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SOME OBSERVATIONS ON DIABETES MELLITUS.*

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In discussing diabetes, my object is to direct attention to a few interesting facts in connection with its pathology, its prevalence in this country, and to institute a comparison between the older authorized treatments, and the latest treatment by bromide of arsenic, as far as my experience has extended.

Diabetes, or distinctively *Diabetes Mellitus*, is, as you all know, a disease characterized by an increased flow of saccharine urine. The disease has been known for many years, and the term Diabetes was formerly applied to any augmentation of the urinary flux. In 1674, Willis discovered the sweetness of the urine, previous to which time the true nature of the disease had not, that we know of, been suspected; since that time, however, the presence of sugar has been regarded as a character of the disease, and the name *Diabetes* has now become almost synonymous with glycosuria.

Dr. Cullen, over one hundred years ago, wrote as follows:—"Doctor Willis seems to me to have "been the first who took notice of the sweetness "of the urine in diabetes, and almost every physi- "cian of England has, since his time, taken notice "of the same. Though neither the ancients, nor, "in other countries of Europe, the moderns, till "the latter were directed to it by the English, "have taken notice of the sweetness of the urine, "it does not persuade me that either in ancient or "in modern times the urine in diabetes was of "another kind. I myself, indeed, think I have "met with one instance of diabetes in which the "urine was perfectly insipid. . . ."

But enough of what at the present time we all know. Although this disease is not of very great frequency, its generally fatal character; and when not fatal, the slavish restrictions which it imposes upon its subjects, are sufficient to induce us to hail with welcome any and every method of treatment which holds out a fair prospect of cure, or of a large measure of relief. The disease is not common in childhood, although I have found a number of cases in children reported in the medical journals, and other works which I have consulted, some of them in subjects as young as 3, 2½ and 2 years of age; and such were all fatal. In the early part of adult life, death is more certain from it than in the latter part; elderly persons bearing the loss of assimilated nutriment entailed by it, better than younger ones. The tables of mortality in the Reports of Deaths for Ontario in 1884, afford us a great many interesting facts relative to this disease. I shall quote some of them here.

Out of 21,702 deaths reported in that year, 70 were from diabetes, or 1 in 310. The males were 48 and the females 22. The proportionate number of deaths at different ages are given as follows: under 5 years, 0; from 5 to 10 years, 3; from 10 to 15 years, 6; from 15 to 20 years, 5; from 20 to 30 years, 10; from 30 to 40 years, 13; from 40 to 50 years, 3; from 50 to 60 years, 10; from 60 to 70 years, 7; from 70 to 80 years, 6; from 80 to 90 years, 2; over 90 years, none. According to this tabulation, men suffer more than twice as frequently as women from this disease; childhood is comparatively exempt from it, and the greatest number of deaths from it occurs during the most active periods of life. All the deaths from diabetes which have come under my notice have occurred before, or about, the middle period of life; but I know of several elderly persons who have had the disease for a number of years, and who, by a little proper medication and severe restrictions in diet, are enabled to remain in comparatively good health. It is evident that diabetes is neither epidemic nor

* Read before the Canadian Medical Association at Quebec, August 18th, 1886.

endemic; but there seems to be something in the manner of living amongst certain classes of the community, that renders them more liable to the disease than others are. Amongst the country population, it proves to be more prevalent, according to our own Death Reports, than amongst those of the cities; and the larger the city, apparently, the smaller the proportion of deaths from diabetes. According to reports, in the city of New York, out of 1,379 deaths, only one was caused by diabetes; and in Philadelphia, only one in 875. Taking the five largest cities of Ontario, viz., Toronto, Hamilton, Ottawa, London, and Kingston together, we find seven deaths from diabetes in 4,524 deaths, or one in about 646. Taking all the cities and towns together, and we get 11 from diabetes in 6,737 deaths, or one in about 612. Taking the smaller cities and towns by themselves, we find 4 deaths from diabetes in 1,421 deaths, or one in about 355. Taking the whole Province, and we find 70 deaths from diabetes, in the grand total of 21,702 deaths, or 1 in about 310. But taking the *counties alone*, leaving out all the towns and cities, and we are confronted with the large proportion of 59 deaths from diabetes in 15,657 deaths, or 1 in about 254.

Again, out of the 31 cities and towns in Ontario, 14 (nearly half), viz., Brantford, Walkerton, St. Thomas, Windsor, Kingston, Owen Sound, Belleville, Goderich, Sarnia, Napanee, St. Catharines, Cobourg, Whitby, and Berlin report *no* cases of diabetes; and the large city of Toronto reports only 4; the cities of Hamilton, Ottawa, and London 1 each, and the city of Kingston none.

But when we turn to the counties, the facts are quite different, and add stronger confirmation to the theory which I venture to propound, that diabetes is more prevalent in agricultural regions than in towns and cities—that it is in fact a "*country* disease." *Thirty-nine* counties in Ontario have reported deaths; and only *eight* out of the thirty-nine (only about one-fifth) have reported *no* deaths from diabetes. These are the counties of Algoma, Elgin, Frontenac, Hastings, Norfolk, Oxford, Prescott and Russell, and Welland.

From the scattered situation of the foregoing counties and the proportionately small number which have been exempt from the disease, all notion of any endemic influence is dispelled; but the presumable fact remains, that there is something in the habits of life of our agricultural population which predisposes them to this disease. Of 11 cases of which I have taken note, 7 were farmers or farm laborers; and I think the remaining 4 lived either in small villages or in country places. Authorities state that it is more prevalent in the agricultural counties of England than elsewhere, and in Normandy in France, which is largely an agricultural section of country. Regarding its geographical distribution in the various countries of the world, there does not seem to be a sufficient difference in its occurrence amongst them to lead to any definite conclusions respecting its origin. India, and a few other countries are said to be more liable to it than the rest of the world.

The pathology of diabetes is a most difficult problem; perhaps for 200 years the best minds in the profession have been directed to its investigation, and of late years volumes have been written upon its proximate and remote causes.

Old Cullen, as we call him, came to a conclusion by his acute powers of observation, that "no topical affection of the kidneys has a share in producing this disease, and that a fault in the assimilation of the fluids is rather to be blamed, and that even the *solid food taken in*, increases the quantity of the urine voided, at the same time with an increase of the saccharine matter."—*(Pract. Phys. Art., 1510).* Since his time, its origin has been sought for, one might say, in all the different organs and tissues of the body. The brain and nervous system (especially the sympathetic), it has been shown, play a very important part in the production of glycosuria. Some of the experimental operations which may give rise to it are the following, viz.:

1. Irritation of the diabetic centre, which is situated in the floor of the 4th ventricle, at the roots of the pneumogastric nerves. 2. Transverse section of the medulla oblongata. 3. Section of the spinal cord above the 2nd dorsal vertebra. 4. Section of the filaments of the sympathetic n, accompanying the vertebral artery. 5. Destruction or extirpation of the superior cervical ganglion. 6. Sometimes, but not always, division of the sympathetic in the chest. 7. Section or extirpation of the last cervical ganglion. 8. Section of the two nerve-filaments passing from the inferior cervical to the superior thoracic ganglion. 9. Section

or removal of the upper thoracic ganglion. All of them being operations which more or less paralyze the vaso-motor nerves of the liver. (Tyson.)

In a paper by Dr. Hall White, on "the sympathetic system in diabetes," reprteod in the *Brit. Med. Jour.* 1884, pp. 1245 and 1246, he says that by microscopic examination some change in the nerves was found, usually of a chronic inflammatory nature. There was much increase of small cells, great engorgement of vessels, and new growths of fibrous tissue, and such other important changes that he concludes, that the cause of diabetes resides in the sympathetic nervous system. This view is still further strengthened by the fact, that irritation of the central end of the cut vagus will produce glycosuria, but irritation of the peripheral end of the cut nerve *will not produce it;* indicating that the influence of the sympathetic is required.

Since irritation of the cut end of the vagus which remained in connection with the brain was found to produce glycosuria, it was rationally concluded that the pneumogastric conducted the irritation as a sensory nerve, and therefore that irritation of the peripheral distribution of the pneumogastric in any organ to which it is distributed, would, by reflex action, cause it also; thus the *action* of certain drugs, of abnormal states of the stomach, liver, and other organs to which the pneumogastric is distributed, in giving rise to the disease, is accounted for. Irritation of other parts of the sympathetic system of nerves, or of sensory nerves, by diseased organs or otherwise, may, by reflex action, become a chief factor in the causation of this disease. Hence we find in the *Brit. Med. Jour.*, July 11, 1885, a case recorded by Francis Imlach, M.D., in which diabetes was due to ovarian irritation from chronically diseased ovaries, and which was cured by bromide of ammonium and Clemen's solution of the bromide of arsenic, after the "uterine appendages" had been removed. Hence we find such cases as those described by Lawson Tait, which occur in women about the time of the menopause, and which terminate after their systems become accommodated to their changed conditions. Mr. Tait, however, associates eczema of the vulva with these cases. These three conditions no doubt are often found together, but cessation of the menses is not a necessary accompaniment of the diabetes which causes eczema of the vulva; for I have now in my mind the cases of two women, both suffering in a similar manner with diabetes and eczema vulvæ, the one since her menopause a few years ago; the other, being younger, and having had two children since the accession of the diabetes. Some observers maintain that saccharine nirne and certain conditions of the menstrual functions, have an interdependence on one another; and this would not be strange, when we consider the sugar-producing powers of lactation; but it is, nevertheless, doubtful.

Some also have detected marked changes in the brain and spinal cord, in subjects who have died of diabetes; while other, and perhaps equally as acute observers, have not been quite satisfied as to the origin and value of such lesions, or whether they were a cause or a consequence in their relation to diabetes.

Of the *abdominal* organs, the pancreas is the one most frequently affected, a thing we should expect to find on account of the important part which it plays in the digestion of fatty and amylaceous matters. According to Tyson's statements, "it undergoes a pseudo-hypertrophy, consisting chiefly in a hyperplasia of the connective tissue, fatty degeneration of the gland-cells, and atrophy of the glandular structure." Cancerous disease, calculous concretions in the ducts, cystic dilatation, etc., have all been enumerated amongst the post-mortem conditions of the pancreas after diabetes. But I may remark just here, that cancerous disease of the pancreas does not *necessarily* cause *diabetes;* for, less than two years ago, I assisted at a post-mortem examination of a professional brother dead from cancer of the pancreas, and amongst his symptoms had been loss of appetite, little thirst, scanty and high colored urine, and ascites; symptoms entirely opposite to those indicating diabetes.

The *liver* is occasionally changed in character, sometimes being more or less enlarged; at other times being found atrophied. But either of these conditions might be a consequence of the pancreatic disease.

Other authors, from the time of Cullen down to the present, have not been able to connect a diseased state of the liver with diabetes in all cases, inasmuch as it is frequently found quite unchanged, and apparently healthy after death from this disease.

What might be termed the nervo-chemical theory—a theory that would result from a combination of the views of Claude Bernard and Pavy—the former holding in general terms, that the process of sugar-formation in the liver is governed and regulated by the nervous system; the latter holding that the hydro-carbons of the food are stored up in the liver in the form of glycogen, and that under certain abnormal conditions the glycogen is converted into sugar, thus producing diabetes; this composite theory has, I say, received an able advocate in the person of P. W. Latham, A.M., M.D., F.R.C.P., of Cambridge, Eng. In the Croonian Lectures delivered by him at the R.C.P.L., April, 1886, he classes Rheumatism, Gout, and Diabetes in the same category, and ably argues that the whole cause of the incomplete metabolism diabetes, results from an imperfect condition of the vaso-motor system of nerves.

With your permission, I will quote some of his statements; but I can make use of *only some* of them, as they are too elaborately exemplified by abstruse chemical formulæ to make many of them available in a paper like this. He says: "It "remains for me to say a very few words with "regard to the pathology of diabetes, and to ex- "plain why I have classed it together with gout "and rheumatism.

"If the function of the liver be interfered with, "so that there is imperfect metabolism of glucose "as it passes through the organ, this would be a "satisfactory explanation of the origin of the dis- "ease, and we should expect in such cases that the "urgency of some of the symptoms would be les- "sened by careful diet, and abstention from sac- "charine and starchy food.

"But there are other cases in which the diet "seems to have much less effect in controlling the "symptoms; it is this form that I wish briefly to "discuss." "I have endeavored to show," he says, "that in acute rheumatism, by the separation of "the cyan-alcohols from the rest of the albuminous "chain, we have glycocine, and glycollic and lactic "acids formed; the glycollic acid being oxidized "into CO_2 and water, the lactic acid in some mea- "sure being oxidized into these products, and in "some measure passing off by the skin.

"But suppose that whilst the vaso-motor fibres "of the muscular nerve are paralyzed and the ves- "sels dilated, the molecules of a cyan-alcohol are "detached and hydrated into glycollic acid but "only partially oxidized, the result would be that "the glycollic acid would be transformed into car- "bonic acid and methyl-aldehyde and water. "Condensation of six molecules of the aldehyde "may then take place, as it does in plants, and "form *glucose*." He then continues to show how, when the vaso-motor nerves are in a certain paralyzed condition, we may get the formation of not only glucose, but paraldehyde, a hypnotic, oxybutyric acid, and acetone; but the steps of his reasoning are so abstruse and his chemical formulæ so complex, that it would be worse than useless to attempt at this time to follow him. In his conclusion he says: "I have thus endeavored to indi- "cate some of the changes in the nervous system, "the blood, and the tissues, which may take place "in diabetes, rheumatism and gout. . . ." "The "inferences may be wrong, but the facts remain; "and I trust that in this way, at least, I have "helped to a better understanding of these disor- "ders."

It would be quite superfluous for me to say anything about the long train of symptoms that accompany this disease, or to point out the various methods of testing the urine, for I am not lecturing to students, and you all know these as well as, and perhaps much better than I do. I will pass on to the treatment which I have, I may say, experimented with, and to the methods of treatment which I have seen recommended or used by others. In doing this, permit me to arrange in clinical form the few cases that I shall bring before you, which arrangement, although more cumbrous, is better fitted to exhibit the various points in them which seem worthy of remark.

First Case. A young man æt. 27, a carpenter by trade, had suffered from diabetes about 9 months, when I was called to see him. The quantity of urine voided was then growing less, becoming darker in color, and beginning to deposit a sediment on standing. He was greatly emaciated, pulse feeble, had hectic cough and extreme dryness of the mouth; his tongue was cracked, and his teeth and lips were incrusted by dark sordes. About three days after my first visit to him, coma supervened, and gradually grew more profound until it terminated in death on the third day afterwards. It was too late for the action of any

remedies when I first saw the case; but two important facts are revealed by it, viz.: the comparatively short time required for a fatal termination at this age, and the change in the character of the urine, the thirst, and the appetite, towards the termination of the disease.

The Second Case was that of a young farmer, æt. 22 years. He was brought to my surgery on the 25th of May last. He was pale, emaciated, had a dry shrunken look, was so weak that he staggered as be walked. His lungs had not given way, and what he chiefly complained of was utter prostration of his physical powers, and continuous thirst. A few questions elicited the fact that he had diabetes, and an examination of his urine confirmed it, by showing a sp. gr. of 1040, and sugar in abundance, perhaps more than 40 grains to the fluid ounce. On the 27th I was called to visit him at his home; there was no improvement, but he was "easier and inclined to sleep," as his mother expressed it. On the 28th I was sent for in haste to come and see him again; I told the messenger who came for me that I could not do "Charlie" any good, but to please the family I would go. I found that the ease and tendency to sleep of the previous day had passed into coma, and that it was almost impossible to rouse him sufficiently to recognize his nearest friends. The coma deepened, and the following day he died.

On the strictest inquiry I could not find that anything wrong had been suspected in this young man's case, before the latter part of March previous, when his intolerable thirst attracted attention. He had been in the city at school during the winter, and a younger brother who boarded with him told me that he thought it curious that Charlie "made water" so often, during the latter part of the winter. From all the information I could gather, I concluded that this young man did not suffer over four or five months from the invasion of the disease; and then certainly in such an obscure way as not to attract much attention up to a few weeks preceding his death, for he worked on the farm till about a week before he came to see me.

The Third Case is that of Mr. F., a farmer from Amherst Island, æt. 65. He had suffered from diabetes for about a year before coming to me; but latterly he had been growing so much worse that he thought it necessary to apply for relief; this was in the spring of 1881. He was then passing from 10 to 12 pints of urine in the 24 hours, with a sp. gr. of 1030, and containing over 20 grains of sugar to the fluid ounce. As he was losing weight and becoming feeble, I placed him upon a supporting course of treatment, wrote out for him an anti-diabetic regimen, but making it as liberal as possible, substituted glycerine for sugar as a general sweetener of foods and drinks, enjoined moderate exercise out of doors, but no hard work, and strictly charged him to use daily friction of the skin and to wear constantly warm flannel underclothing. He visited me several times, extending over a space of three or four months, took a quantity of medicine home with him, and got so much better that he did not return again for over six months. Having at that time experienced an exacerbation of his disorder, he came to me again in a condition quite similar to, but not so bad as he was in the first place. He attributed his relapse to hard work and errors in his diet. A course of treatment similar to what I had previously prescribed for him had the desired effect of removing his alarming symptoms, and since that time I have not seen him. Last spring, a sister of his came to consult me; I inquired of her regarding her brother's condition, and she replied: "Oh, he keeps quite well; if he were sick again, you would soon hear of it." The old gentleman is now about 70 years of age, has lived six years since diabetes first became manifest in him, and by a strict regulation of his diet and general habits, he is able to keep himself in comparative comfort. The starting point of the disorder in him was, as far as he could discover, working in low lands repairing fences and similar employment during the variable weather of spring, suffering wet feet the most of the time, and getting occasionally drenched by a sudden shower of rain; causes you see which would readily produce rheumatism and kindred disorders.

Bromide of arsenic was not then generally known as a remedy for diabetes, and the medicinal treatment I gave him was as follows, viz.: Five grains of crystallized pepsin, with 20 minims of dilute hydrochloric acid, in water, were given three times a day before eating, and two grains of permanganate of potash dissolved in pure water three times a day, two hours after eating. One twentieth ($\frac{1}{20}$) of a grain of hydrochlorate of pilocarpine placed upon the tongue from two to four times a day

according to the dryness of the mouth, and opium or bromide of potassium *pro re nata.*

The fourth case, and one that made a great impression upon me was that of Father S., a Catholic priest, who lived in a town in Ontario, but whose personal acquaintance I made in Paris. He was a well-developed, fine-looking man, about 40 years of age, active, energetic, well-educated, and a gentleman in every sense of the word.

I was attending the Clinical Lectures of Dr. Charcot, at La Salpetriere, and on Father S's expressing to me a desire to see Dr. Charcot, I took him along with me. After a long and exceedingly pleasant interview with the Doctor he advised him to go to Vichy and try the waters.

The next day the good Father bade me *au revoir* and started for Vichy, saying as he did so that he had tried all the remedies recommended for diabetes; had consulted the best physicians of Canada; had obtained the advice of eminent men in London; and now that he had seen the man he most desired to see he would be guided by his directions. This was in the first part of August. About the first of October he returned and called in Kingston to see me on his way home, calmly stating that he had come home to die; that all his efforts for relief had ended in failure, and that he was satisfied there was no more hope in his case.

This gentleman had been suffering from the disease about four years when I made his acquaintance, and up to that time his chief suffering had been more from inconvenience than otherwise. Then, however, he had begun to experience great muscular weakness, an aversion to every kind of exercise, some confusion of thought, and loss of memory, although at the same time looking plump and healthy.

The history he gave me was that in the summer of 1879, (I think) during very hot weather, he was busying himself amongst some workmen who were doing some work about his parsonage, and he noticed that he became thirsty very frequently, and drank large quantities of cold water without experiencing the relief which ought to have followed them. He, of course, attributed his thirst to the heat; until some days afterwards finding his intolerable thirst becoming persistent, and noticing also that he was compelled to empty the bladder very often, he began to suspect something wrong, and then consulting a physician he was shocked by the sad information that he was suffering from *diabetes mellitus.*

He could assign no cause whatever for the onset of the disease; he had lived a regular, active life; devoted himself zealously to the pious functions of the priesthood, was an enthusiastic and consistent *teetotaller*, and a man of splendid physique.

The fifth case I shall notice is that of Mr. A., a respectable and well-to-do farmer aged 55, and an active and prominent official of the County of Frontenac in the rear of which he lives. He first came to me in the autumn of 1884 having then had the disease for over three years. Beyond a faded and wearied look, there was nothing in his general appearance to indicate the grave nature of the disease from which he was suffering. He complained of general debility, loss of ambition, failure of external powers, inability to think clearly, and more or less difficulty in remembering various incidents; and on examination I found all the characteristic symptoms of diabetes present. He was voiding from 10 to 12 pints per day of almost colorless urine, having a specific gravity of 1035, and containing about 30 grs. of sugar to the fluid ounc.

I placed him upon the same treatment given Mr. F., and enjoined a similar regulation of diet. He was already pretty well acquainted with the "diabetic diet," having used at various times bread made from "gluten flour," ann "diabetic flour and bran."

He continued this method of treatment for about 8 months, and then I added to it the following phosphate mixture recommended by Charteris, (which see) namely: Bone ash of femur 1040 grs., light calcined magnesia, 406 grs, bicarbonate of potash, 900 grs., phosphate of soda, 3520 grs., syrup of phosphoric acid, 9 oz. and water 9 oz. The bone ash was powdered finely and mixed with 4 oz. of the phosphoric acid previously diluted with an equal bulk of water, and after thorough mixing allowed to stand for eight hours. At the same time the magnesia was mixed with enough water to form a moss, and a sufficient quantity of phosphoric acid added to form a solution. The phosphate of soda and bicarbonate of potash were dissolved in 16 oz. of water to which the solution of magnesia was added, and a sufficient quantity of phosphoric acid to form a clear solution; to this was added the bone ash previously mixed with phosphoric acid, and enough water to bring the

mixture up to three pints. This solution was filtered and the filter washed with pure water until the liquid measured 64 ounces. Of this solution fℨi. was given in water three times a day after meals. This you will say is a complicated formula, and ought to be well adapted to a complicated disease! The line of treatment was continued up to the 28th of October, 1885, the only variation being the use of buckwheat flour for bread.

In the spring of last year (1885) I visited England again and finding that buckwheat flour had been highly commended by some authorities as a curative diet in diabetes, I immediately wrote this to Mr. A., and from the time he received my letter till Oct. 28th, as above noted, he had been using the buckwheat, and, he thought, with excellent effects. About this time, Oct, 28th, 1885, although he had gained in weight and strength, the quantity of urine being diminished with a less quantity of sugar, and seemed to be slowly improving, he began to grow tired of such a sameness of treatment and expressed a desire for change. I then, as an experiment, resorted to the treatment recommended by Beach in his "American Practice," continuing the per-manganate of potash, however, only giving it in the form of compressed tablets instead of in solution. Beach's or as it is called the "eclectic treatment" is nearly as follows: Three pills at night and three in the morning, each containing 1 gr. of pulverized capsicum and 3 grs. of extract of dandelion root were administered; and a tablespoonful 3 times a day before meals of the following mixture: Fluid ext. of cimicifuga fℨx. fluid ext. of hydrastis canadensis, fl. ext. of prunus virginiana, of each fℨiii, camphor water up to fℨxxx.

Nov. 19th he visited me again and expressed himself as much better, so that I thought it prudent to continue the same treatment, not neglecting the pilocarpine but omitting the pot. permang, as he complained of its nauseating his stomach.

On the 11th of February last he presented himself before me again really much better in every way than he had been since he first came under my care. Being anxious now to try the Bromide of Arsenic, and to please him by a little change I put him upon three minim doses of "Clemen's Solution," in water three times a day after meals. He has faithfully used this remedy since that time; I have seen him three times since then, and he has expressed himself as feeling "pretty well;" his urine has been less abundant, sp. gr. lower quantity, of sugar diminished, the bad feelings in his head gone, his general strength improved; and the last time I saw him he stated that he had gained seven pounds in weight. On the morning of August 17th, I received a letter from this gentleman, which concludes, "I feel middling well at present."

The sixth I shall notice is that of a general labourer, aged 33, by the name of Norris. Him I admitted in the Kingston Hospital on the 23rd of last February. He was very weak and anæmic looking, his pulse quick and feeble, tongue coated, bowels constipated, appetite poor, and thirst unquenchable. He was passing 12 qts. per diem of colorless urine, sp. gr. 1040 with about 40 grs. of sugar to the fluid ounce. After his bowels were freely opened he was restricted to an anti-diabetic regimen and given Clemen's Solution of the Bromide of Arsenic in 4 minim dose 3 times a day. On the 16th of March his urine had diminished in quantity to 8 quarts per diem, sp. gr. lower and sugar less. He was feeling so much better that in spite of all my persuasions he left the hospital and went home—a distance of 40 miles—to visit his friends. In about a month he relapsed into his former condition, and returned to Kingston to enter the hospital again; on arriving in the city he went to a friend's house to stay over night, and was found in the morning dead in his bed.

The seventh case, and the last I shall notice, as time would fail me to do more, is that of Richard B., a well-to-do farmer from Renfrew, aged 36; and who as well as Mr. A., is still under treatment. He came to me on the 12th of May last, weak and thin, having in addition to the usual symptoms of diabetes a hacking bronchial cough which worried him greatly. He had been suffering from diabetes for 14 months, and during this time had been treated with iron, strychnine ergot, etc., without experiencing any relief. On examination I found him passing 16 pints of urine per day; its sp. gr. 1034 and the sugar about 25 grs. to the fluid ounce. He was ordered anti-diabetic regimen, given $\frac{1}{10}$ gr. doses of pilocarpine to be placed on his tongue three times a day; and 3½ minim doses of Clemen's Solut. Br. Ars. in water three times a day after meals. On account of his dyspeptic condition and debility, I gave him pepsina and H. Cl. with glycerine and water before

meals. He straightway began to improve. He visited me again on the 12th of June, feeling a great deal better; quantity of urine 12 pints per diem; sp. gr. 1032; sugar 30 grs. ad. f℥i. Treatment contiuued the same excepting a slight augmentation of the dose of Bromide of Arsenic.

July 27th he sent me a bottle full of his urine accompanied by a letter stating that he felt "much stronger," and was passing only ten pints of urine per day. The sp. gr. of it was 1030, and the quantity of sugar 22 grs. to the fluid ounce. On the morning of the 17th inst., I received a letter from this gentleman also, in which he says, "I have been loose in my bowels during the last week. I think it is using so many berries and vegetables that keeps me right; I am never so thirsty, and I feel better when I am loose in my bowels; I have used no medicine but the diabetic," (Clemen's Solut. Brom. Ars.) this last four weeks: my appetite is so good that I thought I need not. The last bottle puffed my face and legs. Send me another bottle of "diabetic medicine?" So that Mr. B. is evidently improving. I have four cases more on my note book which possess some points of interest but which for the present I must omit.

Let me now notice more particularly a few of the foregoing cases, in some of their features. The first two cases noticed show the rapidity with which diabetes does its fatal work in young subjects, and is a good illustration of the change in symptoms and the coma that supervenes during the last few days of life. To these might be added also the case of Norris, for he told me he had had the disease only 9 months.

Mr. A., has had the disease for more than five years, has tried a variety of treatment and is certainly better now than he was two years ago. He seemed to have been benefited somewhat by all the medicine he had taken and at present seems to be quite well satisfied with the action of the Bromide of Arsenic which he has now been using for nearly eight months. He thought at one time that he was greatly improved by the use of a medicine which he was in the habit of buying from an advertising physician in Detroit; becoming tired of paying ten dollars every few weeks for a package of white powder not much bigger than an ounce of tea, he brought me some of it for examination. On analysis by Prof. Goodwin of Queen's University, it proved to be a mixture of salicin and bicarbonate of potash. But it must not be forgotten that Mr. A. has become an expert in regulating his anti-diabetic diet, and has fully tested the virtues of "gluten flour," "diabetic flour," and the common coarse flour vulgarly called "canaille," and has given the preference to the last.

Not long ago he brought me a specimen of each for analysis, and I submitted them to Prof. Goodwin of Queen's, who reported upon them as follows: Sugar producing material in *gluten flour* 65.79, *diabetic flour* 66.24, *canaille* 65.33, in an equal given quantity of each; and thus proving the correctness of Mr. A's experience. Of course the canaille while it contains less sugar forming material may also contain less nitrogenous matter.

Mr. Norris, certainly was much improved in the three weeks he remained in the hospital; but how much of his improvement was due to the bromide of arsenic I gave him, and how much to the strict regulation of his diet, it is impossible to say.

Mr. F., the third case noted, got well, one might say, upon a treatment in which bromide of arsenic had no place, as it was not then known as a remedy for diabetes; but his diet was regularly attended to, and kept within prescribed limits.

The case of Father S., illustrates the utter uselessness of all remedies in some cases, and the steady march of the disease to a fatal termination in spite of the best known medical treatment, diet, foreign travel, medicated waters, etc., and is an instance of its occurrence without any discoverable cause in a person who looked to be in every other respect strong and healthy,

In the case of Mr. B., I can see no reason to question the good part played by the bromide of arsenic; but his diet and drink also were so carefully regulated, and he took in addition pilocarpine pepsin, and hydrochloric acid, so that I am not in a position to say that the Br. ars. *alone* would have wrought the change which has already taken place in him; from his last letter however it seems to be the chief agent. I shall certainly experiment with it entirely alone when I have opportunity, but hitherto I have been like a boy learning to swim, afraid to leave his "floaters" and plunge out into deep water.

Two of the cases, a male and a female, which I have in my note book but which I have not detailed here, had slight glycosuria with polyuria,

and both were quickly improved in their condition by the Br. ars.

I first saw favorable reports of this remedy in the *Br. Med. Jour.* in 1883 or 1884, and in 1884 I noticed that Austin Flint, jr., had been using it with success. He insisted on a strict regulation of the diet and said then "Clemen's Solution of the Bromide of Arsenic appears to be useful," and recommended it in doses of from three to five drops given in water three times a day after meals, and stating that it might be continued for weeks and months without any unfavorable effects, "but" he added "the administration of this remedy does not supply the place of dietetic treatment which should be enforced in all cases." (*Can. Lan.* Nov. 1884, p. 88). In the *Br. Med. Jour.* 1885, p. 701, the same gentleman is reported as having said "diabetes has become to-day a disease easily and certainly curable, provided the treatment be not begun too late; and the treatment referred to, was strict regulation of diet and Clemen's Sol. Br. Ars.

From my limited experience I am in accord with Dr. Flint on the importance of the regulated dietary, and think with him that the bromide of arsenic is a valuable medicine in diabetes, but I cannot go the length of saying that I believe diabetes to be easily and certainly curable by it.

Sulphide of of calcium and jambol have recently been brought forward as curative agents in this disease, but I have had no experience with them.

I need say nothing respecting a diet list, as every systematic work on medicine contains all that is needed. Charteris' little book, Pepper's System of Medicine, "The Home Practical Physician," and many others, give convenient and valuable lists.

Milk was long a questionable article of diet, but all authorities now agree that skimmed milk is not only permissible but is a valuable addition to the dietary. I have ventured to suggest Koumyss as as a drink for diabetics, from its composition as given by the manufacturers of it in Toronto.

NOTE.—Since the foregoing article was in the Printer's hand I had a letter from R. B., in which he says he is feeling well and working hard. Mr. A. was at my surgery a few evenings ago and expressed himself as feeling much stronger and very well. Both are now using the Bromide of Arsenic alone.

THE PROGRESS OF MEDICINE.*

BY T. K. HOLMES, M.D., CHATHAM, ONT.

President of the Association.

After thanking the Association for the honor conferred upon him in electing him as their presiding officer, he alluded to the historic associations of the City of Quebec, and said, in this land there is arising a temple whose foundation is based upon the accumulated labors of some of the greatest architects of human happiness. Their names shine with brilliancy unabated all down through the vista of past years, and animate and enlighten all who labor in the same profession, and emulate their achievements. We are the privileged architects of this temple of medicine in our country and generation, and I trust that the marks of our skill may not be indistinguishable in the rising edifice. The progress of scientific medicine in the recent past is the result very largely of the development of the science of biology which has done so much to establish medicine on a scientific basis. Until the study of life in its elementary forms was rendered possible by modern instruments of precision, empiricism necessarily entered largely into all medical progress, and it was maintained as an opprobrium that medicine was no more than an enlightened empiricism. This is true, but it could not have been otherwise since, until the birth of biology as a science, medical knowledge had either to remain at a stand-still or to progress by a series of empirical jumps which sometimes left it in a more advanced state of usefulness, and sometimes failed to do so even in the slightest degree. Although empiricism in medicine has been such a laborious means of advancement, we must admit that it generally contained some grains of truth, and that when it failed to accomplish what was expected of it, the reason of the failure lay, not in the worthlessness of the efforts at progress, but in the difficulty of separating the grains of truth from the abundant chaff in which it was contained. Each new fashion, while it has contained some truth, has failed and given place to another little in advance, not because it contained no truth, but because the truth it did contain was incomplete. When, however, the study of biology was es-

*Abstract of the address delivered before the Canada Medical Association, in Quebec.

tablished on a scientific basis, medicine, which is but an applied science of biological doctrine, became less empirical and more scientific, and by the aid of physiology and pathology, which are the necessary sequence of biological investigation, has advanced to the present high and satisfactory position it occupies. The very fact that morbid processes are viewed and studied from a physiological standpoint, and are estimated and measured by the laws that govern elementary processes of life, renders it certain that the progress of the recent past and of the present is on surer lines and firmer foundation than ever before, and that the future of medicine will be the glorious sequel of the present, as the present is the glorious sequel of the past. It justifies the belief, that the advantages to the human race likely to accrue from the prosecution of medical studies and investigation pursued on these lines, will be far greater in the future than in the past, that physiology and pathology, which are but in their infancy, are destined to illuminate the dark places in medicine and reveal the true cause of much human suffering and premature death.

We are accustomed to regard with wonder the achievements of modern invention in the art of war, and to contemplate with amazement the perfected instruments of destruction that strengthen the hands of modern belligerents, but the general who advances to battle with all these at his command has no greater advantage over a barbarous foe than modern medical searchers after truth in the realms of disease have over their empirical brothers of the prebiological period. Possessing these advantages, and stimulated by this prospect, it is reasonable to suppose there will, in the near future, arise men whose investigations, beginning where those of Sanderson, Koch, Virchow, and Pasteur leave off, will be equally brilliant and equally conducive to human happiness and longevity.

The country that produces these men will be the country that affords the best medical education to those entering the profession, and that most facilitates original investigation for those who have chosen that field of labor. No physician in this country worthy of the profession to which he belongs can be indifferent to the position Canada shall occupy in the honorable and honored competition in which so many are and will be engaged. The future of the medical profession in this as in any other country will largely depend upon the natural ability and the mental and moral training in childhood and youth of those entering its ranks; so that in considering any scheme for the creation of a high standard of medical qualification, domestic training and the plan of education pursued in public schools must be recognized as bearing an important part.

The efforts to establish and to maintain an efficient system of education in this country are worthy the highest commendation, but the task is a difficult one, and there is danger of enthusiastic legislators over-stepping the mark and making our sons and daughters mere receptacles of knowledge instead of creators of knowledge, by failing to recognize that it is vastly more important that a man should think and reason correctly than that he be the possessor of multitudes of facts and definitions. Physicians, with such questionable elementary training, are like the artificer well supplied with the tools of his craft but lacking the skill to use them. It is not to such that we may look hopefully for real progress in our science; they make up the great army of routine practitioners who trouble themselves little with profundities, and are like Dr. Sangrado, who felt quite sure that those of his patients who, under the care of his pupil Gil Blas, died from excessive bleeding and the copious drinking of warm water, did so because this his panacea was not applied with sufficient vigor and determination.

It is probable not incorrect to say that most medical men in Canada are of opinion that the chief defect in our school system lies in the oversight here referred to. The curriculum for medical matriculants in Canada must create a higher average intellectually among young men aspiring to the profession, but there can be no doubt that a widening of the curriculum so as to embrace a more extensive knowledge of the natural sciences would greatly facilitate the acquisition of knowledge presented to, and required of, medical students. An acquaintance with the laws relating to climatology would serve a useful end in the study of epidemic and endemic diseases, and in an estimate of the influence of climate on disease in general; an acquaintance with minute organisms and histological structures, such as could be readily acquired in any high school provided with a microscope, would prepare the mental soil for the reception and

quick germination of the seeds of knowledge sown by teachers of physiology and kindred subjects in medical schools. The medical student who learns something of biology, of cells and germs, and of bacterial life only after he has entered upon his course of medical lectures, is at a great disadvantage and loses much time in a bewildering effort to master names and technicalities, and I can conceive of no more irksome task for a teacher than to lecture to a class of young men laboring under this disadvantage.

He next referred to the brilliancy of the discoveries in medical science within the past fifty years. Physiology, pathology, the etiology of disease, physiological medicine, preventive medicine, these are some of the fields laid open to the modern physician, and they leave no lack of opportunity for the exercise of ambition, skill, and philanthropy. Nearly all the European nations and the individual States of the neighboring Republic have shown their determination to participate in the honorable achievements in medicine thus rendered possible in the near future. Schools for the pursuit of original investigation have been liberally endowed by these governments, and this liberality has been supplemented by the wise and princely donations of private individuals. Sanderson and Klein, Koch and Pasteur, our own Osler, and many others scarcely less distinguished, are devoting their lives with indefatigable zeal to the elucidation of scientific questions upon which rests the superstructure of medical practice, and they are enabled to do so only through the liberality of the various governments under which they live. Research of this kind can only be carried on successfully by men naturally adapted to such work, and who are free from the care and anxiety inseparable from the lives of those engaged in the active practice of their profession. Hence the absolute necessity for the endowment of institutions of this character. The large expenditure necessary to the equipment of a laboratory for such work has greatly retarded it in Canada, and until means are provided we must be content to occupy an insignificant place in the great race now being run. Can it be that this country or its wealthy citizens will remain indifferent in this matter, while our nearest neighbor is lavishing millions of dollars to attain honorable eminence in the progress of medical science? Scarcely a State in the Union that has not its well endowed university, and the princely gifts of Cornell, of John Hopkins, of Mr. Stanford, of Mr. Vanderbilt and of Sir Donald A. Smith are the great beginning of greater things. Who can estimate the blessings to the human race that must arise from the wise munificence of these noble men! Millions yet unborn shall speak their names with feelings of reverence and love, nor will other monuments be needed to make their names immortal. In this connection, I would suggest that a committee of this Association be appointed, to report at the next annual meeting upon the best means of establishing one or more laboratories where original investigation in medical studies may be carried on.

Medical Societies constitute a most important factor in the advancement of medical knowledge, and it is much to be regretted that they are not everywhere established. It is safe to say that the maintenance of active local societies contributes immensely to the knowledge of their members by encouraging careful observations in private practice, and more extensive reading and research. Aside from a scientific point of view, the harmony engendered by these meetings eliminates much of the jealously and misunderstanding that are so humiliating and so subversive of individual happiness and public respect. The general organization of small local societies would be a sure means of improving the representation at the larger ones, and would secure to them papers and discussions of a higher character. Provision has been made in Ontario by the Medical Act for the formation of territorial associations in the different electoral divisions, and in some of them most prosperous societies have existed for many years, and the reports of their proceedings constitute valuable additions to medical literature.

Of all the means of medical progress, few could be more advantageously utilized than the accumulated experience of men in private practice if they could be induced generally to keep a systematic record of their more important cases. Time, skill, and the privilege of post-mortem examinations are essential to the successful recording of cases, and their absence is doubtless the chief cause of the neglect so universal in this matter. Time so consumed would be more than repaid by the increased skill acquired; the high standard of qualification now required of graduates should remove the

second difficulty; and if requests for autopsies were made in all cases necessary to verify a diagnosis or to elucidate an obscurity, the prejudice now existing against them in the public mind would, to a great degree, disappear. Let rural practitioners who underrate their opportunities of contributing to the general fund of medical knowledge, remember that Jenner, McDowell, and Koch were not metropolitan physicians, and were unknown to fame until their great discoveries, wrought out by diligent study and observation, placed them among the great benefactors of mankind. Observation and reflection are the parents of discovery, and never fail to produce their offspring, although the gestation may be long and the labor hard. Every truth so revealed is like a lantern, the light of which may be turned on the dark places of our field of investigation, and new truths stand clear to our mental vision, and we walk boldly and safely on, using each new thought to illumine the obscurity that surrounds and precedes it.

The building up of a science is a slow and laborious process, and facts must be supplied by a multitude of workers. The scholar who deciphers the cuneiform inscriptions of ancient Babylon or the hieroglyphics of Egypt, and contributes to our knowledge of these nations, must be aided and preceded in his work by the archæologist who discovers, and the laborer who unearths, these imperishable records of past events. So in the building up of medical science, the humblest worker is not to be despised, for his contributions may be and often are essential; but to be available, his thoughts and observations must be recorded, that they may be weighed and winnowed by those suited to the task. All who have read the lectures of Murchison on "Functional Diseases of the Liver," of Roberts on "The Digestive Ferments," or Osler on "Malignant Endocarditis," must be impressed by the great impetus given to practical medicine by these, and will need no arguments to convince them of the desirability of the endowment of similar lectureships here. From a literary and scientific standpoint, the advantages accruing to the profession from such lectures would be important, but of even more importance would be the encouragement afforded to the more gifted and aspiring of our own Canadian physicians and surgeons. As Canadians we may feel proud of our country and of its physicial and political excellencies, but we may rest assured that, so far as we medical men are concerned, others will estimate us by the reasonable and practical standard of our contributions to medical knowledge and by our scientific attainments. No conservative clinging to obsolete methods on the one hand, or the multiplication of weak meretricious literature on the other, can impose upon the learned in the professional world, and the sooner we create strong incentives to scientific work the sooner will the workers be forthcoming I would here offer the suggestion that this Association take into consideration the establishment of lectureships similar to those in England and other older countries.

He concluded his most eloquent address in the following terms. In the not-distant future this Dominion will be the home of fifty millions of people with all the wealth and all the greatness that implies; a thought that may well inspire us with feelings of pride and satisfaction; but the wise man will not be so much impressed by the vastness of our territory, the multitude of our people, or the size and wealth of our cities, but will be more concerned in the problem of the social advancement, the civil liberty, the physicial perfection, the scientific status and the moral rectitude of our teeming population. When that time comes may the science of medicine have contributed its share towards the creation of a people unsurpassed for physicial perfection and mental sprightlinesss and for all those virtues that are born of these. Should these hopes be realized, then indeed would happiness prevail and prosperity sit as a ruling genius on the brow of every hill, the bosom of every lake and the bank of every stream; and the application to our country of the language of one of England's greatest poets would scarcely be considered hyperbolical, when he says:

"All crimes shall cease and ancient fraud shall fail,
Returning Justice lift aloft her scale,
Peace o'er the world her olive wand extend,
And white-robed Innocence from heaven descend."

EFFECTUAL TREATMENT OF HYSTERIA*

BY DR. MARK CHAUMONT.

Much has been said concerning hysteria for many years. Some describe it as a physical manifestation of little consequence; others attach great import

* Translated from the *Gazette des Hopitaux.*

ance to it as a phenomenon of the intellectual order. Some go even so far as to suggest things most *outre* of those patients capable of being hypnotized, and who on awaking, execute faithfully the orders given. Hysteria, in short, expounded by some magnetizer, ignorant of medicine and conducted in fashionable drawing rooms, is paraded among the lower orders of society before interloping and dull amateurs. We do not hesitate to say ,that these things are sad enough. For us, a convulsion of hysteria is a serious malady, and we place a just estimation on the means of curing it. As for making it an amusing puppet, bearing the sign and life of a nervous affection, we regard it as most reprehensible.

Seeing that so little is said of the therapeutics of hysteria, I feel it incumbent on me to refer in a few words to some happy results in my private practice. As physician to a manufactory employing a very considerable number of women, I have seen much hysteria, and have come to the conclusion that it is a much more serious affection than is generally believed. In a certain number of patients, I commence at first by giving attention to the general condition. To this effect I prescribe cod-liver oil, bitterwort, iron, quinine, beer, cold baths, etc. Having thus prepared the way for special treatment, I administer, if the attacks of hysteria appear frequently, three teaspoonfuls of Henry Mure's syrup in a little water, after each meal, during a month. The crisis is arrested ; the patient is less nervous, more calm, better disposed, and performs her work with animation. I take advantage of this improvement to suspend the medicine and prescribe exercise, order milk in the way of diet, and to carry out certain recommendations appropriate to the condition, situation and idiosyncrasies of the patient. At the end of a month or six weeks and sometimes two months, unless an attack of hysteria should occur in the interval, I resume as before the use of the syrup in the same doses, during a month (menstrual period included) ; then I discontinue it one, two or three months, in the meantime supporting the general system by appropriate nourishment, and ordering, according to the case or the season, cold water, sulphur, or alkaline baths, and dry friction of the body morning and evening. I repeat this regimen in the same manner several times, and, most generally, the attacks of hysteria will have entirely disappeared at the end of a year or eighteen months. Of course these patients remain exposed to worries, irritabilities, vexations, passing jealous manifestations, restraint of rules, atmospheric influences, etc., but the attacks do not show themselves, or appear very rarely. The remedy, moreover, is so highly regarded, that the women themselves, when they feel *ennerved*, as they express it, prescribe it and take it until they feel relieved.

Why has Henry Mure's syrup, which has been attended with such immense success in the treatment of epilepsy in Europe and America, not been placed at the head of anti-hysteric medicines ? It succeeds, I affirm, in nine-tenths of the cases, except when given in relatively weak and intermittent doses. Whilst this remedy, so efficacious, has only determined the cure of a great number of epileptics by the aid of large and long continued doses, it does not follow, on the contrary, that good results may be obtained in hysteria by means of a lesser dose and a usage not continued. This, I believe, has never been said, which is a matter of considerable practical importance.

The association of different bromides among themselves and the combinations of certain therapeutic agents with the bromide of potassium, fail in their effects constantly. The bromide of potassium, moreover, is very rarely obtained pure. That which justifies the esteem of Henry Mure's syrup, is, that physicians all over the country know that the medicine contains a bromide exceptionally pure ; that each teaspoonful represents exactly 50 centigrammes of salt, and that this preparation, applied to the treatment of nervous convulsions, has performed everywhere the most successful cures. There is nothing so successful as success. Henry Mure's syrup may be obtained in all good pharmacies and from the manufacturer, M. Henry Mure, pharmacist, Pont St. Esprit (Gard.), France.

Correspondence.

To the Editor of THE CANADA LANCET.

SIR—In this neighborhood we have not escaped the "bane of society and curse of the profession," viz. : the "Quack." We have one who has flourished in our midst for several years, and who not content with being allowed to practice undisturbed seeks on every occasion to establish a practice for himself by assailing and libelling the reputation of

the legitimate practitioner, and by imposing upon the credulity of the people. Already has he been before the courts where a letter was produced in his own handwriting in which he offered the medical registrar of the Province the sum of two hundred dollars as a bribe to grant him a license; but he reckoned without his host. The offer was rejected with scorn as became an honourable gentleman and practitioner. On that occasion he was fined twenty-five dollars, but this has not checked his illegitimate practice, and he is now more cheeky than ever. But what do the members of our profession think of the action of one of our old practitioners, who was instrumental in securing the passing of the Medical Act for the protection of the public and the profession in consulting with this same quack. Is it not surprising that the worthy Doctor should so far forget his duty to himself and his profession as to so demean himself in this manner? Had he done such a thing where he came from in Ontario he would have been severally censured by his medical brethren; but probably he imagines the dignity of the profession is not of much importance in Manitoba.

Yours, etc.,

MEDICO.

Minnedosa, Aug. 3, 1886.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular monthly meeting was held on the 13th September—Dr. Stark, President, in the chair.

Dr. H. S Griffin exhibited a specimen of cancer of the stomach from a negro woman about 65 or 70 years of age. Had six or eight children, all of whom are dead. When Dr. Griffin first saw the patient she complained of constant and troublesome spitting of water, which also escaped from the mouth during sleep; there was also regurgitation of fluids after drinking. Had been losing flesh rapidly. At one time raised about a pint of pus. *Post-mortem* revealed general thickening of the walls of the stomach. There was narrowing of the œsophagus near the cardiac orifice of the stomach. The only other abnormal condition found was some fibroid tumors of the uterus.

Dr. Mullin related a case of a woman who had been ill for two or three years. On making an examination, found two or three lumps in the right iliac region extending upwards, about twice as large as the thumb, and moveable, sometimes disappeared altogether. *Post-mortem.*—Stomach dilated, walls very thin, greater curative reached as far as the umbilicus. There was mueh thickening of the pyloric orifice, the opening being only large enough to admit a small catheter. No evidence of secondary deposit in any other organ. The descending colon had a mesocolon fully six inches in length, and the bowel was lose and floating, a condition which would have rendered the operation of colotomy difficult if not dangerous. The uterus was exhibited, the right ovary was normal, the left contained the remains of a cyst which had collapsed. A band extended from the omentum near the transverse colon, about the situation of the pyloric orifice of the stomach, looped around the head of the ascending colon and cæcum, and passed over to the left ovary where it was attached, forming nearly a half circle. The tumors mentioned above were supposed to have been formed by this band, retaining fæces in the intestines at times, being moveable and then disappearing as stated above.

A committee consisting of Drs. Malloch, Mnllin, Macdonald, White, Leslie and Griffin was appointed to report on the pollution of the waters of the Bay by sewage, and the best remedy for the evil.

DOMINION MEDICAL ASSOCIATION.

(Continued from last month.)

SURGICAL SECTION.

Aug. 18th.

Dr. Desjardins, of Montreal, read a paper on "Keratoscopy as a means of Diagnosis in Astigmatism." After defining the term astigmatism, he said that errors of refraction affect the vision injuriously, although the optic nerve be healthy. It was formerly supposed that the fault was in the lens, but it is now known to be due (as was first pointed out by Donders) to the curves of the cornea. The lens, according to later investigators, partakes of the same deformities as the cornea. Accommodation is not without influence on refraction.

Dr. Jas. Bell, of Montreal, read a paper on "Tracheotomy in Membranous Laryngitis," in which he advocated dispensing with the tube in the after-treatment of tracheotomy. He preferred late to early operations in membraneous laryngitis for the following reasons, viz.: (1) If patient were operated on early, many would be operated on unnecessarily; (2) Extension of membrane takes place more rapidly after tracheotomy; (3) If the obstruction is not rapidly produced, membrane is separated and expelled. The recoveries after early operations were 25-33 per cent.; after late opera-

tions, 5-10 per cent. After discussing the subject as to whether diphtheria is or is not primarily a local disease, he gave his reasons for not liking the tube in tracheotomy: (1) The tube never accurately fits; (2) When the tube is in place, the incisions into the trachea cannot be kept under observation; (3) Occasionally the tube from not being in the middle line, and being left too long in the trachea, ulcerates through, and an artery may be opened; (4) When the tube is in the trachea, there is difficulty in expelling through it pieces of membrane; (5) The tube causes sometimes exuberant granulations and warty growths. In place of the tube Dr. Bell has devised an instrument which he thinks does away with the objections to the tube. It consists of a pair of "clips," which catch the edge of the trachea and hold it apart. They are held in position by a tape which goes round the neck. He had experimented with the clips on a number of dogs, and and found that they held well and no ill results followed.

In the after-treatment of cases in which the "clips" are used, he withdraws the mucus, etc., from the trachea by means of a glass pipette. After operation he plugs the trachea or larynx above the wound with antiseptic sponge; this absorbs the discharges and helps to localize the membrane. Over the wound he keeps a piece of gauze and he occasionally introduces vaseline into the trachea. When the tube is used, after two or three days the breathing becomes dry, and the end of the tube becomes coated with inspissated mucus; below this, in the trachea, is a cone of dried exudation, which helps to block up the passage.

Dr. Bell gave the histories of two cases of diphtheria in which he had operated and used his "clips." One case died, and the other—aged twenty-five months—recovered. In nine cases of tracheotomy in which he had used the tube, all, with one exception, died.

Dr. A. L. Smith believes that the "clip," introduced by Dr. Bell, will prove of the greatest possible benefit and will in all probability reduce the mortality after the operation.

Dr. Kerr did not think that tracheotomy is a good operation, and had seen most desperate cases recover without it. If Dr. Bell's treatment without a tube reduced the mortality, it would be a great gain. His last tracheotomy case lived three weeks and died of paralysis, so that it is not always the extension of the membrane that kills after tracheotomy, and the best after-treatment will fail to produce a good result. He was very doubtful about the good that would result from plugging the trachea above the wound.

Dr. F. J. Shepherd said that he had performed tracheotomy a number of times both in hospital and private practice. His first ten or a dozen cases were all fatal, but during the last two and a half years he had performed tracheotomy in private practice sixteen times, and had had five recoveries. In hospital practice his results were not so good. He thought that the kind of instruments used did matter much; it was important that the wound should be kept aseptic. He removed the tube as early as possible, never later than the fifth day, in one successful case he removed the tube on the third day; they were all cases of diphtheria. Dr. Shepherd believed that after operation it was useful to have a warm room (75°-80° F.), and that the atmosphere should be saturated with moisture. He always used a croup or closed bed, and the steam of the kettle was conveyed into it by a huge spout. The inner tube was removed every hour and the outer one on the second day; lime-water was occasionally dropped into the tube. He thought that the tube favored expulsion of membrane.

Dr Russell was formerly opposed to tracheotomy but now thought early operation advisable; if the operation did not cure, it always relieved, He had performed tracheotomy six times with two recoveries. He thought Dr. Bell's instrument a very ingenious one, and likely to prove very useful.

Dr. Fenwick, of Montreal, said that he preferred the high to the low operation. Dr. Bell's instrument appeared to answer very well.

Dr. Fenwick, of Montreal, read a paper on "Treatment of Tuberculous Glands of the Neck." He believed that scrofulous glands are intimately connected with tubercle. After giving a sketch of the history of tubercle and Koch's discovery of the tubercle bacillus, he said that there must be some predisposing condition in the individual so that he can contract tubercle—the proper soil must be present. The glands of the neck are specially liable to infection, especially the submaxillary and those over the large vessels. Enlargement is rarely single and occurs generally at first on one side of the neck only. In scrofulous enlargement of the glands of the neck the author strongly advised early removal of enlarged glands. After removal the general health of the individual improves; if they are left, the patient runs the risk of general tuberculosis, and if he recovers it is with impaired health and a number of disfiguring scars on the neck.

Dr. Kerr, of Winnipeg, was not satisfied with the results of operations and did not now operate so often as formerly; he found the operation not only very tedious but difficult and dangerous, and the results were not always so good as represented.

Dr. Shepherd, of Montreal, confessed that the results of operation were not always so perfect as were described by the enthusiastic advocates of the operation, but in many cases the results are entirely satisfactory. After incising the deep fascia, he prefers removing the glands with the fingers, with an occasional cut with a knife. He

has never had any accident attending the operation. Although he has had no experience with Treves's cautery puncture, he does not think it suitable for glands deeply placed. In sinuses and scrofulous ulcers, he has had most excellent results from scraping out the parts with Volkmann's spoon.

Dr. Trenholme, of Montreal, read a paper on "Some Details of Uterine and Ovarian Operations." After describing the usual precautions that should be taken regarding the cleanliness of hands, sponges and instruments, he said that he prefers No. 1-20 shoemakers' thread to any other form of ligature. Before use the thread should be immersed for twenty-four hours in pure carbolic acid, and not put into water at all. In closing the abdominal wound, he uses silver wire for the deep sutures and horsehair for the superficial. He laid great stress on the importance of not enclosing any muscular tissue in the suture. He advised short incisions of two or two and a half inches. Muscle should never be cut in the incision, as it gave great trouble afterwards. The pedicle of the tumor should be ligated in small segments, and the large vessels should be ligatured separately and the ligature cut short. The cavity of the abdomen should be thoroughly cleansed with sponges, and drained when necessary. He allows his patient after the operation to move freely in bed; this favors the reposition of the bowels In uterine fibroids, when large, he always divides the mass in the median line, then each half is enucleated. The stump should be cut in shape of a V, and the edges brought together with a running suture and quilted with the shoemakers' stitch. He has found linseed-tea enemata of great service after operation; fomentations to the abdomen were also very beneficial. No after medicinal treatment is needed, except when there is vomiting; in this he has found sipping hot water useful, and also ipecacuanha in homœopathic doses. He uses the third dilution.

Dr. Macfarlane, of Toronto, would have liked to hear Dr. Trenholme say more about dietetics. In his operation he had found vomiting to be a very troublesome complication; warm water with a flavoring of brandy he had found of great services in these cases, also frequent small doses of Epsom salts as recommended by Lawson Tait. He never gave any medicine at all when there was any threatening of peritoneal trouble. He never used drainage unless the adhesions were extensive.

Dr. Kerr would like to know why Dr. Trenholme objected to including muscle in his sutures.

Dr. Shepherd, of Montreal, did not understand why an abominal wound should heal so differently from wounds in other parts. So far as he himself was concerned, in performing abdominal section he treated his incision as an ordinary wound. He used silk or catgut sutures, and passed them through the whole thickness of the wall of the abodomen; union invariably took place by first intention.

Dr. Fenwick agreed with the remarks of the last speaker. He always used silk sutures, and objected to horsehair, because knots made in it did not hold well. In treating the pedicle he first clamped it, and then tied all the large vessels; afterward, he tied the pedicle with the Staffordshire knot and removed the clamp. He had used hot water occasionally to cleanse the abdomen.

Dr Trenholme, in reply, said he spoke of interstitial fibroids. He formed the pedicle out of the labial borders of the uterus in such a way that he left the broad ligaments to sustain the pelvic viscera. He used the shoemaker's stitch to secure primary union. With regard to the external wound, he thought that the conditions found in the abdominal cavity existed nowhere else. It is of the greatest importance to secure primary union so that there shall be no subsequent hernia. For vomiting he used hot water over the wound, and ipecac in minute doses. In preparing the patient he avoided purgatives as much as possible. In cold he weather kept the extremities of the patient wrapped up in cotton-wool.

Dr. Shepherd, of Montreal, next read a paper on "Excision of the Tarsus in Tuberculous Disease of the Bone." He remarked that in cases of tuberculous and carious disease of the bones the necessity for amputation is not immediate, and it is the duty of the surgeon to endeavor first to remove the local disease before sacrificing the foot. The reader of the paper illustrated this principle by giving the histories of several cases. In one case, where there was disease of both feet, he removed on the right foot the cuneiform, scaphoid, cuboid, and bases of the metatarsal bones, and on the left, the lower end of the tibia, astragalus, part of the os calcis, the scaphoid, and cuboid. The result was excellent, and the patient, a girl aged seventeen, was able to walk about comfortably. In children amputation is hardly ever required.

Dr. Macfarlane believed this is the proper method of treatment and should be extended to caries of the spine. In dressing the wound left after excising tarsal bones he never stuffed the wounds with anything, but placed the foot in a good position and left the rest to nature.

Dr. Kerr, of Winnipeg, said that patients, after operation, should not be allowed to walk about too soon, as they are apt to have a splay foot.

Dr. Fenwick said he could mention a number of cases in which he had resected the tarsus with the happiest results. He related the case of a gentleman (a medical man) who had been wounded at the battle of Alma, and had carried the bullet in his heel for nearly thirty years. The os calcis was trephined, and the bullet removed, with result of a rapid closure of the cavity and a useful foot.

Dr. Kerr, of Winnipeg, read a paper on the

"Evacuation of an Abdominal Hydatid Cyst." The patient was an Icelander, who came into the Winnipeg Hospital last winter, with a large abdominal tumor. From the history, and as the result of exploratory puncture, the attending physician, Dr. Whiteford, made the diagnosis of hydatid cyst, and handed the case over to Dr. Kerr for operation. The operation was performed in two stages, as recommended by Volkmann. A cut was first made down to the growth, and six days after it was incised. To open the cyst he had to cut through two inches of the liver. The cyst was then emptied and washed out with a solution of iodide. The patient did well, and went home in two months. He remarked that these are rare cases. Up to 1880, only 155 cases have been reported. This is the second case that has been seen in the University Hospital. The other patient was operated on, but died on the table.

August 19th.

Dr. Kerr reported two cases of "Gunshot Wound of the Hip-joint."

Dr. Buller, of Montreal, read a paper on "The Treatment of Acute Purulent Ophthalmia."

Dr. Shepherd, of Montreal, read notes of a case of "Ainhum."

Dr. Fenwick, of Montreal, reported a case of "Amputation at the Shoulder-joint for Myelo-sarcoma of the Arm."

Dr. A. Lapthorn-Smith read a paper on "Alexander's Operation, and the Treatment of Displacement of the Uterus." After describing the operation minutely, and also giving a discourse on the anatomy of the parts, Dr. Smith went on to say that the round ligaments are really muscles, and are not in a state of tension except during coition. They are the homologues of the cremaster muscle in the male. Dr. Smith considered that the risks of the operation are great, and that it is not a justifiable one except in extreme cases, and when performed did not permanently cure displacements of the uterus. He prophesied that it would soon fall into disuse. The author said that displacements of the womb could be corrected by lessening congestion, by keeping the liver clear, and the lower bowel empty. The paper was illustrated by diagrams and tables.

Dr. Trenholme agreed with Dr. Smith that the operation was one that would soon be known only in history.

Dr. Shepherd had frequently dissected the round ligament, and had performed operations on the dead subject. The uterus could be easily elevated by pulling on the ligaments. He did not think the fact that a few muscular fibres had been found on the ligament proves that it is now in active use as a muscle; it is, rather, a fœtal remnant of the ligament of the Wolffian body, and the homologue of the gubernaculum testis of the male.

Dr. Ahern, of Quebec, said that the round ligament is frequently abnormal, and that at its insertion it is often much atrophied. In cases where the uterus is fixed, tightening it will not correct displacements.

The section then adjourned.

A General Meeting of the Association took place at 2 o'clock, Dr. Canniff in the chair, as the President was absent.

Dr. McEachren, the Principal of the Veterinary College, gave an address on "The Pleuro-pneumonia of Cattle," which was illustrated by pathological specimens. The principal difference between pleuro-pneumonia in cattle and that of man is that in the former the disease is first, and essentially, an inflammation of the inter-lobular connective tissue; the alveoli are only secondarily affected.

Votes of thanks were then given to the authorities of the Laval University for the use of the building, and to the railroad and steamboat companies for the courtesy shown by them to the Association.

The Association then adjourned.

Selected Articles.

OPHTHALMIA NEONATORUM.

Dr. J. E. Weeks writes, in the *Medical Record*, on ophthalmia neonatorum, that the plan of treating this affection he has found most rational is as follows, for the careful carrying out of which a trained nurse or a careful attendant is essential:

If only one eye is attacked, the well eye must be carefully guarded against the possibility of infection from the diseased eye. This is done by cleansing both eyes frequently with absorbent cotton or clean sponges, and clean, cool water, weak solutions of sublimate, boracic acid, etc. Sealing the eye in infants is very unsatisfactory; it may be done with benefit in adults. *Constant* cold applications to the lids should be made. I find the following method most efficient: Pieces of linen, twelve or eighteen in number, are folded into three layers, so as to form squares of an inch and a half. These squares are dampened and spread on a cake of ice. The nurse in attendance changes the pieces of linen to and from the eye sufficiently often to have a cold piece *always* resting on the lids. These applications are kept up *constantly* until the swelling of the lids subsides, and until the discharge has almost entirely ceased, usually from three to seven days. The plan of making the cold applications at intervals of two or more hours is certainly not advisable in these cases, as the temperature of the lids rises as soon as the cold is removed, and the development of any living germ in the tissue of the conjunctiva is resumed. I have witnessed the increase of inflam-

matory action in cases of this kind when the intermittent plan was followed. The secretion is removed from the conjunctiva by careful washing with cold or cool water, a clean sponge or absorbent cotton, usually every twenty or thirty minutes —more or less frequently according as the secretion is more or less profuse.

In these conditions applications of a one to two-per-cent solution of nitrate of silver are made to the surface of the conjunctiva every morning and evening, care being taken not to make the solution sufficiently strong to cause an increase in the inflammation of the lids when it is applied. The applications are made in the following manner: The lids are everted, and the solution of silver is brushed upon the conjunctiva freely with a soft camel's hair brush. After the silver has remained in contact with the conjunctiva from fifteen to thirty seconds, it is washed off with a very weak solution of sodium chloride or simple water.

The above-mentioned applications may be made in all stages of the disease, without regard to the condition of the cornea. If corneal ulcers exist, one or two drops of a one-per-cent. solution of the sulphate of atropine should be instilled between the lids two or three times a day. I find that the gonococci are present so long as the purulent discharge continues.

If the above plan of treatment be carefully carried out, I am confident that no eye need be lost by any form of gonorrheal ophthalmia, if the treatment is commenced before the cornea becomes involved, and that corneal complications will be very rare. In nearly every case the progress of the disease will be arrested from the moment that treatment is begun. Canthotomy, Critchett's operation of a perpendicular incision through the middle of the upper lid, or scarification, I deem harmful and entirely unnecessary.

INGLUVIN.

A very learned name for a remedy is Ingluvin. It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals. The honor of its discovery and utilization, in its crude state, remotely dates with the Chinese gastronomer, as well as to the Caucasian chemist, in its refined condition. From time immemorial the inhabitants of the Celestial Empire have used the gizzard of chickens and ducks in nearly all made dishes. Their writers have recommended the practice as a sovereign treatment of dyspepsia, weak stomach and vomiting. A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say it was never learned by the great nations of Europe until the latter part of the present century. On the other hand, the organic chemists of Europe discovered, about 1850, a powerful nitrogenous radical in the gizzard. Experiments thereafter showed it to possess many of the qualities of pepsin. These experiments led to its isolation. Numberless experiments have proven it to be a very valuable addition to therapeutics. Where pepsin refuses to act, and where, in severe cases it has even been rejected by the stomach, Ingluvin effected relief rapidly and with the greatest ease. In four recent cases of poisoning by root beer (Brooklyn, June, 1886), Dr. George Everson, Jr., a well known physician of that city, reports that after pepsin and all similar compounds had been rejected by the stomachs of his patients, Ingluvin stayed the retching and enabled them to retain and digest food. Dr. Lassing reports a similar experience in several cases of acute dyspepsia. *A priori*, it would seem as if Ingluvin should be more efficient and potent than pepsin in many cases of physical disorder. Our poultry are chiefly gramnivores and have no beak nor other buccal apparatus for crushing the hard grain and seeds on which they so largely feed. The food is swallowed when apprehended and passes directly into the crop or gizzard. This seems to act both mechanically and chemically. Its interior walls are covered by a dense, hard cultous membrane, surrounded by muscles of the most powerful type. Along with the food is always a small amount of sand and gravel. The organ acts apparently by bruising and cracking, rather, than is commonly believed, by trituration. The motion of the ingluvial muscles is accompanied by a slow but continuous exudation, from the walls of the crop, of a strong organic fluid, of which Ingluvin is the chief constituent. The hull of the grain or the shell of the seed is broken by the pressure of the walls and the gravel and their interior is exposed to the chemical action of the ingluvin. By the time it reaches the stomach it is ready for the gastric juices. From this point on, digestion proceeds as with the higher animals. As the gallinaceæ have very small salivary glands, and as the fluids secreted by these resemble the secretion of the parotid rather than that of the sublingual and submaxillary glands of the human being, it would seem as if Ingluvin played a double part, exercising the functions of the ptyalin of the saliva as well as the pepsin of the stomach. Ingluvin is prepared by the far-seeing chemists, Wm. R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical

profession. The AMERICAN ANALYST bespeaks for it the same appreciation by its readers. We extract the following:

Prof. Roberts Bartholow, M. A., M. D., LL. D., in his late work on "Materia Medica and Therapeutics," says:—INGLUVIN. This is a preparation from the gizzard of the domestic chicken—*ventriculus callosus gallinaceus*. Dose, gr. v.—℈j.

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy*. It is a stomach tonic, and relieves *indigestion*, *flatulence* and *dyspepsia*. The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—*From the American Analyst, August 1st, 1886.*

HYDRONAPHTHOL.—Dr. Justus Wolff asserts that E. Merck's statement that betanaphthol and hydronaphthol are identical is a mistake, which may result in the most serious consequences if betanaphthol be used instead of hydronaphthol, "as the first one is a most dangerous and deadly poison whilst the latter is an excellent absolutely reliable and harmless antiseptic." The poisonous character of betanaphthol has been established a long time ago by such authorities as Kaposi, Neisser and Piffard, and lately by Max Schwarz, while Dr. G. R. Fowler, Dr. Lawrence Wolff and many others, have proved hydronaphthol to be non-poisonous, and a most effective antiseptic. Hydronaphthol is distinguished from batanaphthol not only by its physiological action but also by distinct chemical reactions and by its chemical constitution, as it possesses certainly more hydrogen in the molecule than betanaphthol. Of the several distinguishing chemical reactions the following may be given as an example: If from a diluted iron-perchloride solution two drops are added to an alcoholic betanaphthol solution it becomes of a bright green color, whilst the same proportion of an alcoholic hydronaphthol solution of the same strength becomes dark yellowish brown by addition of the same proportion of iron-perchloride solution. Other reactions are also different and the melting points obtained by most careful determinations are for hydronaphthol 117° C., and for betanaphthol 122° C. These and other facts satisfy the author that hydronaphthol is distinct from the poisonous compound which is known as betanaphthol and that it is not alphanaphthol nor a mixture of the two last named and does not contain any of either.—*Druggist's Circular.*

THE TREATMENT OF GLEET.—In an address before the Medical Society of the County of Albany, Dr. O. D. Ball described a method of treatment employed by him successfully in a number of cases of chronic specific urethritis (*Albany Med. Annals* June, 1886). He employs an ointment composed of oxide of zinc, three drachms; lard three drachms; cerate, two drachms. The application is made by means of an olive-pointed bougie. The constricted portion of the bougie is filled out evenly and as smoothly as possible with the full calibre of the instrument. The bougie should be carried down to the prostatic portion of the urethra as rapidly as possible, and then, after being rotated in both directions, slightly withdrawn and pushed back again, in the hope that some of the ointment will be forced into the swollen mouths of the seminal and prostatic ducts. In the same manner the remaining portion of the urethra should be treated, giving plenty of time for the ointment to be melted and left in contact with the diseased membrane. The patient should have emptied his bladder previous to the application, and should be instructed to refrain from doing so again as long as possible. The applications should be made at least twice a day—in the morning and the last thing before retiring. The instrument should not be too large, but of just sufficient size to smooth out the folds of mucous membrane. For instance, when the penis measures three and a half inches in circumference, a No 20 French will about answer the purpose. The average time of treatment of all the cases was a little over four weeks. The longest any one case was under treatment was eight weeks; the shortest was ten days, except in one case where the patient never saw any discharge after the first application was made.

CONGENITAL MALFORMATION OF THE INTESTINES.—Dr. Owen Pritchard reports the following case in *The Lancet* of May 15, 1886: The child (a female) looked quite healthy at birth, except that the abdomen was unusually distended, and on his visit in the evening the nurse drew Dr. Pritchard's attention to the large size of the abdomen, and stated that the child had been very sick. A teaspoonful of castor-oil was ordered, but at the next visit it was found that it had not operated, and that the sickness was getting much worse, the vomit becoming black and offensive. An injection was tried, but it succeeded in bringing away only a few very small lumps of fæces. The vomiting became more and more severe, and the child died at the end of a little over four days. At the post-mortem examination the stomach was found normal, and the small intestine for about three feet was also normal, but here it ended in a blind extremity which was greatly distended. Then, quite separate from all this, and not attached to it in any way, were coils of very small intestine several

feet in length, and not measuring more than a sixth or an eighth of an inch in diameter. This passed on into the right iliac fossa, and there forming the ileo-cæcal valve, it continued in the course of the large intestine on to the rectum, its diameter in any part of its course not measuring more than a sixth of an inch.

Sulphate of Sparteine as a Dynamic Medicament and Regulator of the Heart.—M. Germain Sée reports three constant effects as resulting in his experience from the use of this medicament.

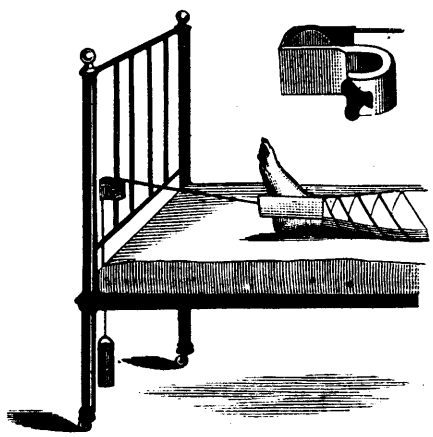
1. The strengthening of the heart and pulse, more persistently and effectually than digitalis and convallaria.

2. The immediate regulation of the disturbed heart rhythm, in which it is surpassed in efficacy by no other medicament.

3. The acceleration of the heart-stroke in cases of severe atony accompanied with excitement, similar to the action of belladonna. The influence manifests itself immediately after the exhibition of the remedy, and lasts for three or four days. During this time the general strength increases, and the breathing is essentially lightened more certainly than by iodide of potassium.

The agent seems not to exert any favorable influence upon the secretion of urine. It is especially indicated in cases of disease of the heart muscle.—*L'Union Medical.*

Extension Pulley.—The accompanying illustration depicts an extension pulley which I have had made, and which is used at the Cork Children's Hospital, to the exclusion of nearly all the old extension arrangements. By means of the



side screw it is easily attachable to any ordinary bedstead, and can be raised or lowered at pleasure, so that a pull can be had from any direction. Messrs. Arnold & Sons, West Smithfield, have arranged to manufacture these pulleys.—*Dr. N. Grattan in Lancet.*

Medical Notes.—

Prof. Bartholow directed, for a case of *chorea*, in a boy of twelve, extract gelsemii fluid, ℥iij ter die, and Fowler's solution, ℥iij ter die.

For the alleviation of *hepatic cancer*, Prof. Bartholow prescribes syrupus mangani et ferri iodidi, and minute doses of Donovan's solution. Patient is to avoid starchy, fatty and saccharine food.

Prof Brinton has, for many years, treated, with excellent results, *pruritus ani* with teucrium scordium, in gr. xv--xx doses, ter tie, in water. It is to be used for four or five days, until effects are produced.

At Prof. Da Costa's clinic recently was a very marked case of *hysteria*, the patient suffering from hyperæsthesia of the skin, trembling paralysis and "fits." Treatment: Strengthen patient's *morale* and encourage her; have her exercise short of fatigue; plenty of good food and rest in bed, and let her take zinci valerianas, gr. ij, ter die. In eleven days she returned practically cured.

Prof. Bartholow remarked, in regard to the treatment of a woman suffering with *epilepsy*, of both the *grand* and *petit mal* types, that regulation of the diet is a most important point of treatment; do not overload the stomach with anything, not even water; allow no saccharine and very little starchy food; meat in small amounts only once a day. For the convulsive phenomena, sodium bromide, ʒj morning and evening for the first week, then diminish one-half.

For *vertigo with deafness*, not true Ménière's disease, Prof. Bartholow advised at least five grains of quinine ter die, to be taken for one week and then suspended to ascertain the result.

For *acute rhinitis* in its incipient stages, of all the remedies tried by Dr. Sajous, the following has given the best results. In the doctors words, "It acts like magic":—

℞ Morphinæ acetat., ... gr. iv.
Bismuthi subnit.,
Pulv. talc., . āā . . . ʒj. M.
Fiant chartæ, xxx.

Sig.—Use as a snuff.

Dr. Sajous states that this will check a very bad *cold*, or coryza, sometimes with only one sniff of the powder.

Prof. Bartholow's treatment for a bad case of *melancholia*, with illusions of sight and sound, occurring in a lady æt. 49, was: Free purgation; to stimulate the circulation and the functions of the brain, tinct. opii deodorata, gtt. v, four or five times a day, also a moderate amount of alcohol given as a food and with the food; but great care must be taken to prevent the formation of the alcohol habit, which is easily done in such cases.

If possible the patient should have a change of air and circumstances; a sea voyage would be very beneficial; exercise and plenty of good nourishing diet must be carefully seen to and all sources of mental depression avoided.

At Prof Bartholow's clinic a man presented himself very deeply *jaundiced;* had been so for four weeks; previous to that had had quotidian intermittent; had dyed his hair for years; as the metals are excreted by the liver, that organ may have been damaged by the lead contained in the dye. For the jaundice, a mild saline cathartic is the best agent, such as sodii phosphas, ʒ j, ter die. Keep the kidneys active, to get rid of the bile pigment in the blood. This patient will also take quininæ sulph., gr. v. ter die. When the jaundice is removed, potassium iodide, for removing the lead from the system.—*Col. and Clin. Record.*

Bromide of Potassium and Lotions of Ether for Sunstroke.—The purpose of this note at this time is to call attention to the great value of bromide of potassium in this affection by the mouth when it will be so taken, and by the rectum when the patient cannot be induced to swallow it. It brings about more speedily, in the gravest cases, the return of the patient to himself mentally, and averts the serious brain sequelæ immediate, and remote, of this always serious affection. The acute insanity of sunstroke much sooner subsides under its use than from the cold treatment alone, and the cold treatment ought to be suspended as soon as the patient comes to himself, appears drowsy, and feels chilly.

Many lives are lost, I am satisfied, and many preventable cases of chronic cerebral meningitis and insanity follow the neglect to use bromide of potassium freely during the active treatment stage, and moderately after the patient has recovered.

My plan is to give from sixty to one hundred and twenty grains during the first hour, and sixty grains every hour, or thirty grains every half-hour, largely diluted in peppermint-water; sulphuric ether freely to the head and spine and fanned away until six ounces are used; ice at the same time to arms, wrists, abdomen, over the heart, legs, etc, and, in extreme cases of comatose collapse, ice cold water into the bowels with ginger and capsicum, but ordinarily cold water with two hundred grains of bromide of potassium.

A recent violent case, July 5th, with maniacal delirium, fear of being murdered, and requiring six men to hold him down, was subdued, as all my previous cases have been, by the free use of bromide of potassium, ice and ether, passing into a tranquil sleep with soft and regular pulse and respiration within three hours after the beginning of the attack.

The man was a labourer, struck while at work in the street. He had drunk some that morning and more the night before, but was not intoxicated. He was thirty years old, and married.

The patient took altogether two hundred and forty grains during the first twenty-four hours, and will take two hundred and forty more at the rate of ninety grains a day, before treatment is discontinued.

As we allowed some ginger-ale when he began to complain of being cold, and ice removed and dry clothes put on him.

The remote consequences of sunstroke are very serious in various chronic forms of head trouble, especially in insanity, and few persons who have once had a sunstroke can ever after tolerate heat. The chief and greatest value of the bromide of potassium treatment, at the time of the attack, is in averting these consequences.

Of course, atropine and iodide of potassium are not to be disparaged, and may be blended with the bromide treatment. And muriate of ammonia and aromatic spirits of ammonia may immediately follow it.—*Ex.*

Tinnitus Aurium in Affections of the Stomach.—Ménière's opinion here given is opposed to that of most otologists, that subjective noises in the ears are always premonitory of a diminution or loss of hearing. He believes that the tinnitus occurring in patients suffering from dyspepsia arises in the internal ear, and is of varied character, but the noises are never isochronous with the pulse. After examining a large number of cases, he comes to the conclusion that one may become deaf by way of the stomach. The diagnosis is rendered more exact by the absence of lesions of the external or middle ear. The tinnitus may appear before any of the symptoms of disease of the stomach, though it usually occurs during the second or third year of the gastric lesion. It generally affects but one ear, but it may affect both ears. The deafness is variable. The diminution or augmentation of the tinnitus usually follows the descending or ascending course of the dyspeptic lesion. Local treatment gives but barren results, though Ménière claims to have seen some good results from static electricity.—*N. Y. Med. Jour.*

Constipation.—There is always something to be learned about this exceedingly common and annoying complaint. Dr. Arthur V. Meigs recently related the histories of seven interesting cases before the College of Physicians, which teach several valuable lessons. They warn us never to diagnose an abdominal tumor until we have purged the patient. They teach us that constipation can cause a fever which the best of us may be misled into considering as typhoid. Again, as Dr. Da Costa said, constipation may cause a relapse in convalescence from low fevers, and he even says that in some of these cases there may be well-developed

typhoid fever symptoms with rash, due to constipation, which will disappear when the bowels are moved. So that, on the whole, it would seem to be very important to look carefully after our patients' bowels in all cases.—*Medical and Surgical Reporter.*

Wonderful Operation.—We learn by an account in a recent issue of the *N. Y. World* that another rare and wonderful operation has been performed with brilliant results. This time it was a very painful cancer, situated in the dangerous locality of the breast. The skilful surgeon at the hospital was willing, however, to take all risks to save the life of the patient. The incisions were carefully and judiciously made "in the direction of the fibres of the great pectoral muscle," the slightest deviation of the blade inviting death. The knife was carried "round the diseased mass in such a manner as to include *every part of it*, the lower incision being made first." The pectoral muscle was "thoroughly exposed by the removal of its fibrous envelope." "Strict antiseptic precautions" were observed, and, *mirabile dictu*, the wound "healed by first intention," without any increase in the temperature. All this shows what advances are constantly being made in our noble art by bold and skilful surgeons. We hope, however, that success will not make some of our operators too bold. Who will be the first one to tackle "a wen?"—*Med. Rec.*

Morphiomania in France.—M. le Prof. Ball, the celebrated alienist of St. Anne, dedicated a special article in the *Journal de Medecine* to morphiomania, which is, according to him, assuming great proportions in France, especially amongst the gentler sex. The symptoms are very characteristic, but often the patient tries to put the medical attendant off the scent, and then some difficulty in the diagnosis is experienced, but if a close observation is made something unnatural in the conduct of the person will arouse suspicion. For instance, if he is in a meeting his face will become changed and downcast, and he takes no longer interest in what is passing around him; but if he gets an opportunity of absenting himself a few minutes he will return quite bright as before; for in that short interval he has given himself an injection. However, there are two sure signs which will betray the patient, no matter how he may try to conceal his habit, and those are to be found in the skin and in the urine. The skin will be found to be covered with little dark spots situated in the centre of little indurations about the size of a large shot. It is needless to add that these indurations are the result of the little wound of the needle, but as the lesions are generally found on the inside of the thighs the patient refuses to let them be seen, and in that case examination of the urine will prove of great service. A few drops of the tincture of iron are put into the suspected liquid, and if morphia be present a blue tinge will be produced. The prognostic of morphicmania is not as fatal as is generally supposed, but there is danger, from the fact that the dose has to be continually increased, and in the end the cachexia becomes so pronounced that the patient falls an easy prey to tuberculosis. As to the treatment, M. Ball recommends a *brusque* suppression of the drug, provided the patient can be well watched, but in private practice he thought that it would be found necessary to proceed gradually. Preparations of belladona might be employed to calm the irritation, or cocaine, but this latter remedy might prove to be as bad as the evil it was given to cure.—*The Med. Press.*

Pruritus, Etc.—*Boro-Glyceride.*—I have found boro-glyceride a successful remedy in several cases of troublesome pruritus. In anal and pudendal itching, common in gouty and diabetic patients, it has afforded relief when other means have failed. It may be used diluted with water, one to three or four, or in severe cases pure. It is not commonly known that borax preparations are much more soothing and sedative to tender and abraded mucous surfaces than chlorate of potassium, which is, locally, somewhat of an irritant. Glycerine is itself a penetrating and sometimes an irritating application. The chemical compound boro-glyceride seems to be free from this objection, which is not the case with glycerinum boracis. In a case of sore tongue occurring in association with severe chronic pemphigus, glycerine of borax was found temporarily the more grateful of the two, keeping the mouth more moist than did equal parts of the boro-glyceride and water, but the latter seemed to have more healing effect. Honey of borax seems less irritating than the glycerine preparation. A lotion of boro-glyceride, two per cent. strength, was found of much value in a very obstinate case of cystitis, which yielded to no kind of treatment by diet and commonly approved drugs. My colleague, Mr. Marsh, at my request, began local treatment by washing out the bladder. There was great sensitiveness, and only two drachms of fluid could at first be tolerated in the viscus. This was gradually overcome by the preliminary use of a four per cent. solution of cocaine, and thus the bladder was regularly washed out, at first every two days, then daily, then twice daily. Great improvement resulted in about six weeks. This is probably the best method of treatment for such cases of cystitis as do not soon yield to ordinary means.—*St. Bartholomew's Hosp. Rep.*

Hæmoptysis, Profuse. — *Treatment.*—At the Medical Society of London, on Dec. 14th, Dr. West read a paper on this subject, in which the

following principles were discussed 1. Rest of the body generally and of the diseased part. Many of the indications under this heading were to be met by the use of opium. 2. Hemostatics: (*a*) Topical astringents; (*b*) vascular constringents. Topical astringents could not be applied to the bleeding part of the lung, and if they acted at all it must be only as vascular constringents. The belief as to the use of vascular constringents in pulmonary hemorrhage was probably based upon an incorrect theory of the pathology, and reasons were adduced why they could not be expected to do good. Ergot was of doubtful value, for it constricted vessels smaller than those from which the hemorrhage came. The risk of death in profuse hæmoptysis was more from suffocation than mere loss of blood. Moreover, profuse hemorrhage tended to bring about of itself the conditions most favorable to its cessation. An attempt might be made to imitate these conditions in treatment. When a vessel was divided, hemorrhage ceased (1) from contraction of the vessel, and (2) from clotting of the blood, aided by the great fall of blood-pressure which severe hemorrhage induced. In hæmoptysis the vessel was so diseased that it could not contract at the diseased spot. There was no drug which by internal administration could increase the clotting power of the blood. The effect upon the blood-pressure could be imitated in various ways:—First, by free bloodletting from artery or vein. If bloodletting be inapplicable, the same end might be aimed at by detaining the blood in some part of the body other than the diseased part. This could be done by mechanical means, as by the use of Junod's boot, or by dilating some of the great vascular systems of the body and making them act as temporary reservoirs for the blood. The abdominal reservoir might be used temporarily by purgation; the cutaneous vessels by counter-irritation, or possibly by pilocarpine and nitrite of amyl; these drugs dilate the vessels throughout the whole body, and might possibly be of great service. The blood-pressure might be further influenced through the heart—by means of cardiac depressants, of which antimony is the most reliable; by nauseant emetics, of which ipecacuanha was much vaunted by Trousseau. Lastly, dieting was of great importance. The principle of absolute rest with a restricted diet, which is the essence of Tuffnell's treatment for aneurism of the thorax and abdomen, was equally applicable and useful in pulmonary hæmoptysis. Dr. Symes Thompson considered that in a great number of cases good resulted from free hemorrhage. He did not believe in the use of astringents, such as gallic acid, copper, and lead salts. Careful management with free purgation was far better treatment. Opium was useful when restlessness and excitement existed. Clinical experience went to show that even bleeding from aneurisms in the pulmonary artery was controllable.—*Lancet.*

CARBOLIC TREATMENT OF HEMORRHOIDS.—The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystallized acid. In a large vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough which will result in a radical cure. A thirty-three per cent. solution under the same conditions will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor, which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucous membrane, may be cured by a single injection of a five per cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some cases will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.—*N. Y. Medical Journal.*

CATARRH.—*Treatment on a Neurotic Plan.*—My plan of treatment for the arrest of catarrh is as follows: I keep a strong solution of bromide (1 in 3) and a bottle of tincture of belladonna (B.P.). When I am conscious of having taken cold, I take two to three drachms of the bromide solution in a small glass of water—that is to say, 40 to 60 grains of bromide. I repeat this dose in six hours, and, if necessary, take a third dose at a similar interval. Meanwhile, as soon as a flux commences, I take twenty drops (equivalent to fifteen minims) of the tincture of belladonna in a little water every hour or two until the throat feels somewhat dry. The painting of the nasal mucous membrane with cocaine solution gives great relief, and powerfully contributes to the cure if the catarrh be severe. Since I hit upon this plan, I have never failed rapidly to arrest my own catarrhs, nor have I failed in any instance in which I have myself been able to superintend the administration of the remedies.—*Dr. Lees.*

WARM ETHER AS AN ANÆSTHETIC.—Dr. M. W. Hobbs writes in the Cincinnati *Lancet-Clinic* of May 8, 1886, concerning the advantage of warming ether previous to its administration in the production of anæsthesia. He uses a special form

of inhaler, in which the ether is warmed by being placed in a chamber surrounded by hot water, and the vapor is mixed with a certain proportion of air before being inhaled He finds that anæsthesia is produced more rapidly and with the expenditure of less ether, than when the agent is used cold. He and Dr. Taylor have tried the method in upwards of thirty cases, and he writes that the patients not only came under the influence of the drug more readily, but they also recovered more rapidly and pleasantly from the anæsthesia, than patients generally do who have been brought under its influence in the ordinary way of administering ether cold.

Medical Cure of Glaucoma.—M. Panas recently submitted to the Paris Academy of Medicine a communication on the treatment of certain forms of glaucoma without operation. In the view of M. Panas, the myotics hitherto employed as palliatives may also play the roll of curative agents; but to obtain favorable results their use ought to be prolonged. They should, in preference, be employed in the form of collyria. The two formulas usually employed by M. Panas are a solution of one twenty-sixth of a grain of sulphate of eserine to the dram of water, or one twelfth of a grain of nitrate of pilocarpine. The collyrium of eserine is always to be placed in the first rank.—*Le Progrés Medical.*

Alcoholic Delirium and Rabies.—Dr. Dujardin-Beaumetz (*Brit Med. Journal*) gives particulars of two supposed cases of rabies. In one case the patient had all the symptoms of alcoholic delirium, and tried to bite people; he had been bitten by a dog (not mad) 15 days before. He was cured in two days. Dr. Dujardin-Beaumetz said that he had never met with a person suffering from rabies who attempted to bite others, and he could confidently assert that this was a symtom of alcoholic delirium and not of rabies. The other case was admitted for rabies and tried to bite the male nurses; he was suffering from alcoholism as well as hydrophobia.

The Function of the Tonsils.—Dr. R. Hingston Fox, in an interesting article on the Functions of the Tonsils in the twentieth volume of the *Journal of Anatomy and Physiology*, expresses the opinion that these glands belong to the digestive and not the respiratory tract, and that their function is to reabsorb certain constitutents of the saliva in the intervals of meals which would otherwise be wasted. He thinks that the view of their having an absorbing function is further supported by the strong evidence of the power of the tonsils to absorb morbid poisons directly from the saliva. —*Lancet.*

Ringworm.—Ringworm of the most obstinate character may, according to Dr. Saerlis, writing in the Medicina Contemporanea of Lisbon, be cured in ten days by cutting the hair from the affected spot, pouring turpentine on it, letting it run over the whole head, and rubbing well with the finger. After this has caused a smarting sensation for from three to five minutes, it is washed off with carbolated soap. Hot water is then used for washing the whole head, and the affected spots touched with dilute tincture of iodine or with a 2 per cent. solution of iodine and turpentine. This process is to be repeated once or twice a day.—*Lancet.*

Eserine and Pilocarpine for Glaucoma.—It has been objected against eserine that it increases the intra-ocular pressure whilst contracting the pupil; pilocarpine, on the other hand, is said to lower the intra-ocular tension. These myotics have been set against one another in the treatment of some cases of glaucoma. Schlegel has made some experiments on the intra-ocular tension, and arrives at the conclusion that the alkaloid of jaborandi also increases the tension.—*Lancet.*

Hypodermic Solution of Quinine.—Where it is necessary to administer quinine subcutaneously, the following formula is recommended by Dr. S. Burt, as being as little irritating as possible:

℞—Quiniæ bisulphatis, ... ʒj.
Acidi borici, ... gr. ij.
Morphinæ sulphatis, ... gr. ¼.
Aquæ distillatæ, ... ʒj.

Sig.—For hypodermic use. One drachm contains seven and a half grains of quinine.

The *Hahnemannian Monthly* for July has an article on the Treatment of Moral Insanity; quite a number of drugs are mentioned, but the following appear to be the most important: for *kleptomania*, Ars.; for *cursing*, Nux.; for *inclination to murder*, Lach.; for *hatred of work*, Spongia, etc. We should think that Ars. and Nux., especially Ars., in pretty full doses, might be valuable in kleptomania and cursing. The external exhibition of Lach. in inclination to murder is of reputed value, but experiments made in Delaware scarcely prove it to be a specific. Spongia, either internally or externally, has not, in our experience, being of any permanent value in hatred of work, although we have seen many cases in which the external use of the remedy appeared to be strongly indicated. We note with pain that Hell. is recommended for mental derangement from alcoholic liquors.—*N. Y. Med. Abs.*

They are wonderful people out at St. Joseph, Mo. A writer to the *Medical Brief* says they have a fine boy there, whose mother, at his birth, was sixty-five, and father seventy-one years old!

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

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FAITH CURES.

Alleged Faith Cures have recently acquired some celebrity, through the medium of the press. Many are the wonderful recoveries from various incurable disorders, said to have been caused by faith and prayer. This system, if we may so term it without impiety, has obtained not a few disciples, and many converts, in the United States and Canada. Whether from its merits, or from its supernatural claims, is a question upon which there can be little doubt. The mystery surrounding those alleged cures, and the astonishing results claimed, challenge attention, and elicit wonder and admiration from the credulous and superstitious.

That the mental exerts no inconsiderable power over the physical, cannot be successfully disputed. The mind continually influences the various functions of the body. Nervous activity is hourly affected by the various thoughts, emotions, and conditions of the mind. Through this mental influence on the nervous system, physiological and pathological action is excited or depressed. Consequently, results are produced on the devotee, which, although strictly in accordance with physiological laws, are hailed as miraculous by many. That the faithful believe in every instance, that the universal laws of nature are suspended or reversed, for their especial benefit, by the Author of nature, in no way changes the fact, that if benefited at all, it is by natural laws solely. The fact that science has not yet arrived at the knowledge whereby these laws affecting the nervous system, and the intimate relationship of mind and matter can be clearly enunciated, is no evidence of the violation of these laws in any instance, but merely proof of our want of information concerning them.

Faith cures, so-called, are older than history. From time immemorial, uncivilized humanity has appealed to their various gods, whether ideal or material, for relief from pain and sickness, and when restored to health, sacrificed to, and praised the god whom they confidently believed had cured them. Even among civilized nations the same is done, only in different forms, down even to the present day. Witness the shrines of Europe, with their hosts of pilgrims and worshippers. All will remember the many reputed cures effected at Knock in Ireland, and in various other places, on this continent as well as in Europe. Don Pedro's mother, the Empress, was devoted to a miraculous image of the Virgin, which performed cures. The image was at last offended by being carried to the Empress, who was too ill to be carried to it, which not only allowed her Imperial Highness to die, but killed the Archbishop, who permitted such sacrilege. There is just enough truth in faith cure, to propagate credence in the preposterous claims of its advocates. Were these claims investigated by competent observers, and the few facts sifted from the masses of error, the cures would be greatly reduced, in both number and quality.

It is not improbable that some neurotic individuals, by self-abandonment, and devoted concentration of mind upon the Deity, have been cured of some neuralgic or functional trouble; but we have yet to hear of any organic disease, properly authenticated, having been cured by such means. Now it is obvious that miraculous power must be unlimited, and therefore organic disease should be as amenable to Providential influence as functional or nervous diseases.

Again, were the cures as miraculous as alleged, time would not be a factor, nor would any partial cures occur. Many are reported as being greatly benefited, although not wholly cured. Nature and sublunary remedies require time to effect cures, and frequently do not wholly restore to pristine health and vigor. But surely *Infinite Power* would neither require time, nor specific

locality, nor would Providence leave his work half done.

A lady of our acquaintance, with cancer of the throat, visited a faith cure institution in Maine, U. S. After remaining there some weeks, she returned, professing to be greatly benefited. But the cancer pursued its natural course, and caused her death in a few months. Doubtless this and other similar cases are published as benefited, if not wholly cured.

Were the lists of failures, and the percentage of subsequent relapses or deaths, in those professing to be benefited by this system, published, as well as the alleged cures, the public would have some data upon which to form an unbiassed opinion. But their system of recording the so-called successes only, evinces a lack of candor, which throws suspicion upon the integrity of its leading lights, and hints at some relationship with Mammon.

Another source of illusion arises from coincidences. We all know that the natural powers frequently overcome even organic diseases, and when this occurs subsequent to the faith-treatment, it is heralded abroad as a miracle.

Were the advocates of this method of cure entirely confident of its infallibility, and humanely desirous of benefiting poor suffering mankind, both physically and morally, they would court investigation, and seek to inspire the necessary faith in all, by producing evidence which could not be doubted. We are aware that they claim to cure cancers, tumors, fractures, and all other diseases, organic or inorganic. But so long as they decline scientific investigation, or refuse to put their claims to the test of examination by any or all who may desire to be convinced of their truth, or error, they must expect to be classed either as fanatics or charlatans, by all "who can render a reason for the faith that is in them."

While we freely admit the just claims of religion, and its beneficial effects on the mind of man, we hold with Epicurus, "That those are not undevout who deny the gods of the many, but those who attribute to the gods the opinions of the many."

M. Polaillon recently showed a fork, 8¼ inches long, which he removed from the stomach of a juggler who had swallowed it by mistake. The stomach was opened at the level of the 9th rib.

INFECTION FROM ASSOCIATION WITH TUBERCULOUS PERSONS.

This matter is one of profound importance. Since the discovery of the tubercle bacillus, and its recognition by the profession as the specific cause of tuberculosis, we have something tangible to look to, as regards the communication of the disease by infection. The idea that tubercle is capable of inoculation was entertained by Laennec, as well as by many ancient writers. Laennec indeed believed he had himself been inoculated, by being wounded with a saw when performing a post mortem on the body of a patient who had died of phthisis.

From a number of cases investigated by Dr. Hanot of Paris, it would appear that, tubercular matter inoculated into the skin, produces an ulcer which runs a specific course, and is not amenable to the ordinary lines of treatment, but whether such skin inoculation produces pulmonary tuberculosis is not so clearly shown. One of the cases under observation would seem to point that way.

Now the general opinion, among the laity, and even among not a few of the profession is that consumption is not contagious, and that close intercourse with one, the subject of the disease is not attended by any danger of contracting it. Thus one member of a family, has no hesitation in nursing another member ill with the disease, even sleeping in the same bed, and thus breathing the same air. Nurses are constantly in close attendance upon patients, without even thinking they are in danger of infection, eating from the same dishes, with the same spoons even, and in many different ways exposing themselves to the risk of contracting the disease. Not a few instances have been recorded in which the husband or wife has been infected through sexual intercourse, as also through the air inspired having been rendered infectious by having passed into the lungs of the affected person.

If we believe that Koch's bacillus, introduced into the system sets up the tubercular process, we can surely see that close association with a person who is tuberculous and must therefore, at some stage of the disease at least, have numerous bacilli in his system, whenever the tuberculous process is going on, will necessarily involve a certain risk of the transmission of these micro-organisms to the healthy system, and that under favorable circum-

stances they will begin their deadly work. We say advisedly, under certain circumstances, for instances are innumerable in which, though the transmission must have occurred no evil results have followed. These circumstances may be either a hereditary tendency to scrofulous or tuberculous inflammations, a generally weakened state of the system by which it is unable to throw off the materies morbi, or various other states which will readily suggest themselves.

Now how may the bacilli find admission to the healthy system. Evidently either through air inspired, by the food, or any utensil put into the mouth which may convey them, through the genito-urinary tracts, or through wounds of the external surface. As to the first means of transmission; not only may the air actually expired from the tuberculous lungs be the carrier of the bacilli, but the sputa from such lungs, when dried upon a handkerchief, in a vessel, or on the floor must set free numbers of them to float in the air, and be sucked into the lungs of those inhabiting the same room. It is easy to understand how the food and eating-utensils may become carriers of the bacilli, and as to their introduction through wounds of the surface, the same may be readily appreciated. Indeed in one of the cases mentioned, (Hanot's) inoculation occurred from pricking the hand by a piece of broken porcelain spittoon which had been used by a phthisical patient; and in four of the cases observed, bacilli were found in the skin lesion, thus demonstrating its tubercular nature.

What then is the physician's duty as to advice given to those exposed to these various sources of contagion? Complete isolation of persons suffering from tuberculosis is practically impossible, so that nurses and others must take their chances, with this important reservation; that those whom the physician has reason to suppose are specially liable to contract the disease should be warned of the danger in which they are placed by close association with such patients. The insistence upon cessation of marital relations between husband and wife, when one spouse is known to be tuberculous, is almost impossible, and indeed, the number of cases recorded in which inoculation has occurred from sexual intercourse, is perhaps too small to warrant the physician insisting upon such abstinence, except in particular cases. But as to contracting the disease from the food or eating utensils, the physician's duty is plain. All persons in relation with the patient should be thoroughly impressed with the idea that they *may* become infected in this manner, and due caution should be insisted upon as to the cleansing of all dishes, spoons, etc., used by the patient, before being allowed to go into general use. Fortunately Koch's bacillus is not proof against boiling water. So that with care this source of infection may be eliminated. As to their introduction into wounds, the physician should be on the alert, for there is always a chance of the bacilli from the tubercle in the skin generalizing itself, and setting up its morbid effects in remote organs. Therefore early and complete excision of the tubercle should be insisted upon, or it should be destroyed by the actual cautery. An important matter here presents itself, viz.: the employment of children's nurses who are tuberculous. The isolation of patients, separation of husband and wife, etc., which have been referred to above, are difficult if not impossible, but it is easy to educate the public not to employ nurses who are affected. The intimate relation between nurse and child, and we do not mean exclusively wet-nurses, should preclude the employment of any nurse not absolutely healthy. Cases have been recorded in which previously healthy children, with no hereditary taint of tubercle or scrofula, became tuberculous, as shown by autopsies, from nurses who were also shown to be affected.

THE BRITISH MEDICAL ASSOCIATION.

The 54th Annual Meeting of the British Medical Association was held at Brighton, from Aug. 10th to 13th. President, Dr. Withers Moore. The attendance was large, the British Isles being well represented, while the number of foreigners was greater than usual. Among those who took an active share in the proceedings may be mentioned Prof. Liebrich of Berlin, Charcot of Paris, Drs. Lusk and Emmet of New York, Billings of Washington, and Geikie of Toronto. A feature of special interest was the presence of a delegation from the International Medical Congress to be held in Washington, September 1887, to extend an invitation to the members of the British Medical Association. Dr. N. S. Davis of Detroit seems to have won golden opinions from the members of

the association, by the manner in which he presented the invitation and assured the members of a cordial welcome by their American brethren. The president's address was on the higher education of women, and dealt with the question from the view of its benefit to the race, rather than its benefit to the individual. He thought their higher education "tends to indispose them for matrimony and unfit them for maternity." The address in medicine was given by Dr. John S. Billings, who took the place which was to have been filled by the late Austin Flint. The address on surgery by Mr. F. A. Humphrey, was directed to showing the necessity of a more intimate acquaintance of the medical treatment of surgical cases, by surgeons of the present day. Mr. Humphrey seems inclined to think that while surgeons are achieving brilliant success in the treatment of the internal organs in disease, they are restricting themselves too much to operative measures, to the exclusion of medical methods.

In the surgical section the address on surgery was given by Mr. Erichsen. He says: "That the final limits of surgery have been reached in the direction of all that is manipulative and mechanical there can, I venture to think, be little doubt." He hopes for an advance in the development of methods of scientific research, and believes that it is to biology we must look for an elucidation of surgical problems.

Dr. Taaffe gave an able address on "Various Topics in Public Medicine," Dr. Clouston on "The Relationship of Bodily and Mental Pain."

The meeting as a whole seems to have been a very profitable one. The spirit of brotherly feeling evinced in the speeches of the visitors was very marked, and the home management appointments left nothing to be desired in making the stay of all the members and visitors, as pleasant as it was profitable.

Drs. Hingston of Montreal, and Grant of Ottawa were elected honorary members, while a number of other Canadians were present, among them being Drs. Geikie of Toronto and Stewart, of Montreal.

Urethran in Traumatic Tetanus.—Dr. Jackman reports a cure (*Lancet*) of a severe case of tetanus in a boy of 15, from the use of urethran and chloral combined. Chloral was given in 25 grain doses every three hours. This relieved the paroxysms of pain slightly during the day, but lock-jaw, opisthotonos, etc., remained, and the pains at night were severe and frequent. Under this treatment, fluid nourishment being given, the case went on with no abatement of symptoms for 10 days, when the chloral was left off and 4 grains of urethran were administered every four hours. This, on the first night had acted so well, that it was continued, the patient making continual improvement, till he was entirely well, in about 25 days.

Disinfecting the Hands. — Dr. Kümmell (*Centr. fur. Chir.*) having made numerous experiments, tending to show how long the hands may remain infectious, and how to disinfect them, recommends washing with hot water and potash soap, using a nail brush thoroughly. This is followed by a disinfecting solution of 3 % carbolic acid, 50 % chlorine water or 1 % corros. sub. The arms should receive attention also, and the power of the clothes to carry infection should not be forgotten. The chlorine water mentioned above appears to have been the most efficacious. After a post-mortem examination, etc., a 5 % carbolic acid solution, a strong potash soap and water, as hot as can be borne, should be employed.

Brain Surgery.—A short time ago, Mr. Victor Horsley operated upon a patient at the National Hospital, London. The patient was suffering from epilepsy brought on by an injury to the head, which involved the brain. Mr. Horsley trephined in the neighborhood of the scar, and after removing the diseased bone, removed the scar in the brain. He removed a mass of cicatricial and brain tissue from the upper end of the fissure of Rolando, 1½ inches long, 1 inch deep and ¾ inch broad. The man recovered without a bad symptom, all dressings being removed on the tenth day.

American Public Health Association.—We beg to remind our readers of the meeting of the above Association to be held in Toronto on the 5th, 6th, 7th and 8th of the present month. The meeting will open at 10 a.m. on Tuesday, in Shaftesbury Hall, Queen Street West. A number of able papers will be presented on the following and other topics: Disposal of Sewage; Water Supply; Teaching of Hygiene in Schools; Suppression of Epidemic Diseases; Prevention of

Disease in Factories and Workshops; Plans of Houses, etc. The President is Dr. Walcott, of Cambridge, Mass., and the first Vice-President is Dr. C. W. Covernton, chairman of the Ontario Board of Health. A very interesting meeting is anticipated, and it is to be hoped there will be a large attendance of those interested in sanitary matters.

THE NEW YORK POLYCLINIC. — The increase in the size of the classes in attendance at the Polyclinic has necessitated an increase in the number of clinics, so that during the session of 1886-7 no less than 86 clinical demonstrations will be given every week. During the past session there was a total of 240 practitioners in attendance upon the various clinics, making since the opening of the school in 1882, a total of 812 matriculants. The list of Professors is almost identical with that at the organization of the Polyclinic. A department of Otology has been recently added to the course.

NAIL-SWALLOWING.—Dr. J. W. Smith, writing to the *Lancet*, mentions the case of a boy, 4 years old, who swallowed a brass-headed nail 2 inches long. The child was very pale and anxious-looking for four days, and at the end of seven days the nail passed in a mass of hardened fæces. The treatment was intended from the first to keep the bowels confined, viz., a mixture of 2 minims of a solution of morphia and 5 minims of dilute sulphuric acid, every 3 hours.

TEST FOR DRINKING WATER.—It is said that a clear solution of tannin is a capital test for the fitness of water for drinking purposes. Dr. Hager proposed this in 1871. Pour a tablespoonful of the solution into a tumblerful of the suspected water. If no turbidity occur within five hours, the water is good. If turbidity occur during the first hour, the water is unwholesome, and if within the second, it is not to be recommended.

DETECTION OF BLOOD IN THE URINE.—M. A. Luchini proposes the following method for determining the presence of blood in the urine. One drop of acetic acid and forty-five minims of chloroform are added to two and one-half drachms of the suspected urine, The phial is to be well shaken and then set aside to stand for a time. If the urine contain blood the chloroform, which settles to the bottom, will have a reddish tint, the depth of which will vary according to the amount of blood present.

GAMBETTA'S BRAIN.—It is stated that there was a considerably increased growth of the cortical tissue in the neighborhood of Broca's convolution in Gambetta's brain. A writer in the *Brit. Med. Jour.* thinks this confirmatory of the generally accepted idea that this portion of the brain governs articulate language, Gambetta's powers of oratory and of memorizing being very remarkable.

LOOMIS' TONIC.—The following is known as Loomis' tonic:

℞ Quiniæ sulphatis . . . . grs. xv.
Tinct. Ferri chlor. . . . . ʒij
Spts. chloroform . . . .
Glycerine . . . . . *aa* ʒiij
Aquæ . . . . . ad ʒij —M

Dose: A teaspoonful three times a day.

MIXTURE FOR ASTHMA.—The following prescription is much used by Dr. Fothergill in the treatment of asthmatic patients:

℞ Amm. Iodidi . . . . . ʒij
Amm. Bromidi . . . . . ʒiij
Syr. Tolu . . . . . ℥iij
Tinc. Lobeliæ . . . . . ʒv —M

Dose: a teaspoonful.

COUGH MIXTURE.—Dr. H. C. Wood (*Therap. Gaz.*) recommends the following as an excellent sedative cough mixture:

℞ Pot. citrat. . . . . ʒi
Succi. Limon. . . . . ʒii
Syr. Ipecac. . . . . ℥ss
Syr. simplicis . . . . ad ʒvi —M

SIG.—ʒss four to six times a day.

Paregoric may be added when there is much cough or irritability of the bowels.

HYBRIDISM.—At a late meeting of the St. Louis Medical Society, Dr. Funkhouser exhibited an embryo five days old, the offspring of a rooster and a duck. Sixteen eggs had been placed in an incubator but this was the only fertile one. This seems to do away with our ideas about the sterility of different species.

ADDITIONS TO TRINITY MEDICAL SCHOOL.—By the addition of a new wing to this building a new

Pathological Laboratory has been formed, and one of the lecture rooms increased in size. The institution is now second to none in the Dominion in point of accommodation and equipment.

Treatment of Acute Rheumatism.—A writer to the *Russkaya Meditsina* says that of all the remedies whith he has tried during the past twenty years he finds nitrate of potassium the most reliable. He gives two drachms daily in raspberry syrup, a dose being administered every two hours. With this he prescribes an ointment as follows:

Olei. Hyosc.	ʒi.
Ung. Hyd. Cinerei.	ʒii.
Ext. Aconit.	ʒi.

He finds this treatment especially useful in cases where the salicylates fail. He usually cures a case in two or three weeks and when commenced early no other joints are as a rule affected.

Menthol in Urticaria and Pruritus.—It is said *(Am. Jour. Pharmacy)* that menthol is the most rapid and certain remedy we possess, not only to alleviate itching, but to cure the above.. It instantly cures the itching in eczema. The solution should be of the strength of two to ten grains to the ounce of water.

Treatment of Telangiectasis.—This authority *(Borügen)* recommends that the spot and area of skin 2mm beyond it be painted four days in succession with collodium containing four per cent. of corrosive sublimate. The cure is rapid and absolutely painless.

Pills for Metrorrhagia. — Anchord's pill (*Gaz. de Gyn.*) is said to be

℞ Ergotin	gr. xxv.
Quin. sulph.	gr. xxx.
Pulv. digital.	
Ext. hyosc.	*aa* gr. iiiss.

M. et div in pil No. xx.

S.—From five to ten daily.

Bichloride in Diarrhœa in Children.—Wm. M. Millard, M.B., says he obtained good results in that form of diarrhœa prevalent among children between weaning and five years of age, characterized by horribly offensive stools, by disinfecting the bowel by bichloride. He uses liq. hydrarg. perchlor. in 5 to 10 minim doses, every hour or two. He finds it usually effective in 12 hours or less.

Sodium Chloride.—Dr. Branche says *(Bull. Gen. de Thérap.)* strumous and phthisical persons are much benefited by large quantities of salt. He thinks anæmia is also improved, if not cured by its use. Dr. Pidoux also recommends tuberculous persons to partake freely of salt at their meals.

Calcium Sulphide for Boils.—This agent has a great reputation for the treatment of boils, carbuncles, acne, etc. It is given best as a pill made by triturating the agent with sugar of milk, and adding sufficient tragacanth to make a mass. This mass soon undergoes decomposition.

Bequest to Science.—Herr Von Ritter has left £15,000 to the University of Jena, the interest of which is to go to the teaching of the doctrines of Darwin. Prof. Häckel proposes to establish, with part of this sum, a professorship of zoology, to be called the Paul Ritter professorship.

A simple and easily applied test of actual death was mentioned at a recent meeting of the Amiens Medical Society, by Dr. Lessenne. It consists in pricking the skin with a needle. On the living body such a pin prick leaves no trace. On the corpse the puncture remains open.

Solutions that last.—Dr. Abbott recommends (*Med. Rec.*) that solutions of atropine, morphine, cocaine and other alkaloids be prepared with camphor water, 1 grain to the ounce. He has by this means kept solutions for a year without having seen any fungi develop.

Precaution.—Dr. Crevenger (*Weekly Med. Rev.*) recommends that the hands be held over strong liquid ammonia before commencing a post-mortem examination, when the smarting will reveal all sensitive or abraded places, which can then be touched with caustic.

Amenorrhœa.—Dr. Goodell says that amenorrhœa in anæmic subjects is best treated with vigorous tonics of iron and strychnia; but that when there is a condition of plethora he finds pot. iod. the most effective remedy.

Orchitis and Epididymitis.—Mr. Loudes says

(*Lancet*) that painting the affected part with nitrate of silver ʒii to ʒi, with rest in bed and support to the organ, is a very successful method of treatment in the above.

LINSEED OIL IN PRURITUS ANI.—A writer to the *Boston Med. & Surg. Jour.* says, that linseed oil freely used externally, promptly cured two cases of this troublesome malady, when all the classical remedies had failed.

THE INCUBATION PERIOD OF DIPHTHERIA.—Mr. Percy G. Lewis gives two cases *(Lancet)* in which, from accurate observation, it appears that the incubation period of diphtheria is about 48 hours.

CHEAP QUININE.—It is stated (*Lancet*) that Mr. Cresswell Hewett has succeeded in the manufacture of quinine by synthesis, and that its cost will be about 5 cents an ounce.

FOR MYALGIA.—Prof. Bartholow *(Coll. & Clin. Rec.)* recommends the following liniment for myalgia :

℞—Chlor. Hyd., ... ʒj.
Lin. Sapon, ... ʒij.—M.

TENESMUS OF DIARRHŒA.—It is said that the tenesmus of diarrhœa or dysentery may be relieved by raising the buttocks higher than the rest of the body by a pillow placed under them.

KOLU NUT.—Chewing kolu is said to lessen the effects of alcoholic stimulants, as also to lessen the desire for stimulants after a debauch.

PERSONAL.—Dr. Wm. T. Harris, of Brantford, Ont., is attending a course of lectures at the Post Graduate Medical School New York.

WE regret to notice the death of Dr. James G. Waklay, Editor of the London *Lancet*, in the 61st year of his age. The cause of death was cancer of the tongue. He held the position of editor-in-chief of this well-known journal for upwards of a quarter of a century.

A WRITER to the *Brit. Med. Jour.* concludes that the eyes of children of blind parents are not less strong than those of other children, but that such marriages are less fruitful than those of sighted persons.

"WHO IS YOUR DOCTOR?"—"Doctor! I don't want any doctor. My neighbor has one, and when he comes I listen at the door and get the prescription free. No doctor for me."—*Fliegende Blatter.*

MR. SCUDAMORE, Rugby, believes hernia is hereditary to a much greater extent than is generally supposed.

THE MEDICO-CHIRURGICAL Society of Pavia have come to the conclusion that bacteriotherapy is neither a rational or practical remedy for tuberculosis.

Books and Pamphlets.

PRACTICAL CLINICAL LESSONS ON SYPHILIS AND THE GENITO-URINARY DISEASES, by Fessenden N. Otis, M.D., Clinical Professor of Genito-Urinary Diseases, College of Physicians, New York. Surgeon to Charity Hospital, etc., etc. Pp. 577. New York: Putnam's Sons. Toronto: Williamson & Co., 1886.

This is a Student's edition, to be followed shortly by another, containing additions on Hereditary and Infantile Syphilis, and on Genito-Urinary Reflex Irritations, with some chapters on Diseases of the Prostate and Stone in the Bladder. Dr. Otis is so well known as a Syphilographer, that comment as to his views is unnecessary. The work is clinical, such cases being presented as are typical and practical, with such additions as have been suggested by the author's large experience. The Lessons being really lectures, the book presents the advantages and disadvantages of this style of writing. The views of the author are set forth in a remarkably lucid manner, and a thorough perusal of the book must give an intelligent idea of the subjects under consideration. The price is just sufficient to cover cost of publication; the author being sufficiently compensated in the thought, that his disciples are able to make themselves more familiar with his principles than they would have been had the present edition not been issued.

HANDBOOK OF PRACTICAL MEDICINE, by Hermann Eichhorst. Volume I. New York: Wm. Wood & Co., 1886.

This volume treats of the diseases of the circulatory and respiratory systems. It is illustrated by one hundred and three wood-cuts, which, while

they are by no means artistic, are fairly plain. The author is professor of pathology and therapeutics and director of the medical clinic at Zurich, which will account for the careful treatment of the pathology of the diseases under consideration, and at the same time for the practical nature of the work in its therapeutic and clinical aspect. There is no padding. The sentences are short and to the point, and we think the work is a valuable addition to Wood's Library for the year.

Insanity and its Treaement. Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. Fielding. Blandford, M.D., Oxon. Third Edition. New York: Wm. Wood & Co., 1886. Pp. 379, Cloth.

The author delivered this series of lectures several years ago, since which time they have been twice revised. While the advances and discoveries in the physiology and therapeutics of insanity have not of late years been of much importance, yet as the author says, "time and experience enable us to estimate the value of the knowledge we possess to test our remedies, and modify our treatment." Being in the conversational style of lectures, the matter forms pleasant reading and is easy of assimilation. To the original twenty lectures the publishers have added a monograph on "Types of Insanity," by Dr. Allan McLane Hamilton, illustrated by plates and fac similes of patients' handwriting, etc. We recommend the work to the general practitioner, requiring aid in this difficult subject.

Bright's Disease and Allied Affections of the Kidneys. By Charles W. Purdy, M.D., Queen's University, Professor of Genito-Urinary and Renal Diseases in the Chicago Polyclinic, etc. 8vo., 288 pages, with 18 illustrations. Cloth, $2. Philadelphia, Lea Brothers & Co., 1876.

Diseases of the Kidney are confessedly very important, and under the nomenclature which has been in use, very difficult of clear comprehension. Dr. Purdy has discarded the anatomical divisions of nephritis heretofore in use, as misleading, a matter upon which we think the reader may congratulate himself. The author deals fully with scarlatinal and puerperal nephritis, and has rendered the dark ways plain; a matter of great importance from a practical standpoint. The author prepared himself for such a work by a course of special pathological investigation at Aberdeen University, being aided therein by Prof. D. J. Hamilton. The book is excellently printed, and the plates well executed; all except one are original.

Young Wife—"There's a gentleman in the parlor, dear, who wishes to see you."

He—"Do you know who it is?"

Young Wife—"You must forgive me, my dear, but that cough of yours has worried me of late, and you take such poor care of your health, and—and O, if I were to lose you, my darling!" (Bursts into tears.)

He—"There, there, dear. Your fondness for me has inspired foolish and unnecessary fears. I'm all right; you musn't be alarmed. But I'll see the physician, of course, just to satisfy you. Is it Dr. Pellett?"

Young Wife—"N-no, it is not a doctor; it's a—a—life insurance agent."—*Reconstructives.*

Births, Marriages and Deaths.

On the 2nd ult., Dr. W. H. Blackstock to Annie, youngest daughter of John Keefer, Esq., of Thorold, Ont.

On the 15th ult., H. C. Wilson, M.D., M.P.P. Edmonton, to Emily, eldest daughter of Mr. A. B. Lee, of Toronto.

On the 16th ult., Alexander Davidson, M.D., C.M., M.R.C.S., Eng., of Toronto, to Frances M., second daughter of W. Thorold, St. Williams.

On the 18th ult., J. D. Courtenay, M.B., to Minnie J., eldest daughter of R. B. Morrison, of Morriston, Ont.

On the 20th ult, T. H. Stark, M.D., of Toronto, to Jennie A., eldest daughter of the late G. W. Smith, Ottawa.

On the 17th of August, Dr. C. G. Moore, of London, Ont., aged 70 years.

On the 21st of August, Dr. G. B. Oakes of Digby, N.S., aged 47 years.

On the 17th inst., Dr. George L. Beard, of Woodstock.

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