was accused of having committed rape upon a little girl five years of age, and of having infected her with gonorrhœa. An examination of the greenish pus which escaped from her vagina showed that it contained Neisser's cocci. The accused denied that he had had urethritis or any venereal trouble since an attack of clap fifteen years before, which had been promptly cured. Careful and repeated examinations of his urethra showed an entire absence of any abnormal secretion. A bacteriological examination of the urinary sediment demonstrated the presence of numerous epithelial cells containing bodies which somewhat resembled gonococci, but when subjected to staining by Gram's method failed to respond to the ordinary test. Under these circumstances it was impossible for the expert to submit a positive opinion. Hence the inference that when the question of the specific nature of an old urethral discharge is to be decided, too much reliance cannot be placed on the bacteriological evidence. Even when cocci are demonstrated in the vaginal secretion, the origin of the infection, whether direct or accidental, may remain in doubt.

TUBERCULOSIS OF THE FEMALE GENITAL ORGANS (INCLUDING TUBERCULOSIS OF THE KIDNEYS).*

By ALBERT VANDER VEER, M.D.

In his paper some stress was laid upon the benefit accruing from the past study of abdominal surgery, also reference made to the pathology of old writers, and recent advances in this direction, one of the most important considerations being in the study of the pathological conditions presenting, from the standpoint of histological and bacteriological examinations for the tubercle bacilli. The subject of tuberculosis of the external organs of generation was carefully considered, also of the vagina and cervix, which, though exceedingly rare, still has a clinical history, and, while it is possible to find it as a primary development, from contact with the bacilli of the external surfaces, etc., careful investigation has proved that the ulceration is found, in the majority of cases, on the posterior wall of the vagina. This is the result of, possibly, the deposits of tubercular discharge from the tubes, from the uterus, possibly from bacteria being deposited there in the diseased condition of the male, or from such conditions as previous local lodgment, and the disease developed in that way.

Laceration of the cervix was also emphasized as being a point for development of tuberculosis. Stress was laid upon the fact that the disease was manifestly local, from a tubercular condition of the entire system. Some of the saddest cases in our practice are the ones associated with advanced phthisis.

Careful consideration was given to the subject of tuberculosis of the uterus in the form of tubercular endometritis, and to the fact that the uterus occupies a position for attack from the disease from without as well as from the secretions from the tubes. By far the largest number of cases are found in disease of the tubes, fully eight or ten per cent. of the cases of diseased tubes being of the character of tubercular trouble, and unquestionably the focus for the development of tubercular peritonitis. It is noted that the greater number of cases of tubercular disease of the tubes is found among young unmarried women, and not in women who have been married a number of years and borne children. Heredity presents as a strong element in these cases. Garrigues says that "the wall is swollen, its epithelium is thrown off, the ostia are generally closed, the calibre enlarged, and the tube filled with a caseous mass."

Tuberculosis of the ovaries is exceedingly rare, yet is to be observed in the form of the caseous variety.

* Read before the American Surgical Association, Detroit, Mich.

Tuberculosis of the female genital organs is of two varieties: miliary tuberculosis, and chronic, diffuse, fibroid tuberculosis, the latter being known and described in the past as the caseous form of the disease.

In the diagnosis of tuberculosis of the female generative organs, much attention should be paid to the conditions of that individual case, by differential diagnosis, or by exclusion. Whenever it is possible to secure some of the discharge, either from the tubes or from the uterus, more particularly, it should be examined for bacilli. The gross appearance of the sore, in connection with the external genitals, is that of the hardened split pea, more particularly, also within the vagina, with more or less moisture; and the greater the amount of discharge the more rapid seems the tendency to necrosis and breaking down of tissues, with increase of odor. Here the error has frequently been made, especially in regard to the cervix, in mistaking it for malignant disease in the form of carcinoma. The possibility of specific trouble must not be lost sight of. This error is to be avoided by careful microscopical examination of the secretions. There is no doubt that many of the so-called gonorrhœal cases of pyosalpinx, are the result of the grafting of the specific form of the disease upon the tubercular tubes already existing, and that it is in these cases we find, when cutting the tubes across, a solid mass of caseous infiltration.

Too much stress cannot be laid upon the necessity of an early diagnosis; and when the disease is locally confined to the external genitals, to the vagina, or to the cervix, or occurs in the form of tubercular endometritis, most gratifying results follow prompt energetic local treatment, such as curetting of external ulcers, of the cervix, or of the cavity of the uterus, the application of the carbolic acid or iodine or the use of peroxide of hydrogen; when the discharge is very free and contains pus, packing of the vagina and of the uterus thoroughly with strips of iodoform gauze is to be recommended, and is followed in many cases by prompt recovery.

Repair of a lacerated cervix is not to be forgotten, but is to be done thoroughly.

When it is positively decided that the tubes and ovaries are the source of the disease, a prompt operation for their removal is emphatically demanded. It cannot be done too early, and removal of the appendages on each side is recommended.

The writer's own preference is for abdominal section, believing that his results therefrom have been better than when working through the vagina.

Tuberculosis of the kidney still remains in an exceedingly obscure state. It presents in the form of miliary or general tuberculosis, and the caseous, scrofulous, or true disease of the kidney.

Reference was made to the lectures of the late Alonzo Clark, and his careful classification and diagnosis of the true scrofulous kidney. The symptoms are not altogether clear. The patient complains of pain about the lumbar region; there is a group or lot of symptoms in addition to the lumbar pain, a sense of weight, of dragging about the side affected, extending downward into the inguinal region, accompanied, perhaps, with some nausea, with loss of appetite, emaciation, and a languid, restless feeling. The patient does not suffer the acute pain of renal colic, etc., that accompanies most of the other lesions of the kidney, but she is not well. Miliary tuberculosis is usually accompanied with development of this disease in other parts of the body. Miliary tuberculosis is the disease of childhood and adolescence, in children occurring more frequently up to the age of ten years. As to the manner in which the common, cheesy, surgical, scrofulous, tubercular lesions of the kidney present, it is believed by those who have studied the subject thoroughly that it is, as a rule, a primary tubercular focus in the lower urinary or genital structures, which gradually extends upward along the mucous surfaces to the bladder and ureter to the kidney.

Chronic renal tuberculosis is noticed in middle life and on in advanced life. It is possible for it to be confined entirely to one kidney, and perhaps destruction of that gland, resulting in a cirrhotic mass or cheesy substance, the kidney becoming encapsulated.

Temperature is the important consideration in the study of tuberculosis of the kidneys, there being a most decided rise at night, continuing thus for several days, which we are not able to account for in the search for tubercular lesions about the system elsewhere.

In all these cases the urine should be carefully examined as to the possibility of bacilli being present; but Dr. Kelly, in a recent article in the *Johns Hopkins Hospital Bulletin*, vol. vii., February and March, 1896, states that this is a very difficult point to settle; often bacilli are not to be found, yet on operation a tubercular condition of the kidney is present.

Dr. Vander Veer reported several cases from his own practice, and emphasized immediate or prompt removal of the kidney and ureter when once the diagnosis was clear, or that an exploration should be made. His own preference is for nephrectomy in all cases possible, doing an extraperitoneal operation, giving most decided endorsement to the nephro-ureterectomy of Kelly.

In all these cases the patient should be given the benefit of a general tonic course of treatment, such as tends to relieve general tuberculosis of the system.—*International Medical Journal*, June, 1896.

THE CANADA MEDICAL RECORD

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All communications for the Journal, books for review, and exchanges, should be addressed to the Editor, Box 2174, Post Office, Montreal.

Editorial.

THE BICYCLE.

This new means of rapid progression, now becoming so popular in all countries and among all classes of the community, is certainly, from a business and manufacturing point of view, the most prominent mechanical production of this age, and from all points of view current literature teems with references to it. In its present improved condition it is undoubtedly a convenient means, with favorable weather and roads, for rapid transit, and available for humanity in all its grades from childhood to old age, and in many families it will to a great extent supplement largely the use of the horse, and in many cases supplant him entirely, owing to the difference in the attention and care required, expense, and convenience, which stand in favor of the bicycle. A method of locomotion which is becoming so general, both as a means of recreation as well as in the pursuit of various occupations, deserves and demands the careful thought of the physician, who is now so often consulted in regard to it. We must be able to give sound advice to the young and the aged; as to the advisability and extent of its use by the female sex; in what diseased conditions its use may be permitted; and we should be competent to counsel all in regard to the amount and manner of indulging in this fascinating physical exercise. To do so one is much better qualified who has had personal experience, and who has felt the exhilarating influence and benefited by its judicious use, rather than having opinions based on prejudice or borrowed from those similarly inexperienced.

As a means for healthful exercise when taken in moderation, and with due regard to the strength of the individual, we can fully endorse the bicycle. On level roads with a modern wheel weighing from 22 to 25 lbs., no great effort is required to keep up a moderately quick pace, the lower extremities do most of the work, but those of the body and upper extremities are more or less in action, the latter more so when the handle bars are lowered. The heart feels the influence of the exercise in proportion to other muscles to a greater degree than in any other form of exercise, and is the organ most to be regarded, as in all over-indulgence it is the point where injury is most likely to occur, and in those unaccustomed to much exercise of any kind, the greatest moderation is required in the beginning to avoid excessive strain and over-dilatation of this organ, before compensating muscular growth occurs, and just here also is the danger from undue use of the bicycle by undertaking too long rides, excessive speed, riding against headwinds, or climbing long hills, hypertrophy and excessive irritability of the heart are apt to be engendered. The exercise is so fascinating and the exhilaration of a brisk ride so great, that without knowing it or the sensation of any feeling of fatigue, the heart may be overstrained. When the increase in the heart's beat, which is always associated with riding, becomes any way marked, the pace should be moderated or a complete rest taken. Sir Benjamin Ward Richardson, in a paper in *The Asclepiad* on this subject, gives the following conclusions:

(1) Cycling, when carried on with moderation, may, in so far as the healthy heart is concerned, be permitted, or even recommended, by practitioners of the healing art.

(2) In every case of heart disease it is not necessary to exclude cycling. It may even be useful in certain instances where the action of the heart is feeble, and where signs of fatty degeneration are found, since increased muscular exercise often improves the condition of muscle, and of no muscle more than the heart itself.

(3) As the action of cycling tells directly upon the motion of the heart, the effect it produces on that organ is phenomenally and unexpectedly great in regard to the work it gets out of it.

(4) The ultimate effect of severe cycling is to increase the size of the heart, and to render it irritable and hypersensitive to motion, the cycling acting upon it like a stimulant.

(5) The over-development of the heart under the continual over-action and extreme over-action affects, in turn,

the arterial resilience, modifies the natural blood-pressure, and favors degenerative structural changes in the organs of the body generally.

(6) In persons of timid and nervous natures, "neurotics," the fear incidental to cycling, especially in crowded thoroughfares, is often creative of disturbance and palpitation of the heart, and ought to be taken into account in preventive advice.

(7) In advising patients on the subject of cycling, it is often more important to consider the peripheral condition of the circulation than the central. Enfeebled or worn-out arteries, that is to say, are more dangerous than the feeble heart, and, when connected with a heart that is over-active, are seats of danger. This same remark would, of course, apply to cases where there is local arterial injury, as in aneurism.

(8) Venous enlargements seem rather to be benefited than injured by cycling, and conditions marked by sluggish circulation through veins are often greatly relieved by the exercise.

(9) There are three sets of acts which are most injurious in cycling: (a) Straining to climb hills and to meet headwinds. (b) Excessive fatigue. (c) The process of exciting the heart and wearing it out sooner by alcoholic stimulants, to the omission of light, frequently repeated, and judiciously selected foods.

(10) The time has arrived when practitioners of medicine everywhere should make observations for themselves that confirm or confute these observations.

We should always recommend to riders the erect position or only slight forward inclination, the lowered handle bars and bent position which using them in this manner entails, should be avoided by all who are not training for the race course, or is permissible only in the way of altering muscular strain on long journeys.

E. B. Turner, F.R.C.S., in the *British Medical Journal*, draws attention to a condition called fatigue fever, induced by over-exercise, and caused by an excessive amount of waste material being thrown into the circulation; the symptoms are sleeplessness, thirst, anorexia, lassitude next day, headache, palpitation of the heart and great depression, with several degrees of elevation of the temperature, it disappears in a few days after rest.

The writer, whose series of articles on the bicycle appeared during the last 3 or 4 months, states that the bicycle may be used from the age of 7 years on to old age.

That the bicycle has been a boon to the female sex is ad-

mitted by all writers when a proper saddle is used, which does not permit of undue pressure on the perinaeum, and where the usual rules and precautions are observed. It will aid in bringing about needed reforms in dress, and in all such conditions as anaemia, neurasthenia, dyspepsia, constipation, amenorrhoea and dysmenorrhoea and general want of visceral and muscular tone, the result of a want of the regular exercise which the male sex indulges more freely in, it will become a valuable factor in bringing about a condition of normal vigorous health.

According to Turner, bicycling should not be allowed in aortic valvular disease, but may be beneficial in mitral incompetency and in functional cardiac diseases; it is contraindicated in arterio-sclerosis, it is especially useful in varicose veins and haemorrhoids, also in quiescent tuberculosis, and in pleuritic adhesions, and especially as a preventive in those predisposed to phthisis, as one of its principal effects is to increase the lung capacity. In all inflammatory pelvic affections in women, leucorrhoea, menorrhagia, it should be prohibited until inflammatory and congested conditions have subsided, when its use will promote absorption of exudates. Its benefits are more apparent in functional diseases, and especially those of the liver and nervous system.

The bicycle is thus seen to be a potent means for correcting diseased and unhealthy conditions, when ridden with due circumspection, and it may, when injudicially used, lead to harmful results, which it is the duty of the profession to recognize and obviate by constantly sounding a warning note when opportunity offers. Under the sway of the bicycle humanity is taking an upward move; the never waning fascination and pleasure associated with its use drives the indolent and debilitated from conditions of inactivity to roam out into the pure air and sunshine, thus conforming to the conditions we know to be so essential to sound mental and bodily vigor.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS.

PRELIMINARY PRESS NOTICE OF THE NINTH ANNUAL MEETING AT
RICHMOND, VA.

The ninth annual meeting of the American Association of Obstetricians and Gynaecologists will be held at the Hotel Jefferson, Richmond, Va., Tuesday, Wednesday and Thursday, September 22, 23 and 24, 1896.

The proprietors of the "Jefferson" offer special rates to the Fellows of the Association, their families and guests, as well as to any physicians who come to attend the meeting. It is confidently expected that the railways will offer transportation at a uniform rate of a fare and a third on the certificate plan to all in attendance. Let all obtain certificates from their local ticket agents, or from the nearest point where certificates are granted.

OUTLINE PROGRAMME.

The Association will meet in executive session with closed doors on Tuesday, September 22nd, at 9.30 o'clock a.m., for the election of new Fellows. The open session for the reading of papers will begin at 10 o'clock a.m. Recess for luncheon at 1 o'clock p.m. Afternoon session at 3 o'clock p.m. An evening session will be held Tuesday at 8 o'clock.

Morning session will begin Wednesday at 9.30 o'clock for the reading of scientific papers. Recess at 1 o'clock. Afternoon session at 3 o'clock. Adjournment at 5 o'clock. Executive session at 6.30 o'clock. Annual dinner at 8 o'clock p.m.

Thursday morning the session will begin at 10 o'clock. Recess at 1 o'clock. Afternoon session at 3 o'clock. Final adjournment at 5 o'clock. A full attendance is specially requested at the final session.

PAPERS PROMISED.

Note.—No attempt is made to arrange papers in the order in which they are to be read. That will be done in the permanent programme.

1. Principles and progress in gynaecology. President's address Joseph Price, Philadelphia.
2. Vaginal hysterectomy by the clamp method, Sherwood Dunn, Los Angeles.
3. Further experience with appendicitis, A. J. Vander Veer, Albany.
4. Relation of malignant disease of the adnexa to primary invasion of the uterus, A. P. Clarke, Cambridge.
5. Treatment of nuerperal septicaemia, H. W. Longyear, Detroit.
6. Treatment of posterior presentation of the vertex, E. P. Bernardy, Philadelphia.
7. Relation of local visceral disorders to the delusions and hallucinations of the insane, W. P. Mantön, Detroit.
8. Differential diagnosis of hemorrhage, shock and sepsis, Eugene Boise, Grand Rapids.
9. Movable kidney: local and remote results, A. H. Cordier, Kansas City.
10. Pathology and indications for active surgical treatment in contusions of the abdomen, W. G. Macdonald, Albany.
11. Some causes of insanity in women, George H. Rohe, Sykesville.
12. Subject to be announced, John Milton Duff, Pittsburg.
13. Shall hysterectomy be performed in inflammatory diseases of the appendages? L. H. Dunning, Indianapolis.
14. Subject to be announced, Rufus B. Hall, Cincinnati.
15. Subject to be announced, Geo. Ben. Johnston, Richmond.
16. Dynamic ileus: with report of cases, J. W. Long, Richmond.

17. Faradic treatment of uterine inertia and subinvolution, Charles Stover, Amsterdam.
18. A plea for absorbable ligatures, H. E. Hayd, Buffalo.
19. Treatment of the stump, J. F. Baldwin, Columbus.
20. Limitations in the teaching of obstetrics and gynaecology as determined by state medical examining boards, William Warren Potter, Buffalo.
21. Subject to be announced, Walter B. Chase, Brooklyn.
22. (a) The philosophy of drainage; (b) Treatment of the pedicle in hysterectomy or hysteromyomectomy in the abdominal method, Geo. F. Hulbert, St. Louis.
23. Removal of the uterine appendages for epilepsy and insanity; a plea for its more general adoption, D. Tod Gilliam, Columbus.
24. Albuminuria of pregnancy, A. Fr. Eklund, Stockholm.
25. Subject to be announced, Lawson Tait, Birmingham.
26. Unnecessary and unnatural fixation of the uterus and its results, James F. W. Ross, Toronto.
27. Sarcoma of the urethra, Charles A. L. Reed, Cincinnati.
28. Appendicitis as a complication in suppurative inflammation of the uterine appendages, L. S. McMurtry, Louisville.
29. Gunshot wounds of the abdomen with the new gun, J. D. Griffith, Kansas City.
30. Subject to be announced, Walter B. Dorsett, St. Louis.
31. Subject to be announced, W. E. B. Davis, Birmingham.
32. Subject to be announced, E. Arnold Praeger, Los Angeles.
33. Tubo-ovarian cysts with interesting cases, A. Goldspohn, Chicago.
34. Obstruction of the bowels following abdominal section, Geo. S. Peck, Youngstown.
35. Memorial of Dr. Hiram Corson, Trail Green, Easton.

Correspondence is pending concerning additional papers. All titles must be offered before August 25th, when the permanent programme goes to press. The executive council directs attention to the following by-law.

PAPERS.

VI. The titles of all papers to be read at the annual meeting shall be furnished to the secretary *not later* than one month before the first day of the meeting.

No paper shall be read before the Association that has already been published or that has been read before any other body.

Not more than thirty minutes shall be occupied in reading any paper before the Association.

Abstracts of all papers read should be furnished to the secretary at the meeting.

All papers read before the Association shall become its sole property if accepted for publication; and the Executive Council may decline to publish any paper *not handed to the secretary complete* before the final adjournment of the annual meeting.

Dr. Geo. Ben Johnston, 407 E. Grace street, Richmond, Va., is chairman of the committee of arrangements, who should be addressed in regard to hotel accommodations and railway fares.

JOSEPH PRICE, *President.*

WILLIAM WARREN POTTER, *Secretary.*

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

MEETING AT ST. PAUL, MINNESOTA,

September 15, 16, 17, 18.

Office of the Secretary, 3559 Olive Street.

ST. LOUIS, 30th July, 1896.

Editor CANADA MEDICAL RECORD.

My Dear Doctor,—I desire to announce to you that the date of the meeting of the Mississippi Valley Medical Association has been changed to September 15, 16, 17, 18, in order to permit the members and their families to take the opportunity accorded by this change to make a pleasant tour through the Yellowstone Park, so justly celebrated as the Wonderland of America.

Prominent resident members of our Association in St. Paul and Minneapolis are formulating plans for the special Yellowstone Park excursion trip, to leave on the evening of September 18th, arriving in Mammoth Hot Springs in the Yellowstone Park about noon on the following Sunday, and devoting the following five days to the wonders of this remarkable region, returning to St. Paul Sunday, September 27th.

The cost of the trip, including all expenses west of St. Paul, will be announced in due season, but we are authorized to say that the figure will be a very favorable one, and we simply wish at this time to make the preliminary announcement of this most enjoyable feature of the St. Paul meeting, so as to give members the opportunity of making their plans in advance to join the party. It is desirable that there be a party of 100 or more, in order to obtain the benefit of the special train service in both directions.

It is urged that all members who desire to join the party should send their names to Dr. C. A. Wheaton, chairman of the Committee of Arrangements, St. Paul, at as early a date as possible. If you desire to read a paper before the meeting, please send to me the title at once.

Very truly yours,

HANAU W. LOEB,

(L.) *Secretary.*

AMERICAN PUBLIC HEALTH ASSOCIATION.

SECRETARY'S OFFICE.

Concord, N.H., June 24, 1896.

(Preliminary Circular.)

The Twenty-fourth Annual Meeting of the American Public Health Association will be held at Buffalo, N.Y., September 15-18, 1896.

The Executive Committee have selected the following topics for consideration:

- I. The Pollution of Water-Supplies.
- II. The Disposal of Garbage and Refuse.
- III. Animal Diseases and Animal Food.
- IV. The Nomenclature of Diseases and Forms of Statistics.
- V. Protective Inoculations in Infectious Diseases.
- VI. National Health Legislation.
- VII. The Cause and Prevention of Diphtheria.
- VIII. Causes and Prevention of Infant Mortality.
- IX. Car Sanitation.
- X. The Prevention of the Spread of Yellow Fever.
- XI. Steamship and Steamboat Sanitation.
- XII. The Transportation and Disposal of the Dead.
- XIII. The use of Alcoholic Drinks from a Sanitary Stand-point.
- XIV. The Centennial of Vaccination.
- XV. The Relation of Forestry to Public Health.
- XVI. Transportation of Diseased Tissues by Mail.
- XVII. River Conservancy Boards of Supervision.

Upon all above subjects special committees have been appointed. Papers will be received upon other sanitary and hygienic subjects also.

OFFICERS, 1895-1896.

President, Dr. Eduardo Liceaga, Mexico, Mex.; First Vice-President, Lieut.-Col. Alfred A. Woodhull, Medical Dept., U.S. Army, Denver, Col.; Second Vice-President, Dr. Henry Sewall, Denver, Col.; Secretary, Dr. Irving A. Watson, Concord, N.H.; Treasurer, Dr. Henry D. Holton, Brattleboro, Vermont.

OBITUARY.

Dr. Adolphe Dagenais, one of the senior members of the profession in Montreal, died on June 29th, after only a few months illness, the cause being cancer of the tongue. He leaves a widow and four daughters. He was born in Hochelega in 1836. From *L'Union Médicale* (of which he was one of the founders in 1872 with Drs. Rottot and Desrosiers) we learn that he received his education in the Montreal College, and between 1854 and 1858 took the medical course at the

School of Medicine and Surgery, and became a member of the College of Physicians and Surgeons of the Province of Quebec in 1866. In 1867 he received the diploma of Victoria University of Cobourg, and was appointed editor of the *Gazette Médicale*, associated with Dr. Lemire. In 1870 he was appointed physician to the Hotel Dieu, and in 1872 Professor of Obstetrics in the School of Medicine, a position which he occupied until 1878. In 1872 he was nominated physician in chief to the Maternite de Montreal, and in 1876 President of the Societe Medicale. In 1878 Laval conferred its degree upon him and appointed him Professor of Obstetrics, which position he resigned in 1891 to devote himself to clinical teaching. He was consulting physician to the Notre Dame Hospital since its foundation. He was a prominent and active worker on the Board of the College of Physicians and Surgeons of the Province of Quebec, and held the position of treasurer since 1889. He was held in high estimation by his confreres, and his familiar face will be missed at the semi-annual meeting of the College of Physicians and Surgeons. in the proceedings of which he took such a prominent part.

Miscellaneous.

NATURE OF RELIGIOUS ECSTASY.

The sect known in the eleventh century as Hesychasts, and later the Omphalopsychics of Mount Athos, claimed to have, and doubtless did have, the same experience. Prof. Preyer, in a note to his *Hypnotismus*, has given an interesting account of them. Their method was to drop the chin upon the breast, fix the eyes upon the navel, and wait for the light to burst upon them. A great ecclesiastical controversy arose over these practices. The language which George Fox and the early Quakers use of the "inner light" seems to point to the same thing. One of my graduate students, while under ether, had a similar experience, which makes an excellent commentary upon Plotinus's statement that the soul is "pure light." "I took form, I was a body of light in an abyss of ethereal gray; in form I was, as memory reproduces size, eighteen inches by eight, a rounded disk: I was not *looking* at myself, but I knew and *saw* myself." Such experiences would seem, from my own inquiries, to be far from uncommon, and I would be grateful to any of my readers who can give me more cases.

Among the monks and nuns of the mediæval Church ecstatic states were common. The constant fasting and loss of sleep to which many of these saints condemned themselves are known upon independent evidence to be fruitful sources of hallucinations, and prolonged meditation upon a given topic determined the general form of the vision. The enforced celibacy of the monastic life and the practice of self-torture were further conditions of the greatest importance. Enforced celibacy frequently gives rise to reflex neuroses, and self-torture is in many neurotic individuals a direct stimulus to the very passions which the celibate most desires to repress. It is not surprising, therefore, that the religious ecstasies of the ascetic frequently assume a highly erotic form, although expressed in the most chaste language, and alternate with apparitions of the devil in the forms of *incubi* and *succubæ*.—*From Hypnotic States, Trance, and Ecstasy, by Prof. W. R. NEWBOLD, in Appletons' Popular Science Monthly for April.*

EXACT DOSAGE IN EXERCISE.

Housework, chores, gardening, walking, climbing, cycling, running, swimming, and many other sports give just the kind of exercise that is indicated in certain conditions, due regard being had to the physiological effects of varying dosage. Oertel has shown how the simple exercise of walking may be adapted to sufferers from cardiac debility by prescribing the distance and speed, and the number and length of the rests, on definite paths graduated according to their slope. His interesting and original work has not only given a new direction to the treatment of certain cardiac affections, but is destined to have an important influence in establishing accuracy in the prescription of exercise. Whoever has studied the map of the environs of Reichenhall, Bavaria, prepared by Oertel for the application of his method, will acquire a vivid idea of what precision of dosing in exercise means. In this map the different paths suitable for the work are marked in four different colors, to indicate those that are nearly level, those slightly sloping, moderately sloping, and steep, and figures are placed along each route to show the space that should be traversed in each quarter hour. The locality itself is prepared for its remedial use by placing benches for resting at suitable distances, and by marking on certain trees near the path circles, colored to correspond with the map, to indicate the difficulty of that particular section. By systematic practice on the easier paths the heart and system are progressively trained and strengthened. Intelligent analysis may do the same work for cycling, horseback riding, and many other familiar exercises. In this way the dosage is practically reduced to a definite number of kilogrammetres in a

given time, and a step has been taken in placing the prescription of exercise upon a scientific basis.—*From Exercise as a Remedy*, by Dr. HENRY LING TAYLOR, in *Appletons' Popular Science Monthly for March*.

VEGETABLE DIET IN RELATION TO THE LENGTH OF THE HUMAN INTESTINE.

The intestine of animal vegetable feeders is known to be of great length, but, so far, no detailed investigations have been made in this regard respecting those human races which mainly live on vegetable products. However, it is interesting to note that a professor of anatomy in the Academy of Medicine in Tokio has made some attempt in this direction by inquiring into the length of the intestine in Japanese persons. The inquiries included the measurement of the body and of the intestine in twenty-five cadavers, the ages of which varied from 17 to 60. The result of the measurement went to show that the length of the intestine in the Japanese was half as long again as the average length in a European. Thus, the suggestion has been made that the rice diet, so universally resorted to by the Japanese, would have more chance of thorough digestion in them than in Europeans, whose intestine is shorter. We merely state these facts for what they are worth. Whether or not they are true is another matter.—*Medical Press and Circular* (2967).

The *Medical Press and Circular* states that Dennis's System of Surgery by American Authors, published by Lea Brothers & Company; Nancrede's Essentials of Anatomy, published by W. B. Saunders & Company; and Leonard's Vest Pocket Anatomist, published by the author in Detroit, have been refused admission to England because of wholesale plagiarism from English writers. Until particulars are given and the defense is heard, it will be best to regard the matter as a mistake, so far as Dennis's System is concerned. It is very difficult to believe that any of the eminent collaborators of Dr. Dennis are guilty of such a heinous offence.—*Cleveland Journal of Medicine*.

It was a colored preacher who said to his flock: "We have a collection to make this morning, and, for the glory of heaben, whichever of you stole Mr. Jones' turkeys, don't put anything in the plate." One who was there says: "Every blessed niggah in de church came down wid de rocks."—*The Living Church*.

AMERICAN EXPLORATION IN BABYLONIA.

No piece of work done in America in a decade has so elevated the European estimate of American scholarship as the recent explorations in Babylonia under the auspices of the university. In the summer of 1888 the University of Pennsylvania equipped and sent out the first American expedition to the northern half of the plains of Babylonia to effect a thorough exploration of the ruins of Nippur. A short time before this a few citizens of Philadelphia had met in the house of Dr. William Pepper and formed the Babylonian Exploration Fund, with the purpose of effecting a systematic exploration of ancient Babylonia. Two professors, Dr. J. P. Peters and Dr. Hermann V. Hilprecht, were intrusted with the management of the expedition. The explorations were conducted amid the greatest difficulties, the chief ones being the deadly climate and the hostility of the natives. But the excavations were pressed on with energy and confidence, under the gracious protection of the Sultan of Turkey and Hamdy Bey, the Director-General of the Imperial Museum in Constantinople. The explorers penetrated deeper and deeper into the secrets and riddles of the huge mound of ruins at Nippur. Hundreds of graves, clay coffins, and urns were opened, and the ruins of demolished habitations and storehouses, along with the contents of their chambers, were explored. In this way thousands of documents, inscribed bricks, vases, and votive tablets were collected. Evidences of the activity which once pulsated in the streets of the city were unfolded before the eyes of the restless explorers. The terraces of the Temple of Ekur were disclosed. Numerous bricks bearing the name of the great Sargon came forth, to the light of day under pickaxe and shovel. Under the building of Sargon one of the most important finds rewarded the labor that had been expended. An arch of brick was laid bare, and by this the question long discussed by the historians of architecture as to the antiquity of the arch entered upon a new stage, and its existence in Babylonia at the beginning of the fourth millennium before Christ was proved. The excavations have not yet reached the deepest foundations of this venerable sanctuary, whose influence for over four thousand years had been felt by all classes of the Babylonian people.—From Science at the University of Pennsylvania, by Lewis R. Harley, in *Appleton's Popular Science Monthly* for August.

MESSAGE IN SPRAINS.

No two *masseurs* are alike by nature nor in skill, tact, and education, and the one who knows his anatomy and physiology well, when called to a recent acute sprain, will not begin at once to *masseur* the injured joint, but at a distance above it on the healthy tissues by gentle stroking or *effleurage* toward the heart, gradually proceeding nearer and nearer to the painful place. This has a soothing effect and pushes the flow along in the veins and lymphatics, making more space in them for the returning currents coming from beyond and carrying away the fluids that have leaked out of the vessels. The same should be done on the part of the limb beyond the joint, for the circulation is hindered both in going out and coming in by reason of the swelling.

Next, the *masseur* who knows his business will begin again at a safe distance above the injured joint, and use deep rubbing, kneading, or massage properly so called, one hand contracting as the other relaxes, alternately making circular grasps, with the greatest pressure upward, and this should be done on the parts above and below the seat of sprain. By this procedure the effects of the previous stroking or *effleurage* are much enhanced; an analgesic or agreeably benumbing effect is produced upon the nerves which extend to the painful place, and the retarded circulation is pushed along more vigorously, making room in the vessels for the swelling,

the effusion, the dammed embargo caused by the landslide of blood and lymph that is inundating the surrounding territory with exudates farther up the stream to float off, and preparing the way for the next step in treatment. At the end of fifteen or twenty minutes of this manner of working, gentle, firm pressure can be made immediately over the swollen and but recently very tender parts, which in a few seconds can have circular motion, with the greatest push upward added to it; and this, if sufficient tact be used, will in all probability not hurt but be positively agreeable.—Douglas Graham, M.D., in *Appletons' Popular Scienc. Monthly* for July.

Book Reviews.

Practical Points in Nursing for Nurses in private practice, with an appendix containing rules for feeding the sick, recipes for invalid foods and beverages, weights and measures, dose list, and a full glossary of medical terms and nursing treatment, by Emery A. M. Stoney, graduate of the Training School for Nurses; Lawrence, Mass.; Superintendent of Training School for Nurses Carney Hospital, South Boston, Mass. Illustrated with 73 engravings in the text, and 9 colored and half-tone plates. W. B. Saunders, Philadelphia, publisher, 925 Walnut street.

This is a valuable book, containing in a very attractive form the essential information required by the aspirant for the important qualifications of a competent trained nurse.

It is a complete guide to those engaged in private nursing rather than hospital work. The subject is considered under the following headings:

1. The nurse—her responsibilities, qualifications, equipment, etiquette when out nursing.
2. The sick room—its selection, preparation and management.
3. The patient—duties of the nurse in medical, surgical and gynaecologic cases, catheterization, enemata, the administering of medicines.
4. Nursing in accidents and emergencies, duties in cases of accidental poisoning.
5. Nursing in special medical cases.
6. Nursing of new born and sick children.
7. Physiology and descriptive anatomy.

The book is profusely illustrated, cuts show the method of giving hot air baths, the sheet bath, cold packs, and all varieties of bandaging, positions of patients for tracheotomy and intubation, the arrangement of a croup tent, scale of urinary colors, and a number of anatomical plates. A very useful appendix gives instructions for feeding the sick and recipes for a variety of invalid foods and beverages. At the end is a dose list and comprehensive

glossary. This book is one that the physician would derive much profit from a careful study of. The carrying out of the details herein depicted is of more importance often than the prescribing of medicines, and when the physician is not versed in all the details of nursing he cannot well correct and advise those placed in charge of his patients, when often the favorable termination of the case may so much depend on the strictest attention to such minute instructions as are so clearly laid down in this book.

Multum in Parvo Reference and Dose Book.—New and enlarged edition, by C. Henri Leonard, M.A., M.D., Professor of the medical and surgical diseases of women and clinical gynaecology, Michigan College of Medicine. The Illustrated Medical Journal Co., Detroit.

This is a pocket volume of about 150 pages bound in leather, and contains a variety of information which it is often well to have at hand. There is a list of all the newer remedies and a very complete dose list, a list of incompatibles, poisons and antidotes, tests for urinary deposits and microscopical appearances, an obstetrical resume, with measurements of pelvis and foetus, signs of pregnancy, treatment of various accidents, some points in medical diagnosis are given, weights and measures; at the end is a therapeutical index for various diseases.

Diet for the Sick.—Contributed by Miss E. Hibbard Principal of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit. Second edition, enlarged. Limp cloth, 16mo., 100 pages. Price, 25 cents, postpaid. Detroit, Mich., The Illustrated Medical Journal Co., 1896.

In this little book there is, besides the useful formulæ for "Sick Dishes," foods and cooling drinks for convalescents, quite complete diet tables for use in anaemia, Bright's disease, calculus, cancer, chlorosis, cholera infantum, constipation, consumption, diabetes, diarrhoea, dyspepsia, fevers, gout, nervous affections, obesity, phthisis, rheumatism, uterine fibroids. It also gives various nutritive enemas. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

DiETING in disease is as important as any other means used for restoration to health, and is receiving more attention now than formerly. Physicians and nurses cannot be too thoroughly versed in the subject which in this little vest pocket volume is so ably epitomized.

A Manual of Obstetrics.—By W. A. Newman Dorland, A.M., M.D., Assistant Demonstrator of Obstetrics, University of Pennsylvania, etc., etc. Published by W. B. Saunders, Philadelphia. \$2.50 Net.

We have in this volume one of the best text books for students published this year. While on the one hand it is not so profound as to be useless to the student, on the other it contains all the needful information for students going up for examination. It is very methodical, and the manner in which Dr. Dorland draws his distinctions in making his diagnosis between different conditions or diseases in parallel columns is one that every student can easily grasp and remember. It is modern in its teaching, the plates most excellent, a large number being new, and all measurements being given in both the English and decimal systems. Dr. Dorland divides obstetrics into physiologic and pathologic. Under physiologic obstetrics there are eight chapters. These include from the physiology of the generative organs of the woman to even the outing required for the new born. Pathologic obstetrics is considered in six chapters with a large number of divisions in each chapter, making altogether a very complete work, and one which should be in every practitioner's library, as well as in the hand of every student. We can heartily recommend it to everyone who desires an up-to-date work on midwifery.

PUBLISHERS DEPARTMENT.

LITHIA WATER TABLETS VS. LITHIA WATER.

The "Monthly Retrospect" in its July number prefers Lithia Water Tablets to the natural Lithia Water, and says: We would recommend the using of the tablet for various reasons, viz: They admit an accuracy of dosage not otherwise obtainable, and unless the physician knows what quantity of Lithia he is administering, how can he expect definite results? If an antiseptic solution, say 2 per cent. carbolic acid, is desired at the clinic, what surgeon would accept a solution of carbolic acid, the percentage of which he was entirely ignorant? Do not the fundamental rules of therapeutics demand an intelligent knowledge of the quantity of a drug administered? What physician would think of prescribing a mixture containing strychnine unless he knew the amount of strychnine in the compound?

The knowledge that it contains strychnine is not sufficient. It is how much. Why then do with Lithia what you avoid with any other drug?

Lithia prescribed definitely is, as we have said, one of the foremost remedies of its kind, but its administration otherwise cannot be too vigorously condemned.

Another salient feature of the Lithia Tablet is the convenience of administration, avoiding the "bulkiness" which is connected with Lithia waters. The cost is less, no doubt due to the fact that the transportation charges of the tablet are fractional compared with that of cases of bottled water; you also avoid the cost of unnecessary and useless containers, cost of bottling, etc.

A bottle with a base about one and one-half inches square and three inches high, containing Lithia water tablets, easily carried in the pocket, constitutes the equivalent of two and one-half gallons definite Lithia water as prepared by Wm. R. Warner & Co.

Vomiting in Pregnancy is to-day one of the most difficult conditions with which the physician has to deal. The patient is seized with uncontrollable vomiting, is soon exhausted, and on account of the extremely delicate condition of the patient at the onslaught of these attacks, she not infrequently becomes dangerously ill. The attack is generally preceded by severe pains in the abdomen, accompanied by faintness, which is immediately followed by vomiting. The author has tried a great many remedies for this vomiting in pregnancy, and with varied results.

What is a remedy in one case may have absolutely no effect in another and similar case. However, I received a sample of Inguvin by mail about a year ago, and as I had at that time a very persistent case of vomiting in pregnancy, which had resisted all remedies I had used, I determined to try it. The patient was extremely emaciated from the continued vomiting, and was very despondent. I administered 10 grains at first, followed shortly after by another dose of similar proportion. The effect was quickly discernible. The vomiting decreased. I continued the treatment with most gratifying results. My sample being exhausted, I purchased a 1-ounce original package, and am glad to say that my patient went to full term uneventually and made a good recovery. She has rapidly regained her previous good health, and I attribute it to that matchless remedy, Inguvin, and shall always prescribe it wherever indicated.—*Monthly Retrospect of Medicine and Pharmacy.*

SANMETTO IN IRRITABILITY OF BLADDER IN PATIENT NINETY-ONE YEARS OF AGE.

Dr. Robert Cochrane, L.R.C.S.I., L.M., Blackhill, Coleraine, Co. Derry, Ireland, says: "I prescribed a bottle of Sanmetto for an old gentleman aged ninety-one years. This patient was suffering excruciating pain from irritability of bladder, scarcely ever got warm in bed on account of the repeated calls to void urine,—in fact, he was delirious. A few doses of Sanmetto gave him great relief, and before the bottle was done he had not to rise once during the night. He is going about now, hale and hearty at his advanced age."

In cases of pernicious, progressive anemia in young girls, no matter from what cause, Dr. Mary Ward Mead, Camden, Ill., writing, says: "The arrest of development of the generative organs retards cure. I am early on the track for speedy development in those slow puberty cases, and when I see the dormant spot puff for a mammary gland I know that restoration will surely follow, and to arouse this slumbering, sympathetic and vaso motor system, Sanmetto is truly great."

APPLETON'S POPULAR SCIENCE MONTHLY FOR AUGUST, 1896.

The August *Popular Science Monthly* opens with a discussion on "The Proposed Dual Organization of Mankind," by Prof. William G. Sumner, of Yale, who maintains that the Eastern and Western continents can not be isolated from each other in political or commercial or monetary affairs. The dominant subject in this number is the science of mind. Prof. J. Mark Baldwin, of Princeton, concludes his examination of "The Genius and his Environment" begun last month; Prof. W. R. Newbold, of the University of Pennsylvania, treats of "Spirit" Writing and "Speaking with Tongues," examining these alleged powers in the light of modern science, and giving several facsimiles of the writing; there is also an account of "Epidemics of Hysteria," by Dr. William Hirsch, one of Nordau's critics. An art based on psychology is represented in

"The Aim of Modern Education," a forceful essay by Dr. C. Hanford Henderson, which will interest teachers who wish to make the coming year's work better than the last. Hon. David A. Wells concludes the historical division of his series on "Principles of Taxation" with a description of the Swiss cantonal fiscal systems. An account of the facilities for the study of science at the University of Pennsylvania, with many portraits and views, is contributed by Lewis R. Harley. Other illustrated articles are "The Stone Forest of Florissant," in which Prof. Angelo Heilprin describes a group of agatized tree stumps in Colorado; "Early Years of the American Association," by William H. Hale, with portraits of founders and early presidents of this great scientific society; and "The Scallop," by Fred. Mather. The subject of the usual "Sketch and Portrait" is William W. Mather, the Ohio geologist. The editor comments on woman suffrage and on a recent panic of devil-seeing in certain New York schools. New York: D. Appleton & Company. Fifty cents a number, \$5 a year.

AN OLD FAVORITE WITH NEW FEATURES.

It is announced that the publishers of the old standard eclectic weekly, *Littell's Living Age*, founded by E. Littell in 1844, are about to introduce several new and valuable features in their magazine. The most important of these is a Monthly Supplement, given without additional cost to the subscribers, which will contain readings from American magazines, readings from new books, and also a list of books of the month.

It is also proposed to extend their field by giving occasional translations of noteworthy articles from the French, German, Spanish and Italian reviews and magazines.

A year's subscription to *The Living Age*, will then include more than thirty-five hundred pages, filled with the best things in current periodical and general literature, and making four large volumes, for only six dollars.

Each of the weekly numbers of the magazine contains sixty-four pages. Fiction, travel, essays, biography, poetry, and a wide range of general discussion and information are included in the contents.

To new subscribers remitting before Nov. 1st (in which month the first of these new features will be introduced) will be sent gratis the intervening weekly issues from date of payment. Address, The Living Age Co., 13½ Bromfield street, Boston, Mass.

"Mahayana Buddhism in Japan," is the title of a most interesting paper in the August *Arena*, by Mrs. Annie Elizabeth Cheney, who has for years been a close student of the Flowery Land and the customs, manners and religions of her people. The impetus given to the study of Oriental religions by the Parliament of Religions at the World's Fair has led to much serious investigation along these lines and has dispelled many of the absurd ideas in regard to Eastern religions which have so long gained currency amongst all Western peoples. Mrs. Cheney gives a definition of Nirvana which will be new to many readers, and her thoughtful and sympathetic analysis of Mahayana Buddhism will form a valuable contribution to the literature dealing with Oriental religions.