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Original Communications.

MANAGEMENT OF HIP-JOINT DISEASE.*

BY M. C. ATKINSON, M.D., BRISTOL, N. B.

I wish in this paper to bring before the meeting, the history and treatment of a few of the cases of hip-joint disease which have come under my care during the past eight months, and also to make a few remarks upon the diagnosis and treatment of the disease in its earliest stages :—

CASE I.—The patient was a boy in his 14th year. His family history was good. I saw him first on the 19th of October, 1882. He had then been suffering over a year from Potts' disease of the spine, and had angular curvature at about the sixth dorsal. The whole left lower extremity was paralyzed as to motion, with diminished sensibility also; he was constantly tortured with a burning pain in the foot and knee. The right lower extremity was very weak, as if from approaching paralysis, but he did not suffer any pain in it. Both feet were œdematous, the left more than the right. There was abnormal fulness about the left hip-joint. Suspecting disease of this joint, I made a most careful examination, and found that free motion of the joint in all directions, or pressure of the articular surfaces together, caused no pain. Pulse at this time 110, temperature 101° F.; appetite poor; nights restless.

Treatment.—Wyeth's beef iron and wine, pulv. ipecac. co. at bedtime, and inunction of ol. morrhuæ over the whole surface of the body, twice daily.

Oct. 24th.—Had improved in appetite and slept better. Applied Sayre's plaster of Paris jacket, suspending the patient in the usual way. The same general treatment continued, and half a tablespoonful of ol. morrhuæ twice daily, to be increased as stomach could bear. Patient continued to improve in general health, a slight degree of motion returning to the left leg and foot, so that on November 19th he was able to flex or extend the foot on the leg and move the toes freely, but the burning pain continued in the knee and foot. I again examined the hip joint, and found slight tenderness just posterior to the trochanter major.

Nov. 24th.—Detected a slight swelling on the anterior and external aspect of the thigh, about on a level with the insertion of the tensor vaginæ femoris, in which I got fluctuation; tenderness just posterior to the trochanter major became more marked, and though I could move the femur in all directions, and press the joint surfaces together without causing pain, I yet concluded that the patient suffered from hip-joint disease, and accordingly applied Buck's extension. This relieved the pain in the knee, but the vitality of the patient was so feeble that the apparatus had to be removed and sand-bags used on either side of the limb to keep it at rest. Abscess steadily increased, causing a good deal of pain; pulse and temperature kept up.

Nov. 30th.—Appeared evident that the abscess would soon open. The usual symptoms of hip-joint disease now became apparent. I put the patient on quinine in addition to his regular treatment, and on December 1st I opened the abscess subcutaneously, an immense quantity of thin, shreddy pus escaping. I used as well as I could the antiseptic precautions minus the spray.

Dec. 4th.—Temperature 103½; pulse 128. Pain in head, frontal; loss of appetite; abscess discharging profusely.

Dec. 9.—On moving the limb I got distinct grating. I pointed out to the parents that I thought excision of the head of the femur offered the only chance for the patient's recovery. To this they would not consent. The patient lingered for some time, and died on the 1st of March.

The remarkable features of this case were the almost total absence of the usual symptoms of hip-joint disease, till after ulceration had taken place. Either the usual symptoms were masked by the paralysis or the disease came on and advanced with extreme rapidity after November 19th.

* Read before the N. B. Medical Society, July 18, 1883.

CASE II.—The patient was a delicate girl, aged 13 years, tall, but very slender. Family history of phthisis from her father's side. Saw her first on the 23rd of March, 1883. For the previous six weeks she had complained of weakness of the left leg, and inability to use it. The parents attributed it to a fall on the ice. On careful enquiry, I found that the patient had suffered slightly from this weakness before the fall on the ice. She had very little pain in the limb anywhere except in the knee, and occasional slight startings in her sleep. On examining the limb, I found it slightly adducted slight flattening of the nates, pain on pressure over the great trochanter, and over the psoas-iliac tendon; also pain on striking the sole of the foot. There was increased heat over the joint, and any attempt to flex the thigh upon the trunk produced acute pain—the whole pelvis moving with the femur. Pulse 104; temperature 100° F.

Treatment.—Ordered a mixture of quiniæ sulph. tr. ferri mur. and infusion of calumba with hydroleine. Had a box made for the leg, extending from the ankle to the perineum, the outer side reaching to the axilla, and perforated. The patient was placed in bed, and the leg bandaged from the toes to the knee, and placed in the box which had been previously well padded with cotton batting. The upper surface of the leg was well covered with batting, and a bandage passed around the box to retain the limb. A bandage was also passed through the hole in the arm of the box and round the thorax. The object of the box was to prevent as much as possible, all motion of the hip-joint. The patient remained in bed and the box was kept on continuously for six weeks. I then removed it and examined the joint, when I found that I could produce flexion or extension with but little pain. The patient had not suffered from pain since the apparatus was applied. She had gained decidedly in flesh. The apparatus was re-applied and kept on for four weeks longer. It was then taken off. All symptoms of hip-joint disease had disappeared except that the limb was very feeble. There was free motion of the joint, in all directions, without pain. Ordered the patient to go about on crutches, but not to put much weight on the limb..

June 25th.—Saw the patient again, and her general health had improved remarkably. She was still unable to bear much weight on the affected limb, but the joint was freely movable and painless.

CASE III.—Patient was a boy in his fifth year. Family history good; no history of injury. Saw him first on the 27th of March, 1883; he had suffered from diphtheria the previous October, but had fully recovered; was lame, but able to walk about; had a peculiar hitch in his walk quite characteristic of stiff or diseased hip-joint. Delicate-looking; temperature 100° F.; pulse 115. He had suffered from lameness for the past two months, which was steadily growing worse; appetite poor; suffered from pain on inner side of knee; increased heat over affected (left) joint; woke up with intense pain in joint at night; foot and knee slightly adducted; pain on pressure over trochanter major, in front of joint, and on striking the sole of the foot. In attempting to move the hip-joint, the pelvis moved with it, and this seemed greatly to disturb the patient; slight, but distinct flattening of the nates. I concluded, in this case as in Case II., that the patient suffered from incipient disease of the hip-joint, and adopted the same plan of treatment. The apparatus was applied on March 31st, and was kept on continuously for seven weeks, with the exception of an occasional removal to ascertain the condition of the joint. After that time the patient was allowed to go about on crutches. Saw the patient on July 1st; he had given up the crutches; the joint was freely movable, and he had perfectly recovered.

Remarks.—The point I want to emphasize particularly in connection with this subject is the *early diagnosis of the disease.* This is all-important. No slight limp in a child should be lightly passed over by the surgeon, or pressed into the already over-crowded "rheumatic" basket. Hip-joint disease should be suspected and carefully looked for. A rigid examination will generally explain any lameness, especially in the young. If we find no trouble in the ankle or knee joints, but pain on the inner side of the knee, pain on pressure over the trochanter major, over the psoas-iliac tendons increased heat over the joint; acute, or even slight pain on moving the joint or striking the sole of the foot, we will make no mistake in treating such a case as hip-joint disease. It is scarcely necessary to remark that an increase of pulse and temperature always occurs in this disease, and this should be looked for to confirm the diagnosis. Once hav-

ing diagnosed the disease, our great object should be, *rest to the joint.* Let the limb be put in its natural position, (the patient on his back), and kept then as nearly immovable as possible. If by using an apparatus simply to prevent mobility of the joint, the pain is unrelieved; some form of extension should be adopted. In the majority of cases, however, if seen early, no extension will be necessary. It seems to me that extension should be avoided if possible, and when adopted for the relief of hip-joint disease, the extension should be made from the lower part of the thigh; a constant dragging on the limb by a weight and pully is scarcely compatible with physiological rest; moreover, it is liable, especially in young subjects, to produce diastasis, particularly when applied to the leg, as is usually the case. As to keeping the patient in bed, and the apparatus constantly applied, this is imperative. The parents always fear that the general health will suffer, the facts are, however, that the patient usually gains in health and strength.

Constitutional treatment should be attended to in the majority of cases—the patient should be built up by every means in our power. If the stomach will bear it, some form of cod-liver oil should be given; if not, and there is great wasting, inunction of the oil should be practised. Wyeth's beef iron and wine, and Parrish's chemical food are also excellent preparations for sustaining the strength of the patient.

I believe, that by the early diagnosis of this disease and its prompt treatment by rest, many of its terrible results will be avoided, and the withered and deformed limb and peculiar gait of the victim of hip-joint disease will become as rare as it is now common.

SOME POINTS IN THE TREATMENT OF ABORTION.*

BY A. T. CARSON, M.D., M.R.C.S.ENG., TORONTO.

MR. PRESIDENT AND GENTLEMEN,—I fear that some of you expect to hear an exhaustive paper, brilliant with quotations and bristling with authorities—these will be disappointed. I propose to give simply the result of my own individual experience and the rules which have guided me.

*Delivered before the Toronto Med. Society, on Dec. 13.'83.

Looking back on the work of our predecessors, we wonder at the way in which the pendulum of practice has been swung from one extreme to the other. We know that at one time in the history of obstetrics the placenta, even at full time, was never removed, even if it took weeks to come away. In proposing that the afterbirth shall be at once removed in either natural labour or abortion, are we not ourselves going equally far in the opposite direction? When called to a case of abortion, the questions are: what have we to fear? what have we to do? The one question naturally hangs upon the other. Our fears are septicæmia and hæmorrhage.

Now with regard to the bugbear septicæmia, I desire to speak with all due respect—a respect caused not so much by its frequency as by its fearful results. As to its frequency, I fancy that we should see less of it if we were more careful to avoid all predisposing causes. We have all attended cases of delivery where the fœtus was putrid and sickening; we have opened fæcal or other abscesses with a perfect stench; we have had psoas and other chronic abscesses and comminuted fractures without the slightest sign of septic poisoning; we may have hectic or irritative fever, but we do not fear septicæmia till we ourselves do something conducive to its arrival. I do not mean to say that septicæmia is impossible in these cases, but that it is so very rare that its fear does not influence our practice. If we were equally careful in cases of abortion, I believe we might reduce the danger of septicæmia to a minimum in that also. The walls of the vagina being constantly in close apposition, the contents of the uterus are preserved from all external atmospheric contaminating influences, and I hold that it is the duty of the attendant to preserve this state as long as possible. It is true disinfectants will help us much in this, but they cannot be relied on with absolute certainty, and more especially in country practice are not always available. In some districts where abortion seems to be common and people careless about it, it is astonishing how long cases are allowed to run on without assistance. A German professor, in a paper on this subject, regretted that his clients often waited for twelve or fourteen weeks before coming to him, yet not one word did he say of septicæmia. If septicæmia were a common result of mere retention of pla-

centa, we should hear more of it in connection with such cases.

When called to a case of abortion, unless the case be one of great urgency, I make no vaginal examination whatever. I leave the uterine contents free from the slightest chance of contamination as long as possible. If the loss be free, I order a dose of ext. ergot and tr. ferri every half hour or hour. If the loss be long continued, it is astonishing how well the iron enables it to be borne. With regard to the use of ergot, I am perfectly aware of the objections which have been raised against it, but do not consider them of the slightest moment. We know very well its effect in cases of ordinary midwifery, and there are no grounds for supposing that it has different effects at different months of gestation. I have often used it when the head was on the perineum and have never had it complicate a case with any form of retained placenta. A well known lecturer on midwifery informed me that, having used ergot subcutaneously at the end of the second stage over 2,000 times, he has never been able to trace any placental difficulty to its use. Besides, I fancy that the hemostatic action of ergot is not sufficiently appreciated. We know that if used freely during the first stage of labour, the child's life may be endangered. Why? It used to be said, from the violence of the induced pains; but this statement is scarcely tenable, when we see children born alive after natural labours quite as violent and as protracted. We are then driven to the belief that the child is in peril either from something toxic in the ergot itself, or else from interruption of the circulation in the placenta, caused either by the continuous contraction of the muscular tissue of the uterus mechanically compressing the blood-vessels without intermission, or by the contraction of the arteries themselves. I have never seen a case where ergot was used to this extent, but as I have always understood that if born alive at all the child speedily revives; it seems that the argument in support of the toxic effect is weakened by that fact, inasmuch as the mere supply of air would not at once remove the toxic agent from the blood. Possibly both causes are at work, but undoubtedly the bulk of evidence seems to me to point to the danger arising from interrup ion of the placental circulation—the very thing which in abortion we wish to produce.

And now as to the practical results. Dr. Mundé's paper in the *Obstetrical Journal*, advocating the immediate clearance of the uterus by curette and forceps in every case, is founded on 57 cases, of which 30 were consultations. I have had in charge at least two or three times this number in the last twenty years. Some time ago, in reply to a correspondent, *The Field* (London) stated that 3,000 recorded consecutive games of whist were not enough on which to found a new rule of play. If this number be not sufficient to fix a new rule of whist, how many carefully observed cases of disease would be necessary to lay down a fixed rule of practice for the scarcely less complex phenomena of the human economy? certainly more than were seen by either Dr. Mundé or me. I simply give my experience, to be taken for what it is worth towards that result. I have been called in to cases in consultation in which we were glad to plug or get the uterus emptied by any means in our power. I have had one case of typhus fever who aborted the day she died of the fever. With this exception, in my own practice, I have not once had a case of septicæmia or a patient's life in apparent danger from any cause whatever, and have never required to remove a placenta or plug. The uterus invariably cleared itself in a few days at furthest, and the hemorrhage was restrained within reasonable limits. Much of this apparent difference in practice doubtless arises from the different races and classes with which we have had to deal. My experience is chiefly derived from dispensary work in a robust, rural, Celtic district in the north of Ireland, and must of necessity be quite another affair from work among the wealthy classes of New York. We cannot put furs on the Hottentot and order the Laplander to go naked, and in like manner we cannot make a fixed rule of practice to apply to every clime and nation. Besides, the more eminent a practitioner is, the more likely is he to be called to an unusually large percentage of bad cases, and as it is stated that one in every six or seven pregnancies ends in abortion, it is evident that many have no professional assistance, unless it be that of the dispensary doctor, as in Ireland, where his services are available properly, free of expense, to fully half the entire population of the island.

There is an old proverb, that "children should not play with edged tools." Any instrument in the

uterus is an edged tool, and though our graduates are far from fools, yet it must be admitted that they are little better than children in the use of uterine instruments. It is one thing to have a man of Dr. Mundé's experience empty a uterus with a curette, and quite another to place that instrument in the hands of a student for the same purpose; and any one who will teach his class that they are at once to attack *every* case of abortion with finger, forceps, or curette, will incur a responsibility which, I for one, would be sorry to undertake.

REMOVAL OF A LARGE FATTY TUMOR.

BY J. W. MACDONALD, M.D., L.R.C.S.E.; LONDONDERRY, N. S.

(Medical Officer to the Steel Co. of Canada.)

Mrs. C., aged 45, came under my care, suffering from a large tumor on the back, over the situation of the last three dorsal vertebræ. It had been growing for eighteen years, and for the last two years had been suppurating. She suffered very much from the weight of the tumor, as well as from the intense pain which accompanied the suppuration. The growth was pendulous, measuring three feet in circumference at its thickest part, and twenty-three inches at its neck. Over its surface were enlarged veins ramifying in every direction.

I decided to remove the tumor. The distended blood vessels threatening to be troublesome a tourniquet was applied to the neck of the growth, by passing the band of the instrument over two flat pieces of wood, so that the neck of the tumor was pressed between them. This controlled the hemorrhage very satisfactorily, and allowed me time to secure the arteries by torsion, until about half the dissection was completed, when it was necessary to remove the tourniquet, in order to get at the parts of the tumor which were more deeply attached. The bleeding was more profuse in this stage, but by proceeding cautiously, and twisting the arteries as soon as divided, the operation was completed without the loss of more than a pint of blood. The deep portion of the tumor was firmly attached to the muscles and aponeurosis of the back, and to the spinous processes of the 10th, 11th and 12th dorsal vertebræ. All bleeding being stopped the wound, which measured fourteen inches in length, was brought together by silver wire sutures and dressed with carbolic acid solution, 1 to 40.

The tumor weighed 26 pounds and was an ordinary lipoma. The suppurating part showed no symptoms of cancer. For the first few days the pulse rose to 112, it then fell to 80, and she progressed favorably. On the 11th day the pulse and temperature again rose, and the wound discharged large quantities of unhealthy pus. Five grain doses of quinine, and thorough drainage of the wound, remedied these evils, and a complete cure was the result.

RADICAL CURE OF HYDROCELE BY CARBOLIC ACID.*

BY J. M. JONAH, M.D., EASTPORT, ME.

The author of the paper commenced by giving an interesting history of the treatment of hydrocele, describing the various methods which have been in fashion for centuries past. He alluded to the use of iodine, which he considered uncertain, and which in his experience had been followed by unfavorable results. He had commenced the use of carbolic acid in 1882, and had employed it in the manner recommended some years ago by Dr. Levis of Philadelphia.

He then gave the history of several cases he had successfully treated. The first was a chronic case in a young man whose hydrocele had been tapped *thirty-eight* times, and once injected with iodine. He drew off eight ounces of straw-colored fluid, and injected into the sac seventy grains of crystallized carbolic acid dissolved in about ten per cent. of water. A sensation of warmth was experienced by the patient, but no pain. On the sixth day after the operation the patient resumed work, and there has been no return of the hydrocele since.

The second case was also chronic, the patient having been tapped previously about twenty times. In this case also there were no ill-effects produced, and the patient was going about on the fourth day. Other successful cases under this treatment were also briefly described.

* Abstract of Paper read before the N. B. Med. Society, July 18, 1883.

The method of treatment is then fully given, by quoting Dr. Levis' description, which is as follows: "For the purpose, crystallized carbolic acid is maintained in a liquid state by a five or ten per cent. addition of either water or glycerine. After the tapping of the sac, I inject the liquefied crystals of carbolic acid with a syringe having a nozzle sufficiently long and slender to reach entirely through the canula. The object of this special form of instrument is to place the injection entirely within the sac, without any reflow, which would irritate the skin of the scrotum, the fingers of the operator, and without the possibility of injecting it into the connective tissue between the skin and tunica vaginalis. Ninety grains is the maximum and thirty the minimum I have used. As soon as the scrotum is injected, it is freely manipulated by the fingers of the operator so as to diffuse the acid over the lining walls of the hydrocele. A sense of warmth is produced, which is quickly followed by a decided numbness, and the patient is at once able to walk about. I do not enforce rest until 24 hours, when intra-scrotal inflammation renders quietude agreeable or imperative. I have never been able to detect any toxic effects from the absorption of the acid, no general depression, no discoloration of the urine. I believe that the action of strong carbolic acid on surfaces secreting albuminous fluids is to seal them, and, as it were, to so shut them off from the system that absorption cannot readily take place. In a case of hydrocele complicated with a sarcomatous testicle, I had moderate suppuration."

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—The following case will, I think, be a curiosity to some of your readers.

Some years ago I was called to a woman, a farmer's wife, whom I found suffering from a large right inguinal hernia. After a good deal of trouble I succeeded in reducing it. She had been troubled with it for some years, and had been in the habit of wearing an ordinary truss. This of itself was a somewhat rare case. But a year or so after, she consulted me for some derangement, as she thought, connected with irregularity of the monthly change. I was somewhat confused by her answers to some ordinary questions, which went to show she did not understand much about the subject. I then made a digital examination without any exposure, and was surprised to find the vagina a mere cul-de-sac of about two inches long. Telling her I thought likely some operation would be needed, I gave her a placebo, and told her to return in a week, and I would more carefully examine her, and be able to tell what would be required; and, at any rate, before undertaking any operation we would consult some other physician. At the end of the week she returned, and on exposing the parts, as you may well think, I was surprised to find a penis about an inch long, with well marked glans, without any appearance of prepuce, occupying the position of the clitoris, but of only half the usual extent around, the upper face or half of the urethra extending all the way, and visible down towards the vagina. In the right labium was a well marked round and firm testicle, and in the left one, not so well marked, but still quite distinct, the urethra being hid away under the pubis, and the vagina, as I have said, about two inches or less in length. In other words, I found her to be a man with an extreme state of hypospadias, including not only the urethra but the whole extent of the scrotum, and the penis firmly adherent all the way, only about the inch mentioned.

One point worthy of note is the extreme hypospadias much greater than anything I have seen mentioned in the books. But the great curiosity is the fact that she passes as a woman, and has been married more than twenty years to a shrewd, intelligent farmer, who seems not to suspect the least thing out of the usual way. She has a strong masculine voice and general appearance, with considerable tendency to beard. I need hardly add she has no children.

M. B.

December, 1883.

THE TUBERCLE BACILLUS.

To the Editor of the CANADA LANCET.

SIR,—I send you the following lines, which you may think worth inserting:—"A saturated watery solution of carbolic acid, even though it acts as long as fifteen minutes, is not sufficient to arrest

the development of the tubercle bacilli."—*Braithwaite*, July 1883; p. 73.

What say you, Koch, can this be true?
(The very statement seems to chill us;)
Is there, then, nothing we can do
Against this terrible bacillus?

A molecule, brandishing fell darts,
Arm'd, in the air, to meet and kill us;
Or burrowing in our vital parts,
Oh dread, invincible bacillus!

Monster! in microscopic space,
Who doth with seeds of death instil us;
Hast thou no vulnerable place,
No heel like that of old Achilles?

Has science nought for such a foe,
(Just as new hope began to thrill us?)
Come! who will strike a mortal blow
And vanquish the renowned bacillus?

Yours, &c.,

THOMAS W. POOLE, M.D.

Lindsay, Nov., 1883.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

(Concerted action by State Boards of Health.)

There has been a growing conviction among leading sanitarians intrusted with the official execution of practical health measures, that while the work of the American Public Health Association is of inestimable value in promoting the interests of sanitary science and sanitary reform, there is a constantly increasing need for an annual conference of State and other health officials in regard to practical affairs of their every-day work, some part of which work cannot profitably be discussed in a public meeting consisting largely of persons not familiar with its details.

After due consideration, a meeting of representatives of State boards was held at Detroit, during the recent meeting of the American Public Health Association, at which, after discussion, it was decided to call a meeting of the secretaries or other representatives of all State boards of health, in Washington, during May, 1884, for the purposes mentioned, and with the view of organizing a section devoted to State Board work in the present Association, or the formation of a permanent separate organization especially adapted to the needs of State Boards of Health. Drs. Henry B. Baker, of Michigan, and J. N. McCormack, of Kentucky, were appointed a committee to confer with and secure the co-operation of all the State Boards in fulfilling the object of the meeting, and Drs. C. W. Chamberlain, of Connecticut, J. E. Reeves, of West Virginia, and Stephen Smith, of New York, were appointed a committee on organization, to report at the meeting in May. The American Medical Association meets in Washington in May; and another reason for holding the meeting in Washington is, that the representatives of the State boards may also have an opportunity for conferring with the senators and representatives in Congress from their respective States, in regard to national sanitary legislation. It would seem that whenever the health authorities of all the States shall meet, discuss, and agree upon the course they will pursue with respect to yellow fever, cholera, smallpox, or any disease which endangers public health without regard to State lines or borders, and whenever all State Boards shall act in concert, considerable progress will have been made in solving the problem of what are the best methods for national action in regard to inter-state and maritime quarantine or inspection and disinfection, as well as in the practical control of epidemic diseases within the several States of this country.

ONTARIO BOARD OF HEATTH.

The third regular meeting of the Board was held in Toronto on Thursday, Nov. 29th, 1883, and two following days. After routine the Chairman made a number of verbal communications, and the Secretary presented his quarterly report of communications received and work done.

A communication was received from Mr. Nasmith, baker, Toronto, referring to the probable relations of continued periods of moist weather upon the consumption of bread and other articles of food.

Dr. Cassidy presented a report on the "Smoke Nuisance," and the report of the committee on School Hygiene was read and adopted.

It was moved by Dr. Cassidy, seconded by Dr. Covernton, "That in view of the agitation which is taking place regarding the pollution of Ashbridge's Bay, Toronto, by liquid manure from the cow-byres, the committee on the Disposal of Sewage be requested to report to the Board on that subject."—Carried.

The report of the committee on School Hygiene was again taken up and it was moved by Dr. Oldright, seconded by Dr. Rae, "That the Secretary be directed to transmit a copy of the report to the Minister of Education; and the Board would express the unanimous opinion that the minimum of air space for each child should be in no case less than 500 cubic feet; and that this small space should be permitted only where there are such efficient means of ventilation and heating as will change the contained air six times per hour, thus allowing 3,000 cubic feet of breathing air per hour to each child."—Carried.

A special report from the committee on the "cattle-byre nuisance," Toronto, was read and adopted. The report stated that there could be no difference of opinion amongst sanitarians as to the result that must ensue—that a condition must be produced highly prejudicial to health and comfort, and the committee considered that there was good ground of complaint. It had been suggested that the nuisance might be abated by pumping the sewage to a large tract of land some distance from the bay.

Moved by Dr. Oldright, seconded by Dr. Rae, "That Drs. Covernton, Cassidy, the Secretary and mover be a committee to make arrangements for holding a Sanitary Convention at Ottawa, and also for arranging for a course of lectures on sanitary subjects in Toronto, during the ensuing winter."—Carried.

The desirability of establishing relations with the British Association, which meets in Montreal next year, was then discussed. The report of the delegates to the Canadian Sanitary Association meeting at Kingston, was read by Dr. Yeomans and adopted.

The Finance committee presented a partial report, after which the Board adjourned.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.

The regular monthly meeting of the above society was held on the 30th of November, the president, Dr. Robillard, in the chair. Dr. Playter was elected a member.

Dr. Prevost communicated his experience with jequirity, recently recommended in the treatment of granular lids. It was specially serviceable in those cases of trachoma accompanied by pannus. A solution of eight beans in four ounces of cold water is made, and to this four ounces of hot water are added. This is used as a wash, once a day, a small quantity being allowed to penetrate beneath the lids. Its action is that of an irritant; inflammation is caused, sometimes very severe; when this passes away the original trouble is greatly improved, if not quite cured. Dr. Robillard had also used it with success.

Dr. Powell read a paper upon "The Complications of Typhoid Fever," in which he dwelt upon the pyrexia and conditions affecting the respiratory, circulatory, digestive, nervous and glandular systems.

Dr. H. P. Wright agreed with Dr. Powell, that a continuous moderately high temperature was more serious than a very high temperature of short duration. He cited two cases in point that terminated fatally.

Dr. Prevost reviewed the history of the theory of baths. He had experimented with sponging—taking the temperature both before and after—without detecting any reduction. He believed that in the general treatment of fevers, too much attention was given to this symptom.

Dr. Malloch agreed with the last speaker. He placed little faith in the various drugs used to reduce high temperature, as he always found it rapidly rose again.

Dr. S. Wright gave quinine in five grain doses every three hours, and rarely had a temperature above 100° or 101°. Some patients could not stand the drug, brain symptoms being caused, but, as a rule, a slight reduction in the dose overcame the difficulty. He reported a case where forty grains a day had been given for three weeks.

Dr. Grant, Jr., exhibited a brain, showing a neoplasm pressing upon the right ascending frontal convolution. A report of the case was promised.

BRANT COUNTY MEDICAL ASSOCIATION.

The regular quarterly meeting of the above named society was held in Brantford on the 4th ult., Dr. Harris, the president, in the chair.

After routine, Dr. Griffin reported on behalf of the committee appointed at a previous meeting to take steps towards the establishment of a hospital, that on account of Mr. Stratford's liberal offer to the city, the work of the committee was now at an end.

Dr. Sinclair, Paris, presented notes of a very

important case in his practice, as also did Dr. Marquis, of Mount Pleasant. These papers each elicited considerable discussion, in which Drs. Griffin, Winskel and Fairchild took part.

A vote of thanks was tendered Drs. Sinclair and Marquis for their interesting papers, and after some routine business the society adjourned, to meet again in Brantford on the first Tuesday in March next.

Selected Articles.

THE IMPROVED CÆSAREAN OPERATION.

The disposition manifested to return to the old method of abdominal delivery in the management of labors in pelves extremely narrow in their measurements, had stimulated suggestions from many prominent quarters, with the object of increasing the safeguards and precautions against the ordinary dangers attendant upon it. These are proposed mainly in reference to the prevention of hemorrhage, the security of the wound of the uterus against gaping, the warding off of septic influences, and the insuring of the greatest promptitude consistent with the proper performance of the operation. The various recent suggestions in these directions are very admirably set forth in a series of papers just completed by Dr. Garrigues, of New York, in the *American Journal of Obstetrics*

In connection with these points, it is interesting to notice an operation recently (March 5th) performed in the Maternity of the Woman's Hospital of this city by Dr. Anna E. Broomall, Professor of Obstetrics in the Woman's Medical College. The patient was a negress, aged 22, with a conjugata vera of $2\frac{7}{10}$ inches, and a very exaggerated inclination of the pelvis, which increased the obstruction. She had been twenty-four hours in hard labor before she came into the Hospital, and attempts at delivery had been made by long-continued and vigorous compression and traction with forceps. At the time of the operation by Dr. Broomall, her temperature was 102° and her pulse 180, with offensive discharge of blood and shreds of tissue ; but as the fœtal pulse was distinct, and the mother's condition not absolutely hopeless, the Cæsarean operation was adopted, as giving more chance to both lives than any other method. Craniotomy was inadmissible with the active signs of life in the child, and the Porro operation involved too much shock, and, moreover, her intelligent consent to be unsexed was not obtainable in her then condition. The operation was performed with full antiseptic precautions as to assistants, instruments, and atmosphere. The main important feature was the adoption of the principle of the Müller-Porro operation, viz., the turning out of the uterus from the abdominal cavity, keeping the edges of the incision closely pressed against the uterine wall, and before incising the uterus making constriction of the cervix to prevent hemorrhage. This plan, first suggested by Litzmann, of Kiel, has been carried out heretofore in a few cases only, and without success, by placing a constricting band around the cervix, either a wire loop, or, as urged by Garrigues, an Esmarch rubber tube tightened up until complete arrest of circulation is affected. Dr. Broomall, however modified this portion of the operation in having the *cervix grasped by the hand of an assistant* and securely compressed until the uterine wound was closed by sutures. The hand was applied with its palmar surface upon the lower anterior face of the uterus, with the thumb and fingers extended with the commissure looking downward, then slid rapidly down until the soft tissue of the cervix could be grasped in its embrace, the head being gently pressed upward till the cervical tissues were entirely isolated from it. The softness of the cervical walls rendered an efficient grasp quite easy, and the circulation was absolutely controlled, there being apparently not a drachm of blood lost from the incision in the uterus. The placenta was implanted anteriorly and had to be cut through, causing of course the loss of its contained blood. The advantage of this method of constriction was seen to be immense. First, there is great saving of time, and that too at a period of the operation when every moment tells upon the vitality of the fœtus. The difficulty of passing a cord or ligature of any kind over and behind the uterine body, carrying it down between the womb and the edges of the incision—which have to be kept closely in contact to prevent the escape of the intestines—and the care necessary to prevent loops of intestine and portions of omentum being carried down and grasped by the ligature, contused and perhaps permanently injured by the rough constriction, constitutes one of the serious delays in the Porro operation ; and the manipulation necessitated by it, disturbing the placental circulation, involves great danger to the child. With the manual grasp, the fingers being gently slid around the cervix from in front and kept close to the uteriue wall, such precautions are unnecessary, and the whole constriction is done instantaneously. In Dr. Broomall's case, it was less than fifteen minutes from the time the peritoneal cavity was opened until the uterine wound was completely closed, and in ten minutes more the abdominal walls were closed also, making only twenty-five minutes in all that the abdomen was open. Second a very important gain by this procedure is in the diminished risk from injury of the uterine tissues or the broad ligament and its appendages by their grasp in the soft hand, with its well-regulated and intelligent press-

ure, in contrast with their constriction by any mere machine. The hand would not be wearied in so short a time, but if it should become so, it could easily be replaced by the other, with scarcely perceptible interval of grasp. After thorough cleansing of the cavity, the uterine wound was closed by fine silver wire sutures, passed at very short intervals from the internal surface of the uterus outward through the whole thickness of the wall, and returning similarly through the opposite side, so that the middle of the loop, instead of the twist, was upon the peritoneal edge of the wound, thus bringing the peritoneal surfaces closely together with a little inversion of the edge. The wires were cut pretty closely and the ends turned in between the edges of the incision towards the peritoneal surface. This method was continued until the lower end of the wound was so nearly reached that it was no longer practicable, when silk braid carbolized and waxed was substituted. The condition of the mother previously and at the time of the operation gave but little hope, if any, of her life, but though the case was fatal after thirty-six hours, the autopsy showed complete union of the uterine wound throughout, and the abdominal cavity free from any trace of blood. The uterine surface was free from inflammatory action, but the intestines in the upper part of the abdomen above the uterus, were largely agglutinated by lymph. The child lived thirty-two hours, and was found to have had a large clot beneath the membranes of the brain, with fracture of the right parietal bone from the compression at the pelvic brim early in the labor.

The advantages of this mode of constriction and the facility with which it can be performed, recommend the plan of Dr. Broomall as a very important advance in the improved Cæsarean operation. The objection urged by Carl Braun von Fernwald to the use of ligature on the ground of the head being sometimes impacted in the brim (a condition certainly extremely rare in a pelvis of two and one-half inches) would not be applicable to the manual constriction, as the hand with its palmar surface could efficiently compress the cervical tissues against the head itself, quietly raising it upward till it had cleared the brim, the cervix being stretched and thus easily and efficiently grasped.—*Med. News.*

IMMEDIATE TREATMENT OF FRACTURES BY PLASTER-OF-PARIS BANDAGE.

BY CHRISTOPHER HEATH, F.R.C.S.

The object of my paper is to point out that many other fractures besides those of the leg may be most conveniently and satisfactorily treated by plaster-of-Paris bandages or splints, though I prefer the former.

A late American surgeon and friend of mine, Dr. Cowling, of Louisville, published, shortly before his death, three years since, a little book entitled *Aphorisms on Fracture*, of great value from its shrewd common-sense, from which I will venture to make a few brief quotations.

"*Aphorism* 38. — Carved and manufactured splints generally fit nobody, and are to be rejected, as not only expensive, but damaging."

"*Aphorism* 41.—The application of the roller bandage immediately to the skin, whether as a protective or to prevent muscular spasm, has resulted in such disaster, that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed *over* such a bandage, it forms an absurdity scarcely credible in a man of ordinary sense."

"*Aphorism* 44. — Continued extension and counter extension are, as a rule, not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm; first by an early and as complete reposition of the fragments as possible; second, by the smooth application of cotton batting to the limb; third, by the equal pressure of a bandage extending from the distal end of the limb to a point beyond the joint above the fracture; fourth, by the accurate fitting of the splints or plastic material for support; fifth, by as little interference afterwards as possible."

Mr. Gamgee has for so long advocated in this country the advantages of fixation and compression in the treatment of fractures, that it may appear superfluous to go at all over the same ground again; but my object is to induce surgeons to have more faith in the early treatment of fractures by plaster-of-Paris than appears as yet at all general, and thus to save their patients and themselves an infinity of trouble.

Let me take, as a good example of the treatment, an ordinary case of fractured patella. Every one knows that the joint soon fills up with blood and synovia, which take many days for their absorption, but every one apparently does not know that, if the case be seen before effusion has occurred, it may be entirely prevented by wrapping the knee-joint up in cotton-wadding, and applying a plaster-of-Paris bandage fimly over all. I have treated many cases in this way with only a couple of days' confinement, and believe that I have in some cases got osseous union between the fragments, so firmly are they knit together.

But, if effusion have already taken place, it is easy to get rid of it, if coagulation of the blood have not already occurred, by the use of the aspirator; and, the wadding and plaster being at once applied, no further effusion takes place, and the patient begins to walk about with a stiff knee as soon as the plaster is dry.

Unless a fractured tibia be very much comminuted and bruised, I look upon plaster-of-Paris,

applied as soon as possible, as the ordinary treatment to be adopted; and certainly in Pott's fracture of the fibula, with or without fracture of the internal malleolus, nothing is so comfortable to the patient, or of so little trouble to the surgeon, as a boot of plaster properly applied, with the foot carefully held at a right angle to the leg.

In the fractured thighs of children, I believe better results can be got by the immediate application of plaster-of-Paris over cotton-wadding than by any other method—even than by Hamilton's double thigh-splint with cross-bar, which is very convenient. And here let me venture to controvert a part of one of Dr. Cowling's aphorisms and the routine teaching of most surgical works, viz., that the joints above and below a fractured bone should be included in any apparatus and kept quiet so long as the fracture is under treatment. If a fracture be close to a joint, and *a fortiori* if it involve the articulation, then of course its fixation is essential; but why, with a fracture in the middle of a long bone, we should insist upon crippling a patient by doing our best to give him two stiff joints, I fail to see. With imperfectly fitting splints, it may no doubt be desirable to fix approximately the neighbouring articulations in order to obviate movements which would disarrange the fracture; but how incomplete the fixation is, any one may see who will watch a case of fractured thigh treated with the long splint. To enclose joints unnecessarily with plaster-of-Paris, is to provide cases for the "bone setter;" and I should never include the knee or hip-joints in any ordinary case of fractured shaft of the tibia or femur. Many surgeons have exaggerated ideas of the tendency of muscles to produce displacement. They have some tendency to contract spasmodically immediately after an accident; but this soon passes off, particularly when they are firmly and equally compressed.

The apparatus for the treatment of fractured clavicle are too numerous to mention, and perhaps the simplest and best is Sayre's method with three strips of plaster. But I will venture to say that better results will be got by encasing the patient, with his ordinary jersey on, thoroughly in a plaster-of-Paris bandage, than by any other method. The clavicle being a short bone, it is of course necessary to fix the shoulder-joint by encasing the humerus and fixing it to the side; but it is quite unnecessary to fix the elbow-joint, which should be left exposed, the fore-arm being carried in a sling and used with moderation.

Fractures of the neck of the humerus may be similarly treated, if the axilla be thoroughly padded with cotton-wadding, and without a shoulder-cap, which latter is always cumbersome and very apt to gall the patient.

Fractures of the shaft of the humerus may be treated with plaster from the first, alone or combined with three splints; but fractures low down, and separation of the lower epiphysis in young children, I find best treated by thoroughly flexing the forearm upon the chest and maintaining it there with ordinary bandaging.

Fractures of the fore-arm are the only ones which seem to me unsuited for treatment with plaster-of-Paris, and for the obvious reason that there would be great danger of drawing the two bones together. Two simple splints, not too wide, should be applied while the fore-arm is supinated, and then brought by the surgeon into the position between supination and pronation: these answer every purpose, while for Colles' fracture Carr's splint is the best. In fracture of the olecranon, I am heterodox enough to flex the arm to a right angle and let the patient wear it in a sling, and the result is as satisfactory as if a front straight splint were applied for a month. — *British. Medical Journal.*

SURGICAL DISEASES OF THE KIDNEY.

At the Annual Meeting of the British Medical Association Mr. Clement Lucas opened a discussion on "The Surgical Diseases of the Kidney, and the operations for their relief," of which the following is an abstract. He commenced by stating that the greatest advances in the treatment which had taken place of late years were those made in the indefinite border-land which separates medicine from surgery. It was in this barren and desolate tract we must look for fresh discoveries. Ovariotomy and the various operations upon the intestines and stomach he put forward as instances of work recently advanced in this territory, but he claimed as the most remarkable incident of this decade, the sudden light which fell upon the profession in its relation to renal disease and the rapid growth and recognition of renal surgery. The credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon, of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariotomy. Since then, extirpation of the kidney has been performed upwards of a hundred times. The operation of nephrotomy has been much more frequently undertaken, and the removal of a stone from the kidney which used only to be attempted when a sinus or tumour existed, has been several times successfully performed before the kidney had suffered any severe damage.

In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it was necessary to exclude at once all such diseases as attack equally the two organs; hence, the various degenerations, included under the name of Bright's disease and lardaceous disease

must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only, for the most part admit of relief by operation.

Painful, moving or floating kidney being only a mechanical disturbance admits of relief only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition. The adhesion resulting, serving to retain the organ in position. Stitching of the capsule to the parietes, or, as it is termed, Nephroraphy, is a somewhat serious, but still simple, undertaking. In eight cases in which it has been performed the patients all recovered and were relieved. There might still be cases where intense suffering was experienced and where the other means had failed, which would suggest Nephrectomy. Martin of Berlin had in six cases removed floating kidneys through the peritoneum and four of these recovered.

Hydronephrosis, a dilatation of the pelvis and calices of the kidney with watery fluid as a result of obstruction below, admitted of surgical treatment when one-sided. After detailing the various conditions of the ureter, congenital and acquired, which might give rise to this condition, the author suggested these cases should be first aspirated, then cut down upon and drained through the loin ; the cyst-wall being stitched to the parietes. Finally, should the fistula fail to close, the remains of the kidney might be returned through the loin.

In women these tumours had been often mistaken for ovarian tumours and had been operated upon as such. Being movable and not forming adhesions till late, some might advocate ventral nephrectomy for these cases before drainage, but such treatment would entail more risk than the method advocated. Abdominal nephrectomy for hydronephrosis will, however, show better results than nephrectomy generally.

Large isolated cysts of the kidney having no communication with the pelvis were rare. They should be aspirated and afterwards drained through the loin.

Hydatids of the kidney, also rare, had a tendency to discharge themselves through the pelvis. When forming tumours, they could generally be cured by aspiration or syphon-tapping.

Pyonephrosis, which resembles hydronephrosis anatomically, but contains pus instead of urine or watery fluid, when unilateral falls under renal surgery. The double pyelitis, with suppuration and distension, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested the term *Reflux Pyelitis* as better expressing this condition. Reflux pyelitis when one-sided was due to some obstruction in the ureter and then often gave rise to a large pyonephrosis. Other causes of unilateral pyonephrosis were calculus and strumous pyelitis. After speaking of the diagnosis and stating that these tumours were more adherent, and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times and of these seventeen recovered and eleven died, but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin and all these recovered. Hence, he argued, it was better to drain a pyonephrosis before performing nephrectomy.

Neoplasms of the kidney could only be treated by nephrectomy, and if this were performed early, there might be a good chance of permanent benefit. Generally they were too large to be removed except through the peritoneum, but of 5 cases removed through the loin, 4 recovered. Out of 16 removed by ventral incision, 10 died and 6 recovered.

Calculus of the kidney offered an excellent field for surgical interference, but the difficulty was to make sure of the diagnosis. Many cases of supposed calculus would turn out to be strumous kidneys. Two cases were related in which the kidney was explored and even deeply punctured but no ill-result or rise of temperature followed, and the wounds healed primarily. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions and two cases had been performed successfully at Guy's Hospital during the present year. When the kidney was much dilated and damaged it would be a question whether it might not be better to remove it.

After briefly alluding to *Injuries to the kidney*, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions which he had employed as giving the most room, viz. :—an oblique incision higher than the colotomy incision within about half-an inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of meso-colon.

In conclusion, he urged, that antiseptic exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected ; that it is generally wiser to tap and drain fluid tumors of the kidney before proceeding to remove the diseased organ ; that when nephrectomy is decided upon, the extraperitoneal operation through the loin should always be chosen

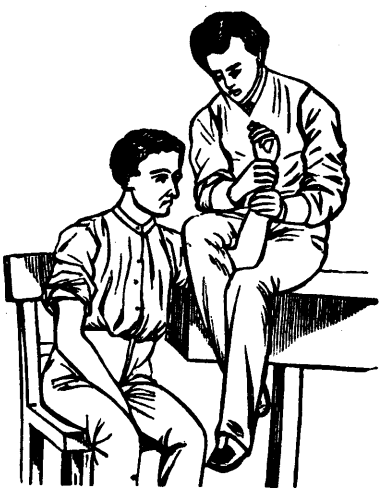
for any tumour it is possible to withdraw through the limited space at disposal ; finally, if this course be adopted the transperitoneal operation will be reserved for large solid tumours, and, perhaps, some floating kidneys.—*Brit. Med. Journal.*

NEW METHOD OF REDUCING DISLOCATIONS AT THE ELBOW-JOINT.

Dislocations at the elbow-joint are generally reduced without much difficulty, but the operator occasionally encounters an amount of resistance which demands pulleys or assistants. In other instances, in which a complicating fracture is suspected or recognized, considerable force may be essential to the diagnosis or the treatment, and it is expedient that, while perfectly under control, this power should be applied with great steadiness. Again, in long standing dislocations, accompanied by extreme rigidity and consequent loss of function, authority, with the object of permitting efficacious treatment by passive motion, sometimes sanctions the fracture of the olecranon process. In any of those contingencies the following procedure permits of the necessary treatment in the most satisfactory manner.

The operator sits on the corner of a table, at the end of which the patient is placed upon a chair (Fig.) The injured limb is drawn under the surgeon's proximal thigh, which rests, close to the joint, on the anterior surface of the humerus, while the olecranon is accurately placed on the anterior surface of the lower third of the distal femur, and the proximal foot is "hitched" behind the other leg, which is flexed firmly against the frame of the table. In order to obtain the most favourable fulcrnm, the surgeon fixes his proximal elbow against the antero-internal aspect of his corresponding thigh (not correctly shown in Fig.) and, grasping the wrist of the patient with both his hands, reduction is affected by the simultaneous and co-operative action of the muscles of the arms, back and thighs. Fixation and counter-extension are supplied by the powerful thighs of the operator, and coaptation is effected, with great nicety, by the backward pressure of the proximal femur against the anterior surface of the humerus, while the distal femur forces the olecranon forwards. Owing to the accuracy with which it can be applied, this power which is incalculably greater than that afforded by the pressure of the fingerr and thumbs (Boyer), is sufficient when the forearm is steadied, to reduce an ordinary dislocation without the aid of extension. Additional adjusting influence is exercised by the inner side of the proximal thigh, which by pressing against the anterior surface of the forearm, liberates the coronoid process from its position behind the lower extremity of the humerus, and allows the greater sigmoid cavity to resume its normal relation to the trochlea. Extension is supplied by the muscles of the upper extremities acting round the fixed point provided by the elbow of the surgeon, and, when his body is thrown backwards, additional force is derived from the muscles of the back, the glutæi, and the other extensors of the thighs. This power may be applied at various angles in rapid and easy succession, an advantage which the surgeon experienced in the treatment of dislocations cannot fail to appreciate.

In the lateral modifications of the posterior luxations the reduction is generally effected by the same manœuvre which is employed for the simple form of dislocation, but should special coaptation be necessary, it is at the disposal of the operator, as, when aided by the powerful constraining pressure of the thighs, the proximal hand can supply



sufficient traction and stability, while the other is unoccupied and in the most advantageous position to apply any additional manipulation which may, if desirable, be afforded by an assistant. If the condition be such that the full extending force of both arms be required, the isolated rural surgeon can, with a little ingenuity, render himself independent of professional aid by fixing the bone of the arm or forearm, which is displaced inwards, by a bandage passing round his own loins, and by making lateral traction on the bone or bones displaced outwards, by another bandage attached to his foot, and passing over his knee as over a pulley. By this simple apparatus the distinctive motions, which are essential to the reduction of the simpler luxations are utilised for the treatment of the more complicated forms.

For the anterior dislocation, of which the writer has had no personal experience, the following modification of the foregoing method is proposed, as being rational and obviously advantageous. The operator and patient being placed in the same

relative positions, the arm of the latter is passed *over* the proximal thigh of the surgeon, while his distal thigh is placed in the anticubital fossa; the distal foot is "hitched" behind the other leg, and the proximal elbow placed upon the shoulder of patient. The arm being fixed, and the forearm pressed against by the distal thigh, the operator grasping the wrist as in the former manœuvre, makes traction upon it in the most desirable direction, and, flexing the forearm over the thigh, he liberates the olecranon from the anticubital fossa, when the reduction is completed by the spasmodic action of the patient's triceps, aided, if necessary, by the operator, who forces the forearm backwards.

In addition to the desire to place at the disposal of the surgeon another method of dispensing with pulleys, assistants, and anæsthesia, the purpose of this paper is to direct attention to the undeveloped mechanical resources of the human body. The utility of the powerful muscles of the lower extremities in supplementing the strength of the upper, is a topic worthy of consideration, and experience has enabled the writer to commend it most warmly to the attention of his professional brethren —*Dub. Jour. Med. Sci.*, July.

THE MANAGEMENT OF PARTURITION.

Dr. R. Tauszky read a paper before a recent meeting of the New York Acadamy of Medicine *(Anerican Journal of Obstetrics)* opening with the question, Why is it that almost every woman, as soon as she becomes a mother begins to suffer from some form of pelvic disease? He believed much of this suffering to be due to meddlesome (unscientific) midwifery. Intelligent and anti-septic midwifery, even though having the appearance of "meddlesomeness," should however, he believes, be applied at every labor in order to the best possible physicial condition of the woman. The first step towards this end are clean hands on the part of the accoucheur. His nails should be scrupulously clean, and the hands, after having been thoroughly cleaned with soap and water, should be washed with a three-per-cent solution of carbolic acid. All instruments and articles used about the woman should be similarly cleansed and disinfected. Just prior to confinment, or in the first stage of labor, the bowels should be emptied by an enema, repeated if necesary. The bladder, too should be emptied by the catheter, if necessary, and the vulva bathed with a weak solution of carbolic acid or thymol.

During labor dilatation of the cervix should be carefully assisted by the fingers, and much advantage may accrue from gently pushing the anterior lip above the symphysis. Tough membranes should be ruptured. Chloroform should be used in primiparæ, but not to the extent of complete unconsciousness. The head and shoulders should not be allowed to press unduly for any considerable length of time on the perineum. To relieve such pressure apply the forceps.

The cord should not be tied until the umbilical vessels have stopped bleeding. This is a very important practical point. Crede's method of removing the placenta should be employed. The genitals should be carefully inspected after removal of the placenta, and any abrasion or laceration dressed with iodoform. The abdominal binder should be used and the child should be applied to the breast at the earlist possible moment. The early application of the child is in the interests of both child and mother, exciting necessary uterine contractions in the latter. In multipara a drachm of ergot should be given after the delivery of the after-birth. In normal labor ergot should never be given before expulsion of the child. [This statement we regard as both correct and incorrect. It is correct if it is intended to imply that the action of the ergot should not be secured on the undelivered child in normal labor; incorrect if the statement is intended to cover the mere act of giving the drug. It takes from ten to fifteen minutes for the ergot to act, and the experienced obstetrician can so time the exhibition of it as to secure its action after the delivery of the child, and at a time when its action on the uterus may be all-important in preventing hemorhage following the removal of the placenta.—*Ed. Medical Age.*]

The thermometer should be placed twice a day in the axilla, that any ominous rise in the temperature may be promptly met. As an application to excoriated nipples the following:

℞ Balsam Peru.....ʒ j.
Olei amygdal.....ʒ jss.
Aquæ rosæ.....ʒ j.
Mucil. acaciæ.....ʒ jss.

M. Sig. Apply after last nursing, the nipples having been carefully cleansed.

Dr. Tauszky lays special stress on the necessity of preventing unnecessary hæmorrhage after parturition, and would hold the accoucheur responsible for the oozing of blood from the genitals for days after delivery. He maintains that not a drop of blood should be lost after the third stage of labor, and that the napkins should be perfectly free from color. Should even slight discoloration occur, the source should be looked for with a view to checking it.

The bowels need not be moved until the third day after labor. Intra-uterine carbolized injections should be used only when the lochia are offensive and when there is febrile movement. Even in such cases he thinks vaginal disinfecting injections are alone sufficient, except in cases in which the uterus has been injured. As such injections he prefers thymol to carbolic acid, and the parts should be thoroughly cleansed by inject-

ions of simple water, either through a soft catheter or by means of the Chamberlain syringe.

Dr. Tauszky protests very strongly and very properly, in our opinion, against Dr. Goodell's plan of allowing the woman to resume the upright position within three days after labor. His frontier experience with the army convinced him of the fallacy of the belief that squaws are free from uterine trouble. Uterine affections are not uncommon among them, and they are due, in his opinion to early rising after parturition.

Should pelvic peritonitis develop, he regards cold applications as the best, especially in the early inflammatory stages. At first the applications must be made very frequently. He exhibited Leiter's (of Vienna) device for reducing intra-pelvic temperature. It consists of metallic cylinders three-quarters of an inch to an inch aud a quarter in diameter and two inches in length, within which were coils which terminated in two extremities, which projected from the extremity of the metallic bulb, and to which India rubber tubes could be attached to conduct water from a fountain above through the bulb into a basin below. He regards warm injections for peritonitis as dangerous.

In the discussion which followed Dr. Tauszky's paper, the views contained therein were generally endorsed, but the position in which he insisted on the necessity of absolute cessation of hæmorrhage after the termination of the third stage, was freely criticised. The value of cleanliness was emphasized, as was also the necessity of securing a condition of good health in the woman prior to parturition. Dr. Tauszky, in reply to his critics, again insisted on the possibility of absence of blood after expulsion of the placenta. To this end the firm, hard feel of the uterus must be secured before the accoucheur leaves the woman.

PRACTICAL POINTS FROM PHILADELPHIA CLINICS.

The *Medical Herald* gives the following practical points from Philadelphia clinics :—

Dr. Carl Seiler removes polypi from the nasal cavaties with the snare, as this causes less bleeding than the polypus forceps, and touches them with the galvano-cautery. This prevents the return of the growth, which nothing else will, the doctor having tried iodine, chromic acid, etc. This procedure certainly merits further trial.

Dr. Wharton recommends that superficially situated nævi be cauterized with strong nitric acid, applied with a glass rod. The resulting slough is followed by a white cicatrix. More extensive nævi call for other treatment.

For catarrhal, or herpetic, or diphtheritic tonsillitis Prof. Pepper recommends constitutionally absolute rest, large doses of quinine, drop doses of tincture of aconite, and liquid diet, and locally the application of the muriated tincture of iron.

Prof. Tyson often prescribes a mustard plaster prepared with molasses instead of water. For prolonged and mild counter-irritation this acts excellently, as patients often have the plaster on their backs for hours while fulfilling their daily duties. Dr. Tyson also has great faith in jaborandi and its active principle, pilocarpin, in the treatment of uræmia. He considers it *the* remedy for such cases. In Bright's disease and in diabetes the doctor prescribes an exclusive milk diet. He gives only skimmed milk.

Dr. Strawbridge poultices the external ear in the following ingenious manner : He lays the patient's head on the table and fills the external ear with as hot water as can be borne. Over the ear are applied towels soaked in very hot water, the surplus water being drained off by squeezing the soaked towels between dry ones.

Dr. Louis A. Duhring recommends for acne, sulphur in some form ; preferably the sulphate of calcium internally, and locally the following prescription at bedtime : ℞. Sulphuret. potash, ʒ ss ; sulphate zinc, ʒ ss ; glycerine, ʒ j ; alcohol, fl ʒ j ; water, fl ʒ j. M.

For eczematous sores in children and old people recommends an ointment of five grains of iodide of lead to the drachm of vaseline.

Dr. Ellerslie Wallace describes nux vomica as the great invigorator of the sexual organs. He gives from one-half to one grain dose of the extract of nux vomica three times a day after meals.

Dr. John Ashhurst, Jr., says it is the surgeon's rule for ligation of an artery to cut down over the pulsation of the artery where he feels it. Of course the surgeon should know the anatomy of the parts, as well as the lines for cutting as laid down in the books.

Prof. Da Costa says do not aspirate pleuritic effusions as long as no urgent symptoms, such as failure of the heart and symptoms of blood-poisoning, demand it, for the liquid will generally re-accumulate, and the second time it will be purulent. Give iodide of potassium and other remedies to promote absorption and to make the kidneys act. For the latter the infusion of juniper and jaborandi internally, and dry cupping over the region of the kidney will be often of benefit.

Prof. Tyson divides the treatment of acute rheumatism into three kinds to suit different types of cases. Rheumatism occuring in persons of nervous rheumatic temperament who lead a sedentary life, but are otherwise well fed and clothed, should be treated by salicylic acid or the salicylate of sodium ; twenty grains of the latter every four hours for the first twenty-four or forty-eight hours. Continue the medicine after convalescence is established for some time—about as many days as the disease itself lasted. Rheumatism occuring in obese persons who are free livers and who use malt liquors will be best treated by the alkaline treatment. One

and a half drachms of bicarbonate of soda in lemon juice every four hours for four days, afterward twenty grains three times a day combined with iron and quinine. Rheumatism occuring in anæmic persons who have been underfed and overworked should be treated with the tincture of iron. When the types shade into each other give the salicylic acid with the other treatment. The diet should consist of skimmed milk, chicken or mutton soup, beef broth or other liquid diet. Anodynes and the old "six-weeks-abed" have gone out of date.

Dr. Wm. Goodell, the world-famed gynecologist of the University recommends for pruritus vulvæ: ℞. Carbolic acid, ʒ j; morphine sulphate, gr. x; boracic acid, ʒ ij; vaseline, ℥ ij. M. And also the patting of the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.

THE THERAPEUTICS OF BLUFF.

The *New York Medical Record* gives the following sketch:—He stood by the bedside counting the pulse, counting the respirations. The patient was in advanced life, and was suffering from broncho-pneumonia. "One hundred and six!" was the exclamation; "respirations thirty-six, an increase over last evening of ten pulsations and six respirations. Some slight lividity of the extremities of the fingers. Heart's action a little irregular." Dr. Blank shook his head dubiously. "Mrs. Brown is not so well to-day." A cloud passed over his countenance as he spoke the words; it was noticed by Jane, Thomas, and Susan. A gloomy silence followed. The Cammann binaural tube was applied to different parts of the thorax. Subcrepitant ronchi everywhere; small bubbling at the bases. "There is extensive consolidation," he said; this dull region is stuffed with the products of inflammation. It is a hard tug for breath with the old lady."

The supreme cortical cells of Dr. Blank's cerebrum were involving this thought: "This patient will die; I shall lose prestige in consequence; I shall lose the patronage of this family." What shall he do about treatment? The digitalis does not seem to be working well; there is nausea. The squills, senega, and ipecac do not promote expectoration. There is pain in the head, and he fears that it is caused by the quinine and whiskey. In doubt and uncertainty he tells them to put these medicines on one side, and writes a prescription for some carbonate of ammonia. He directs full doses of this medicament, and then, after starting for home, in his hesitation comes back and advises the family to give only half the dose prescribed. With a heavy heart, which his countenance too plainly shows, he bids the Browns good-morning.

What are Thomas and the Brown girls thinking about at this time? "This man is fairly discouraged. He has done all he can. He has no confidence in his medicines. He has made a complete change, and now is doubtful about the result of the change. He evidently thinks mother is going to die. Mother, too, is discouraged. It is time to try somebody else." Dr. Blank had hardly arrived home that morning when a messenger brought a note from the Browns stating that they had made a change; that Dr. Blank might consider this note a note of dismissal; that Dr. Bluff would now take charge of the case.

Dr. Bluff was not in any sense a scientific man, nor had he any skill in the selection of his remedies. He stole a good many useful hints from members of the faculty and young graduates, with whom he now and then held consultations (and with whom he always agreed), but his diagnosis was hap-hazard and his treatment was hap-hazard. He drove fast horses, and would bluster like an English country squire. All this gave him great popularity. Individuals had been heard to say that they would rather have Bluff's presence in a sick-room, if he did nothing more than talk slang, and tell them that they would be able to dance a polka in a few days, than have the most scientific college professor who would give them nauseous medicines, and tell them that their sickness was of a very grave nature.

Dr. Bluff was ushered into the room of the sick Mrs. Brown. The diagnosis and the fearful prognostications of poor Dr. Blank were turned to ridicule. There was nothing the matter with Mrs. B., only "a little stuffing" in the chest. He "would clear out those pipes in less than no time." Whiskey and milk and his white emulsion of ammoniacum was all that was necessary. In less than half an hour the vocabulary of banter and current slang was exhausted. The sick woman was a "daisy," a "blooming rose of Sharon," and a "gay old gal." She had not "got through her *sparking*" yet, and "if the present Mrs. Bluff should ever be taken off he would improve his opportunity," etc. As for dying,—"Fiddlesticks! she cannot die with *that* pulse." He would "have her out of that bed scrubbing the kitchen floor before a week."

It is needless to say that the Browns were all delighted with the assurance and the jocoseness of their new family physician, whose encouraging words rallied them to renewed efforts to prolong their parent's existence by often-repeated potions of whiskey and milk It is worthy of note, too, that the patient herself for a while felt the invigorating stimulus of a new hope. Although the final result was as Blank predicted, yet there always was a feeling on the part of the Browns that if Bluff had been called a little earlier the result would have been different.

The above is no imaginary picture. Dr. Blank

and Dr. Bluff are the prototypes of many men who honor or dishonor our noble profession. The latter will generally be the most popular, if not the most succesful. We do not believe in *bluff*, but encouraging words and smiles are often of real therapeutic value.

WHAT IS A CONSULTATION?

Dr. H. R. Hopkins, in the *New York Medical Journal*, says that although he is a new code man he accepts Dr. Squibb's statement of what constitutes a consultation under the meaning of the old code. Farther, he says that if this be the general accepted view of the code then the parties to the present controversy have been looking at opposite sides of the same shield.

But we give Dr. Squibb's illustrations which contain the matter in a shape more readily grasped: "If a surgeon or other specialist be sent for by a patient or by an irregular physician and treats any special case by his own skill and principles of judgment—no matter whether the irregular continues to see the patient or not—is that a consultation? Certainly not, for there is no council held, and no violation of principle, but on the other hand, there is a triumph of principle against which want of principle cannot long stand, for honesty and truth and justice and humanity all underlie and support such action, and therefore the old code supports it. Is a practitioner when summoned, whether in emergency or not, to stop to inquire who he is to meet at the bedside in order to avoid heterogeneous consultations, as if he were mortally afraid of them? Certainly not, since even the meeting with irregulars does not constitute a consultation with them; and if he meets them and does his best for his patient, without admitting professional fellowship, and without holding council, or permitting the appearance of holding council, and holding out to the patient a free choice as to whom he will choose to conduct his case, and stating the plain reason why he cannot have both, there is no consultation and no conflict with the old codes of ethics. If a physician be sent for to meet one or more irregular practitioners in consultation upon a difficult or critical case must he decline the meeting? Certainly not. He may go. And perhaps if his sense of moral rectitude and justice be very high, he may decide that he must go. But he will most certainly decline consultation when he gets to the meeting. He will make clear his readiness to see the patient if that be desired, and to do the very best he can for him; but he will distinctly decline to do it jointly with those whose avowed or tacit principles of action are so antagonistic to his that only one side can be right. If the patient or his friends insist in the name of humanity, and for the sake of a beloved child or relative that he should remain in joint management and assist by his counsel and experience, is he then justified in such consultation? No; for if he cannot make the patient and friends understand that the presence of either the regular or the irregular practitioner must in the nature of cause and effect be detrimental to the interests of the patient, then he must withdraw by force of his own principles of probity and honor, and submit to popular adverse criticisms, and even newspaper misconstruction and abuse if need be. But first he will earnestly strive to convince the patient that either course of treatment is surely better for him than any admixture of incompatibles. If at the request of a patient or his friends a regular practitioner takes charge of a case, and an irregular practitioner is by the family retained in attendance, even if visiting the patient at the same hours, or present at the treatment, is this a consultation? Not if there be no holding of council to deliberate upon the case, no acknowledgement of a joint responsibility, no admission to professional fellowship and equality, nor any admixture of treatment. The irregular is not then a consultant but a spectator, or may be even a nurse.

"The line is not difficult to draw in any of these cases, and although it will not be exactly the same line as drawn by different individuals under different circumstances, yet it will always be coincident in effect if drawn in obedience to the plain rules of honor and honesty and the plain meaning of words. And if it be carefully drawn with that unselfishness which first thinks of the feelings of others, it will always be done with politeness and courtesy."

The writer of these positions states that such is his own personal view of the matter. It strikes us that his view will be that of the mass of those who support the old code. Liberality, humanity and honesty are its simple planks. Those who desire to abide by these will find them quite fully and plainly delineated in the old code, if only they look for the truth.—*Detroit Lancet.*

GONORRHŒA EASILY CURED.—Dr. Z. T. Dellenbaugh *(Coll. and Clin. Record)*, says I have for eight or ten years, used carbonate of lithia to alkalinize the urine; and find the five-grain compressed tablets, one taken three times daily, very convenient, fulfilling every indication better than any other salt. I now rarely find it necessary to give any other remedy internally.

Should the case fail to respond to the following injection, and not show marked improvement in two or three days, two sandal-wood oil capsules may be given, three times daily, for three or four days. The injection I have used in cases of acute and sub-acute gonorrhœa for more than a year, with the most gratifying results, especially to the patients, who have recovered in from two to seven days,

and paid me from one to three visits, is the following: ℞. Resorcin, ʒ j; acid. boracic, gr. xx; zinci acetatis, gr. ¼—½; aquæ destillat., f. ʒ iv. M. Of this solution, two teaspoonfuls are injected three times daily. The germicides, resorcine and and boracic acid, are so slightly astringent, that it requires the additional zinc salt to restore capillary tonicity. This injection is quite or nearly painless.

In the treatment of the latter stage of sub-acute and chronic gonorrhœa, without stricture or granuloma as a complicting factor, I have had the happiest results follow the use of the following injection: ℞—Hydrargyri chloride corrosive, gr. ¼–ss; zinci chloridi, gr. ss–j; aquæ destillat., f ʒ viij. M. Sig.—A tablespoonful to be injected well down into the urethra, three times daily. Corrosive sublimate injections are by no means a recent addition to the list. The rationale of their use, however, is recent. As in the injection for acute cases, the germicidal constituent must be so sparingly used (otherwise it produces great pain and reactive inflammation), that I find it very advisable to combine a more astringent salt; and the chloride of zinc is the one I have selected, for obvious reasons. Without doubt, a mild injection of corrosive sublimate and chloride of zinc is destined to be *the* injection for sub-acute and chronic gonorrhœa.

SCRAPING VS. SCARIFICATION IN LUPUS.—In a paper read in the Section of Surgery at the annual meeting of the British Medical Association in Llverpool, August, 1883, Mr. Morris speaks highly in favor of free erosion by means of a blunt spoon. He remarks, "The plan I adopted was, with a few minor modifications, identical with that originated by Volkmann in 1870. With a large spoon all scabs are thoroughly removed, and with them the great bulk of the superficial desposit, and after drying the surface the minute nodules, which are deeply lodged in pockets of the corium, are dug out with smaller and pointed scoops. The margins are also vigorously scraped. The spoon should be applied till the whole of the soft friable lupus-tissue has been removed and only the firm resistance of the sound part is met with. Though the greater portion of the disease may be removed at one operation, some of the smaller deep-seated nodules which have escaped will reappear in the scar, and require subsequent treatment. After the healing of the wound produced by the operation a scar with more or less loss of substance is left."

In comparing scraping and scarification, he observed that though the former has the advantage of rapidity, in the character of its scar it is much inferior to the latter. Scraping is, after all, a destructive method, similar to, though milder than, the older forms of treatment, as it mechanically removes the diseased material, whereas scarification is essentially conservative in its action. The incisions, by cutting off the blood-supply, modify the nutrition of the growth, and lead to its atrophy with a minimum loss of substance. In addition, in the severe forms of lupus exedens, in which scraping fails, or even aggravates, scarification acts most rapidly and completely. A further though minor advantage is that scraping, on account of the pain, requires an anæsthetic, which can be dispensed with in scarification.—*British Medical Journal.*

IPECAC. IN INDIGESTION.—"A century of experience tells of the utility of ipecacuanha in indigestion. It was a constituent of the dinner pill of the last century. Not only does it stimulate the liver, and so be useful in cases of indigestion where there is either bile acids formed in excess or lithates present (that is, the peptones which find their way into the portal vein from the intestinal canal, and which, converted into proteids, and elaborated into the albumen of the liquor sanguinis by the liver normally, are transformed instead into the bile acids or urates: the patient loses flesh, and on a flesh dietary only makes more bile or more lithates without gaining weight), but ipecacuanha is a 'pepsin persuader' from its action on the gastric lining membrane with its multitudinous glands and follicles. Ipecacuanha combines properties, indeed, as does no other agent, in my opinion. Then there is often atony, either general or in the bowel, and for this strychnia is an admirable remedy. Perhaps, too, flatulence, for which a carminative is indicated. Then there is the vehicle, which may or may not be a laxative, according to the case. The pill would stand then somewhat as follows: ℞. strychniæ, gr. 1-20; pulv. ipecacuanha, gr. 2-2: pulv. piper. nig. gr. iss; ext. gentian, gr. i."—*Fothergill.*

SUCCESSFUL MEDICAL JOURNALISM. — Dr. H. V. Sweringen, in the *Indiana Medical Journal* says: "The journal which exercises the greatest acumen in the selection for publication of the more everyday practical points interspersed with occasional recreative collaterals, has caught the spirit and genius of successful medical journalism." "The reader is much more interested in the treatment of the disease than he is in its history, etiology and pathology, notwithstanding the fact that the success of the former is more or less dependent upon some knowledge of the latter." "I doubt whether three-fourths of the long drawn out papers which are published in our various medical periodicals receive more than a mere passing glance, no matter what may be their merit."

HÆMOPTYSIS.—Dr. Brown *(Med. Brief)*, says: Of drugs, ergot seems to be the most powerful in checking hæmoptysis. Thus the extractum ergotæ fluidum may be given in doses of a teaspoonful every

fifteen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of fifteen drops, or ergotine may be used. If the stomach is irritable, ergotine may be given per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with sulphuric acid, which makes a more efficient and pleasant mixture: ℞. Acidi gallici, ʒ ij; acidi sulphurici aromat., ʒ j; glycerinæ, ℥ j; aquæ, q. s. ut. ft., ℥ vj. M. Sig.—A tablespoonful, as required. This is to be given every half hour or at shorter intervals, until the hemorrhage is brought under control. This, I think, ranks next to ergot, and where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.

When not to give Chloroform in Parturition.—In a paper read by Dr. Savill before the East Surrey District of the Southeastern Branch of the Medical Association, he lays down the following rules to be observed in not giving chloroform during labor:

1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre—or weak, anæmic women in their eighth or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung trouble, unless there be an imperative demand for it.

3. It should not be given to complete anæsthesia, except for operations, convulsions, or spasms of the cervix, and then one person should devote his entire attention to it.

4. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5. Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

6. In all cases where it has been given, there should be extra care to prevent post-partum hemorrhage.—*The Obstetric Gazette.*

Salicylic Ointment for Eczema. — In eczema of the scalp in children, Dr. Lassar (*Monatshefte für praktische Dermatologie*, 1883, No. 4) recommends, after cleaning the surface,—

℞ Acid. salicylic., 1 g.;
Tinct. benzoini, 2 g.;
Ung. petrolei, 50 g. M.;

to be employed two or three times a day.

In eczema of the non-hairy portions he employs,—

℞ Acid. salicylic., 2 g.;
Ung. petrolei, 50 g.;
Zinci oxidi,
Amyli, *aa* 25 g. M.

This paste is absolutely unirritating, and besides, has the advantage that it does not retain the exudation upon the skin, but allows it to escape through it.—*Centralblatt für Chirurgie, Med. Times.*

Dr. Barker, of New York, believes, (*American Journal of Obstetrics*, October, '83,) that mechanical obstruction as a cause of dysmenorrhœa exists in only a small percentage of cases; that there are two forms of the disease, one uterine and the other ovarian. In the uterine variety there are cases which do not depend at all upon obstruction, the pain is due to the effort of the uterus to relieve the plethora by the rupture of capillaries and exfoliations of mucous membrane. He uses the lactate of iron in doses of from three to five grains three times a day, associated with chlorate of potash; as soon as the symptoms of menstruation begin he gives apiol, which he looks upon almost in the light of a specific. In ovarian dysmenorrhœa there is no pain until the flow has continued for two or three days; when the cause was ovarian, the bromide of sodium in ten to fifteen grain doses in the middle of the forenoon, in the middle of the afternoon and at bed time, was the proper treatment. —*Weekly Medical Review.*

In reference to menstruation after extirpation of the ovaries, the following professional opinions have been lately given (*American Journal of Obstetrics*, October, 1883): Dr. Campbell, of Georgia, does not deny the influence of habit, periodical plethora, the ovaries and the Fallopian tubes, but he thinks there is a certain endowment of the nervous system. Dr. Goodell puts it that there is an irritation of the nervous bulb. Dr. Emmet had a case in which both ovaries were removed together with the Fallopian tubes, and yet there had been a regular menstruation thirteen times. Dr. Thomas said, as a rule, if the ovaries are removed, menstruation is the exception. If it occurred, it was due to a metrostaxis. The only benefit of Tait's operation, over Battey's, was that all the ovarian tissue was more likely to be removed. Dr. Byford believes that in many cases some of the ovarian tissue was apt to be left, that it is difficult to remove all of said tissue.—*Weekly Medical Review.*

Dr. J. M. Da Costa has been testing the therapeutic value of the salts of nickel. The sulphate proved of some value in obstinate diarrhœa. The bromide, however, is the most valuable of all, and will probably take a permanent place in the materia medica. Its action is similar to the other bromides, but a much smaller dose suffices. F ve to seven and a half grains is an average dose, and ten grains is a decided one. It relieves congestive forms of headache and quiets the system generally. In epilepsy it does quite as well as other bromides,

but, as above mentioned, a much smaller dose suffices.—*Med. World.*

IODIDE OF POTASSIUM IN FRONTAL HEADACHE.—Dr. Haley, in *Australian Medical Journal*, claims that minimum doses of iodide of potassium is of great service in frontal headache. A two-grain dose dissolved in half a wineglass of water will often cure a dull headache which is situated over the eyebrow. The action of the drug is quite rapid.—*Medical Summary.*

THE ETHER SPRAY AS AN IMMEDIATE CURE FOR NEURALGIA.—In the *Philadelphia Medical Times*, February 10, 1883, Dr. McColgann highly endorses the ether or rhigolene spray for the immediate relief of neuralgia, especially of the portio dura of the 7th. He first tested its efficacy upon himself, with excellent results, and subsequently used the application in a series of twenty cases, with remarkable success. In many cases a permanent cure resulted. He explains its action by supposing that a complete alteration in the nutrition of the affected nerve occurs, in consequence of the intense cold acting as a revulsive."

TREATMENT OF EMPYEMA OF THE PLEURA. By Courvoisier —1. Every empyema, like an abscess, should be opened early.

2. For this, (a puncture with aspirator and washing out) only in very acute cases. In chronic cases, puncture is used only for diagnostic and palliative purposes

3. Intercostal incision is applicable only in acute and simple cases.

4. Resection of one or two ribs is indicated in all chronic and complicated cases, with a tendency to slow healing.

5. The multiple, non-subperiosteal resection of ribs is always used in chronic, hard-walled empyemas. — (*Corresp-bl-Schweizer Aertze.—St. Louis Med. and Surg. Jour.*)

NEW DIAGNOSTIC SYMPTOM OF PREGNANCY.—Prof. Osterich, in a lecture before the Society für Natur-and Heilkunde in Dresden, stated that the earliest, never-failing symptom of pregnancy is the *vaginal pulse.* It is found to the right, left and in the middle of the cervix. In healthy, non-pregnant women, it can only be felt when in a state of orgasm, but then all other symptoms of pregnancy are wanting. The lecturer never found the vaginal pulse wanting in pregnancy. Dr Grouser confirmed the statement, as being the result of his own experience.

LOCOMOTOR ATAXIA AND SYPHILIS. So much has been said from time to time as to the causative relation between syphilis and locomotor ataxia, that it is well to look at the views on the subject. (*Med. and Surg. Rep.*) There are many who hold that syphilis is a very common cause of locomotor ataxia. We now learn that French opinion is divided on the subject; in Germany the weight of opinion is in favor of a relationship, and in England the same view is gaining ground.—*Lou. Med. News.*

IRREGULAR HEART ACTION.—Dr. Bowditch (*Boston Med. and Surg. Journal*) highly praises the following:

℞ Pulv. digitalis,.....gr. x;
Pulv. colchici sem.,.....gr. xx;
Sodii bicarbonatis,.....gr. xxx.
M. et div. in pil. No. 20.

One to be taken three or four times daily at first; subsequently to be reduced until only one is taken at bedtime; the treatment to be continued for from three to nine months. He has used it for twenty-five years, and has found it to relieve even the most serious cardiac affections.

FLATULENCE.—In flatulence, Dr. Bruen (Phila. Hosp.) prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals. Pepsin or pancreatin with milk food and the mineral acids with meats should be directed to be taken immediately after meals.—*Exchange.*

A LINIMENT FOR RHEUMATISM.—The *Quarterly Therapeutic Review* says methyl salicylate (oil of wintergreen) mixed with an equal quantity of olive oil or linimentum saponis, applied externally to inflamed joints affected by acute rheumatism, affords instant relief, and, having a pleasant odor, its use is very agreeable.

IN FRANCE, children are kept from school forty days after having had small pox, measles, or scarlatina. For mumps and varicella the duration is 25 days. For diphtheria, 40 days, whether the attack is light or severe. Finally, before they can join their companions, their clothing must be disinfected, and they must take one or two baths with soap.

"WELL," remarked a young M. D., "I suppose the next thing will be to hunt out a good situation, and then wait for something to do, like Patience on a monument." "Yes," said a bystander, "and it won't be long after you do begin before the monument will be on patients.—*Phil. Med. and Surg. Reporter.*

Dr. Flint has recently tried oil of wintergreen in rheumatism in Bellevue Hospital. He gives ten drops several times a day in flax-seed tea or milk. The results have been better than with salicylic acid.—*Exchange.*

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THE PAST YEAR.

We are again upon the threshold of another new year, and as has always been our custom at this season we propose to take a retrospective glance at the work done during the year that has now come to a close. The labor of even a partial and incomplete review, as ours must necessarily be, of the events which have transpired in the medical world in this short space of time, is of no ordinary character, and we would gladly forego the task were it not that such a resumè, however imperfect and incomplete it may be, cannot fail to be of interest to most, if not all, of our readers, provided the references partake of a practical character. The progress of medicine is necessarily slow and sometimes even discouraging, yet the watchword is ever onward and upward. Many problems in the etiology, pathology and therapeutics of disease remain unsolved, and will no doubt require for their elucidation the combined labors of scientific observers the world over for many years to come. The investigations of scientists demand much sacrifice of time, and great patience and perseverance under difficulties, but the elucidation of truth brings its own reward—the highest of all distinctions, and the consciousness of a life not spent in vain. With the aid of instruments of precision much has been accomplished in minute investigation, which, a few years ago, would have been considered almost, if not quite, impossible. We have therefore much to be hopeful for, and much that is encouraging.

The subject of state medicine has received increased attention by the profession and the public both at home and abroad, during the past year. The Federal Government of the Dominion has given its attention to the subject, at the instance of the Canada Medical Association, and a liberal grant has been voted to give the scheme adopted a fair start. The collection of statistics in the large cities is but the inauguration of a larger measure of sanitary reform, which will prove of inestimable value to the people of this country. If the probable success of an undertaking may be measured by the activity displayed by those who are concerned in its promotion, then we have reason to be hopeful as to the future of this great question of sanitary reform. The large and influential deputations to Ottawa, and the meetings of sanitary organizations and the work accomplished, tend to show the interest that has been awakened on this subject and its probable result in the near future.

In medicine and therapeutics much valuable work has been accomplished, new ideas have taken the place of old and crude notions, and the curative action of remedies has been more accurately investigated and determined. The space at our disposal will not permit of a very extensive review of the many points of interest in this connection which might be alluded to, but we will notice a few that press themselves upon our attention. Dr. Sidney Ringer, (*Brit. Med. Journal*), referring to the dangers of bromide of potassium, chloral hydrate and opium in adynamic states, suggests the substitution of bromide of sodium in such cases as being less injurious, the sodium salts being only slightly inhibitory of the heart's action, whereas the potassium salts are ten times as active. This would seem to point clearly to the advantages of bromide of sodium as a hypnotic, and indeed as a substitute for bromide of potassium in very many cases. The bromide of sodium has also been highly extolled in the treatment of migraine, by Dr. Morton (*Med. Gazette*, July 21, '83). Drachm doses are to be given at the onset and repeated in an hour if the attack does not cease. Cod-liver oil and iron may be given in conjunction with the bromide. Nitrite of amyl and nitro-glycerine have also been used in the treatment of this and other allied affections. The latter is given in one to five drop doses of a one-per-cent. solution, three times a day. The etiology of erysipelas has received

considerable attention during the past year from Dr. Fehleisen, of Berlin, and his treatise on the subject may be regarded as another step in the perfection of our knowledge of the disease. Fehleisen succeeded in isolating the erysipelas micrococci and in propagating them by culture, and inoculating rabbits with these artificial cultured fluids, producing a disease absolutely identical with erysipelas. Hospital patients were also inoculated with like results. He then turned his attention to the therapeutics of the disease. The two agents tried were those used for the dressing of wounds in Bergmann's clinic, a one-per-cent. solution of corrosive sublimate and a three-per-cent. solution of carbolic acid. The former destroyed the disease germs after an exposure of ten to fifteen seconds, while the latter required about forty five seconds. In Bergmann's clinic where these antiseptics are used, only two cases of erysipelas occurred during a period of four and a half years. The collective investigation committee of the British Medical Association have presented a provisional report on the pathology of pneumonia, based on an analysis of 350 cases. The report is opposed to the doctrine that pneumonia is a specific fever, whose chief local manifestation is in the lung. It confers no protection upon the individual, but rather the reverse. It has no direct association with specific or conveyable disease, and its near alliance with tonsillitis is in striking contrast with its rarity in diphtheria. Its occurrence as an epidemic may be partly explained by atmospheric conditions, and partly by other agencies prejudicial to health. The report calls attention to the immunity from fatal pneumonia enjoyed by total abstainers, and the great fatality among the intemperate. It also emphasizes the dangers of high temperature in pneumonia, which suggests careful attention to the use of the thermometer, and the means of lowering the temperature in the treatment of this disease. It is now pretty well known that the tendency to death is by failure of the heart, and the effect of high temperature on its muscular wall cannot but be highly injurious. The committee hopes to obtain a *thousand* cases on which to base a complete report, and we trust the members of the Association and others will aid in the work, by filling up the cards sent them. Dr. Dinaud *(L'Union Medicale,* July 19, '83) has brought prominently under the notice of the profession the use of perchloride of iron, not only in diphtheria, but also in typhoid fever. In the former disease he regards it as almost a specific, and although he does not so regard it in typhoid, he believes it to be of great efficacy. The iron should he commenced at the beginning of the second week and continued until convalescence. In the *Brit. Med. Journal,* Dr. Hare makes a strong plea for the restoration of "good remedies out of fashion"—emetics and bleeding. He referred to the value of emetics in the early stage of croup, in the removal of false membranes in diphtheria, and in the relief of attacks of suffocative bronchitis, in all of which he had no doubt of their exceeding great value. With regard to blood-letting, he referred to its great advantage in engorgement of the right side of the heart, from whatever canse, and strengthened his position by referring to cases in illustration. In connection with the subject of bleeding, mention may be made of a novel method employed by Mr. Coppinger *(Brit. Med. Journal,* Sept. 15, '83) for abstracting blood. The needle of the aspirator was inserted into the jugular vein of a patient suffering from an overloaded vascular system, and four ounces of blood withdrawn. The operation being entirely satisfactory, the surgeon repeated it in the course of half an hour, removing six ounces more. The patient was greatly benefited and no bad results followed the procedure. Dr. Willcocks, of Charing Cross Hospital, London, Eng., contributes an interesting article on the pathology of anæmia and chlorosis and their treatment by iron and arsenic. The value of these remedies combined, in well selected cases, has been endorsed by many different observers. In the treatment of whooping-cough, Dr. Webb *(Am. Practitioner)* speaks very highly of croton-chloral. He gives it in grain doses to children one year old, and increases it to two grains for children ten years of age. The first few doses may cause irritation about the throat, but this soon passes away. The relief is so marked in some cases that patients fall asleep in their chairs. The therapeutic value of the salts of nickel have been investigated by Dr. DaCosta, of Philadelphia. The chloride, bromide, acetate, sulphate, and phosphate were the salts tested, and of these the sulphate and bromide proved the most useful. In obstinate diarrhœa excellent results were obtained from one to two-grain doses of the sulphate four times a day.

In one such case, associated with valvular disease of the heart, it succeeded after other remedies failed. The tonic effect so much spoken of was not marked. It is slightly sedative and anodyne, and was found serviceable in chronic catarrh of the stomach. The bromide was found to allay headache, convulsive movements, and to act satisfactorily as a sedative to the nervous system. In epilepsy it acted quite as well as any of the bromides, and in one instance it succeeded after the others had failed to afford any relief. It lowers the temperature and reduces the pulse slightly. The dose is five to ten grains, a smaller one than that of the bromides generally being sufficient to produce the desired effect. The value of rhus toxicodendron as a remedy of the greatest certainty in rheumatism, has been brought to the notice of the profession by Dr. Gifford, of Indiana. He prefers the freshly prepared alcoholic extract, which he gives in small doses night and morning. Among the remedies for sea-sickness proposed from time to time, may be mentioned the hypodermic injection of from ⅓ to ½ a grain of acetate of morphine, which Mr. Vincent, of the Cunard Royal mail service, claims is by far the most useful of all remedial measures. The use of napthol in the cure of scabies, has received special attention from Dr. Harlinger, of Philadelphia, (*Am. Jour. Med. Sciences*) who speaks of it as the most efficient and agreeable remedy for scabies, yet brought forward. It was first introduced to the profession two years ago, by Prof. Kaposi, of Vienna. It is useful also in a certain number of skin affections, such as squamous eczema of the scalp, psoriasis, and seborrhœa. A substitute for morphine has been discovered in a leguminous plant called piscidia erythrina, which grows in the volcanic soil of Jamaica. It takes its name from its property of narcotizing fishes—a property taken advantage of by the natives. Its properties have been investigated by M. Landowsky (*Gaz. Hebdom*, August 31, '83). He used the alcoholic extract of the bark, the administration of which in 40 minim doses, was followed by a calm sleep of twelve hours. The advantages claimed for it are, that it does not cause headache, or malaise, and does not constipate. The latest method of treating sebaceous cysts, known as Vidal's method, consists in injecting from five to ten drops of ether into the sac. The point of the needle should be moved about after it has penetrated the tumor, so as to break up the sebaceous matter. This is to be repeated every second day until signs of inflammation appear. A puncture is then made at the base of the tumor and a small amount of pus escapes, followed by the sebaceous matter, after which the sac shrivels up and disappears. The use of caffein in heart disease, although in use by many physicians, has not become general in this country yet. Prof. Lepine (*Lyon Medicale*) urges its use in all cases where digitalis is found valuable. He thinks the dose should be larger than has heretofore been administered. He gives from ten to thirty grains in divided doses during the day. It is much better borne and is more active than digitalis. Some attention has been paid during the year to the administration of remedies by small and frequently repeated doses, and Dr. Smith, of Bellevue Hospital, published a very interesting article on this subject in the *N. Y. Med. Journal*. The result of his experience seems to point in the direction of the efficacy of small doses often repeated, and will no doubt lead to a further trial of this plan of treatment. Paraldehyde, the new hypnotic, has been made the subject of investigation. In physiological action it strongly resembles chloral. A dose of 40 grains produces quiet refreshing sleep for from four to seven hours. It strengthens the heart's action, gives rise to no unpleasant symptoms, and it is believed that it will to a large extent take the place of chloral. A new method has been brought to the notice of the profession for the treatment of obstinate granular conjunctivitis. It consists in the application of a lotion composed of infusion of jequirity seeds, which produces ophthalmia of a croupous nature, and rapidly cures the granulations. The intensity of the inflammation can be regulated by the strength and frequency of application of the infusion.

In the field of surgery, general and operative, much progress has been made, both in the matter of perfecting well known operative procedures and in the application of new methods. The method of treating floating kidney by "fixation" has been put into practice by Dr. Newman, of Glasgow. The kidney was cut down upon, external to the outer edge of the quadratus lumborum and the organ stitched to the margins of the wound, where it formed adhesions which held it in place. The case reported was quite successful. Dr. Weir

also reports a similar case in the N. Y. *Med. Jour.* Dr. Polk, in the same issue, reports a case of nephrectomy for displaced kidney, which had caused the patient very great pain. The patient passed no urine after the operation, and died on the eleventh day. The post mortem revealed the fact that her *only* kidney had been removed. A new operation for spina bifida is reported by Dr. Mayo Robinson *(Brit. Med. Journal,* March 24, '83). The skin was dissected off and the redundant serous membrane removed. The edges of the serous membrane were then stitched together by silk sutures, and over the sac was placed a portion of periosteum from a living rabbit and the skin brought together. The result was successful. In the *Brit. Med. Journal* for August 18, '83, will be found an article by Dr. Southam, of Manchester, on the treatment of aneurism by the injection of fibrin-ferment. This substance is obtained from blood-serum by coagulating it with fifteen or twenty times its volume of strong alcohol and allowing the mixture to stand for two weeks. The coagulum is then dried, pulverized, and water added to double the original volume of the serum. It is then filtered, and the filtered solution contains the fibrin-ferment. In the case under treatment, one drachm of the fibrin-ferment was injected into the sac, pressure having been first applied above and below the aneurism and continued thirty minutes. The case was not wholly successful, but Dr. Southam suggests that in a similar case it would be well to inject a larger quantity of the ferment and to keep up the pressure for a longer period. A new method of excising the ankle-joint has been devised by Prof. Busch *(Med. Wochenschrift),* in which the joint is opened without dividing a single tendon. An incision is made from one malleolus to the other, passing under the foot instead of over the dorsum. On the sides the skin only is divided, but beneath, the incision extends to the bone. The os calcis is then sawn through from below upwards, the foot strongly flexed and the diseased bones removed. Several successful cases of amputation at the hip by Furneaux Jordan's method, which consists in dissecting out the thigh bone by a vertical incision and making a circular amputation through the soft parts, some distance down. Drs. McLaren and Marshall *(Brit. Med. Journal)* each report four cases, and Mr. Shuter *(Clin. Society,* Lond.) reports a case of sub-periosteal amputation at the hip by Jordan's method, in which new bone was formed in the stump. A case of total excision of the sternum, for the removal of a sarcomatous tumor, is reported by Prof. Kœnig, *All. Wien. Med. Zeit. (Am. Jour. Med. Sciences).* The left pleura and pericardium were opened during the operation, yet the patient made a good recovery. Dr. Savory (Lond. *Lancet)* describes a modification of Syme's amputation at the ankle-joint, which consists in opening the joint from the front, after making the preliminary incisions, and dissecting out the os calcis from above downwards, thus escaping the only difficulty in Syme's operation, viz., turning back the heel flap over the os calcis. Dr. Walker *(Brit. Med. Journal)* by a mere accident discovered the value of liquor ergotæ in the radical cure of hydrocele. He injected the liquor ergotæ (Battey's) in mistake for tincture of iodine and cured his patient. Since then he has used the remedy several times, with like success. The use of carbolic acid, as recommended by Dr. Levis, of Philadelphia, has also been advocated by several surgeons. Dr. Jonah, of Eastport, Me., has an article in the present issue on this method of treatment. Dr. R. J. Hall, of New York, has also cured five or six cases by the injection of half a drachm of the acid, and prefers it to iodine. Some attention has been paid to Wheelhouse's operation of suturing nerves in wounds, and many successful cases are reported, even after some time had elapsed. Mr. T. Holmes successfully sutured the musculo-spiral nerve five months after it had been severed. He cut down through the cicatrix, and seizing the divided ends, brought them together by catgut and fine silk sutures. Sensation and motion, which had been lost in the parts supplied by this nerve, were in great measure restored. Others have had equally favorable results, in both primary suture in recent wounds, and secondary suturing. A case of ligature of the innominate artery, for aneurism of the subclavian, was reported by Mr. Thomson, of Dublin, which appeared for a time to prove successful, but the patient died on the forty-second day, from secondary hæmorrhage. Kelly's method of reducing dislocations has justly attracted considerable attention. A full description, with illustrations, will be found in our January, '83, issue, and also in the present number. Dr. Wyeth, of New York (N. Y. *Med. Journal),*

recently performed Humphrey's operation, as described in Holmes' surgery, in amputation of the penis. After removing the organ the scrotum was transfixed, the urethra dissected out an inch and a half back and brought out in the perineum. The end was then split and stitched to the sides of the incision in the perineum. The scrotum was carried up and stitched to the integument of the pubes, covering in the stump of the penis. A new dressing for wounds, termed "wood-wool," has been introduced by Prof. Bruns (*Klin. Woch.*, 20). Pine wood shavings are reduced to a state of fine division, by being rubbed through a wire sieve, after which they are dyed and impregnated with antiseptic substances. The advantages claimed for wood-wool are that it is soft, pliable and elastic, and has extraordinary power of absorbing fluids, greatly superior in this respect to any known dressing. Quite recently, Prof. Lister has reported several cases of transverse fracture of the patella successfully treated by wiring the fragments together and inserting a drainage tube at the lower and outer part of the knee-joint. In the discussion that followed the reading of his paper, it was maintained that although this treatment was successful in Lister's hands, it would not be safe practice as a general rule. Dr. Davy, of the Westminster Hospital, has also been experimenting on the knee-joint, by way of devising a new method of resection, which he calls "tibio-femoral impaction." He forms a sort of tenon on the end of the femur, which he fits into a mortice cut in the head of the tibia. Osseous anchylosis is more rapidly obtained by this process. The immediate treatment of fractures by plaster of Paris splints has attracted some attention. Christopher Heath has given the weight of his testimony in its favor, in a paper read at the last meeting of the Brit. Med. Association. Other good authorities also bear testimony to its value in suitable cases.

Estlander's operation of excision of the ribs in a case of chronic empyema has been recently performed in the Toronto General Hospital, by Prof. Fulton, of Trinity Medical College. A portion of the 8th and 9th ribs, three inches in length, was removed, in order on the one hand, to make a larger opening for the escape of pus, and on the other, to allow of the retrocession of the chest wall at that point. The patient did well, and complete recovery is confidently anticipated. Some further attention has been given to the important subject of anæsthetics. M. Guillot (*Progrès Medical*) gives some points in his experience of the various anæsthetic mixtures. He obtained, as many others have, good results from the a.c.e. mixture, viz., alcohol, 1 part; chloroform, 2 parts, and ether, 3 parts (a.c.e.=1, 2, 3). Subsequently he experimented with a mixture proposed by Lennox Browne, consisting of one part alcohol and two of chloroform. This he found more rapid and satisfactory than the a.c.e. mixture. In order to make the mixture more agreeable, eau de cologne was substituted for alcohol. This combination is called "chloractherine."

In the domain of obstetrics and gynæcology much good work has been accomplished, and the success has been most encouraging. Lawson Tait's operation for the removal of the ovaries and Fallopian tubes has been three times successfully performed in Canada during the past year, twice by Dr. Trenholme, and once by Dr. Gardner of Montreal. Antiseptic precautions were used in all three cases, and the patients recovered without a bad symptom. The operation has also been performed by Dr. Thomas and others with successful results. The latter, who has performed it in three cases, speaks of it, however, as sometimes a very difficult and dangerous operation, by reason of the adhesions from repeated inflammations, and the quantity of inflammatory lymph by which they are sometimes surrounded. Dr. Barret, of St. Louis, (*Courier of Medicine*) proposes a new method for the treatment of laceration of the perineum. He stitches the mucous membrane of the vagina together from above downwards, and then the integument along the raphe, using no deep stitches whatever. The stitches are inserted very closely, so as to prevent any of the discharges from entering the wound. A new operation for the reduction of chronic inversion of the uterus has been performed by Dr. Brown, of Baltimore (*N. Y. Med. Journal*). It consisted in drawing down the inverted uterus as far as possible, making an incision one inch and a half in length through the posterior wall, then introducing a Sims' dilator into the cervix, and dilating it to the fullest extent. The incision in the uterus was then closed with carbolized silk-worm gut, and the fundus replaced through the dilated cervix. The patient made an excellent and rapid recovery. Solutions of corrosive subli-

mate, as in general surgery, are coming into use in in antiseptic midwifery, and are found to be much more efficacious in destroying bacteria than carbolic acid. The strength used is one to one thousand parts. A feeling is setting in in certain quarters against the Porro operation as a substitute for Cæsarian section. Dr. Garrigues, of New York, (*Am. Jour. Obstet.*) says if the latter operation is done with antiseptic precautions, and the uterine wound properly sutured, the result will be as good as in the Porro operation, while it does not destroy the power of procreation. He gives in minute detail the operation and after treatment of Cæsarian section. The use of iodoform in laceration of the perineum and vagina, is the subject of an interesting article by Prof. Behm, of Berlin, (*Ziet. f. Geb. &c.*) He recommends that the wound be well dried and dusted over with iodoform before and after applying the sutures, and the surface painted with iodoform collodion. The iodoform treatment of wounds has been extensively practised in Berlin for the past year or two. The treatment of post-partum hemorrhage and secondary hemorrhage after pelvic operations by the use of hot water injections, has received renewed attention. Dr. Albert Smith read a paper on this subject at the American Gynecological Society Philadelphia, in which he strongly advocated its use in these cases. When there was a tendency to post-partum hemorrhage, he advised its use immediately after the expulsion of the placenta. Dr. Goodell corroborated Dr. Smith's views, but for open wounds he said he preferred vinegar—for post-partum hemorrhage hot vinegar. Considerable discussion has taken place during the year on the best treatment of uterine fibroids. Some German authorities hold to the opinion which is endorsed by many, that only fibroids of the os and cervix, and the submucous and intraparietal, which have, by their growth, dilated the cervix, should be removed through the vagina, and that all others should either be left to medical treatment only, or be removed by laparotomy. Dr. Knowsley Thornton has operated several times for the removal of uterine fibroids and with good results except in the intra-mural forms in which all his patients (3) died. In the subperitoneal forms he removes them by laparotomy and secures the pedicle with silk ligature. In the submucous forms he treats by rapid dilatation of the cervix and immediate enucleation preceded and followed by antiseptic irrigation. Prof. Temple, of Trinity Medical College, recently removed a large submucous uterine fibroid by enucleation, and the patient made a rapid recovery. The treatment of abortion is another subject which has been much discussed during the past year, some advising the immediate removal of the secundines, and others advocating non-interference except in urgent cases. Dr. Mundè, of New York (*Am. Jour. Obstet.*) strongly urges the immediate removal in all cases, by the finger or curette, and Dr. Alloway, of Montreal, also advocates the same plan in order to avoid the danger of hemorrhage on the one hand and septicæmia on the other. Prof. Spôndly, of Zurich, (*Zeit. f. Geburt*), in a recent paper on the subject, recommends active interference in abortion. In the present issue will be found a short paper by Dr. Carson, of this city, in which the opposite course is advocated. A great many will endorse the idea that the true line of practice lies between the two extremes. Dr. Paladini, (*Gaz. Med. Ital.*) reports a case where he successfully performed hypodermic transfusion by means of a trocar and canula with an ordinary syringe. He injected about six ozs. of blood into the *subcutaneous* tissue of the abdomen, where the skin was lax. The blood was readily absorbed and no pain or inconvenience was caused. The administration of sodium salicylate to the extent of one drachm per day is strongly recommended by M. Vigar (*Glasgow Med. Jour.*) in the treatment of phlegmasia alba dolens. Under this treatment the temperature fell decidedly, the pulse became slower and the œdema diminished rapidly. The important subject of puerperal fever or "metria" as it is now proposed to call it, was ably discussed at the late meeting of the British Medical Association, by Drs. Thorburn, of Manchester, Atthill, and Moore Madden. Dr. Atthill referred to the two modes of infection viz., external sources of infection, and auto-inoculation from decomposing blood-clots and portions of placenta. The former is to be combatted by attention to antiseptic measures, and the latter by the administration of ergot, after labor. As a disinfecting material, solution of corrosive sublimate would seem to be the most certain in its effects.

The various medical associations which met during the year, were most satisfactory, both in point of numbers in attendance and interest manifested.

The Provincial Medical Associations in Ontario, New Brunswick and Nova Scotia, met as usual in the months of June and July, and were successful beyond that of former years. The Canada Medical Association met at Kingston in September, under the presidency of Dr. Mullin, of Hamilton, and was a most interesting and successful gathering. Many instructive and valuable papers, besides one or two on original research, were read and discussed. Dr. Sullivan was chosen president for 1884, and the next meeting was appointed to be held in Montreal, during the meeting of the British Science Association, which takes place on the 27th of August. The meeting of the American Medical Association was held in Cleveland, in the early part of June, under the presidency of Dr. John L. Atlee, of Lancaster, Pa., and was a very successful meeting. The Association decided, among other things, upon the establishment of a weekly Medical Journal instead of the usual volume of transactions, and Dr. N. S. Davis, of Chicago, was chosen editor. The journal has appeared every week since its establishment; but it can hardly be said fully to represent as it should, the highest interests of a body such as the American Medical Association. The action of the association in coercing every delegate to sign an acknowledgement of his adhesion to the "code" was an ill-advised proceeding, and one not likely soon to be repeated. Its effect was to produce a reaction which was most injurious to the cause it was intended to promote. Dr. Flint, Sr., of New York, was chosen President and Washington selected as the next place of meeting on the first Tuesday in May, 1884. The meeting of the British Medical Association took place in Liverpool in July and August under the presidency of Dr. Waters, and was as usual the largest medical gathering in any part of the world. The intellectual part of the proceedings was fully up to the average, and the social features were of the most hospitable and brilliant character. Dr. Cuming, of Belfast was elected preside[illegible] this place chosen as the next place of mee[illegible]

As the outcome of [illegible]en the male and female medic[illegible]gston Medical College last [illegible]ges for females have been [illegible] and the other in To[illegible] well sustained a[illegible]

question, and we hope shortly to see an amalgamation of the two institutions.

In the matter of bibliography, the following may be mentioned among some of the books which have appeared during the past year :—Electricity, Bartholow; Legal Medicine, Tidy; Rheumatism, Gout, etc. Longstreth; International Surgery, vols. II. and III., Ashhurst; Percussion Outlines, Cutter; Practice of Medicine, Palmer (Ann Arbor); Untoward Effect of Drugs, Lewin; Medical Diagnosis, Brown; Diseases of the Eye, Nettleship; Diseases of the Throat, Seiler; Histology, Satterthwaite; Chemical Analysis, Hoffman and Power; Diseases of Skin, Hyde; Gynæcology, Hart; Auscultation, Flint; Ready Reference, Dunglison; Insanity, Stearns; Fractures, Stimson; Diseases of the Eye, Wells; Anatomy, Gray; Pathology, Gilliam; Gout, etc., Fothergill; Surgery, vol. III., Agnew; U. S. Pharmacopœia; Diseases of the Male Sexual Organs, Gross; The Physician Himself, Cathell; Medical Essays, O. W. Holmes; Lectures on Fevers, Kippax; Pathological Anatomy, Ziegler; Pathology, Coats; Diseases of the Liver, Harley; Examination of Urine, Tyson; Materia Medica, Biddle; do., Bartholow; Hygiene, Parkes; Practice of Medicine, Aitken; Chemistry, Attfield; do., Bloxam; Urinary Organs, Thompson; Venereal Diseases, Bumstead and Taylor; Therapeutics, Ringer; Prescriptions (3,000), Beasley; Wounds, Gamgee; Physical Diagnosis, Bruen; Disease of the Ovaries, Tait; Index of Medicine, Carpenter; Therapeutics, Farquharson; Insanity, Buckham; Diseases of Rectum, Allingham; Sore Throat, Prosser James etc.

The following of our confrères in Canada go to swell the obituary list—Drs. J. Clarke, Oshawa; McG. Campbell, Sherbrooke, N.S.; J. Chamberlain, Frelighsburgh, Que.; J. S. Balmar, Parkhill; F. B. Going, St. Thomas; A. Moren, Halifax, N. S.; J. J. Clarke, Cape Sable, N.S.; H. Kollmyer, Montreal, Que.; W. D. Ross, Pembina; G. E. Gascoigne, Brockville; J. A. Stevenson, London; J. A. Whyte, Montreal; B. H. Leprohon, Quebec; J. Woolverton, Grimsby; B. McIver, Pembroke; J. A. Hunter, Newcastle; R. Eustace, Canso, N. S.; A. Chisholm, Alexandria; W. Scott, Montreal; J. A. Sivewright, New Westminster, B.C.; W. Ruddick, St. Martins, N.B.; E. Rosseau, Quebec; N. McGregor, Lucknow; E. Laberge, St. Philomene; H. Shaw, Kentville, N.S.; C. East, Forest; J. B.

Campbell, Westfield, N.Y.; R. Ripley, Amherst, N. S.; T. A. Kidd, Carp.; P. May, Pine Orchard; J. A. Sewell, Quebec; S. A. Rogers, Mount Forest; De la Haye, Winnipeg; J. J. McIlhargy, Lucan; A. A. Riddel, Toronto; T. Beatty, Lambton Mills, J. Hughes, Toronto; H. E. Manwaring, St. George, Ont.; W. McGill, Oshawa; D. A. Johnston, Bridgewater; E. H. Trudel, Montreal, etc.

Among those abroad may be mentioned Paul Dubois, Pacini, Thuillier (a member of the Cholera Commission to Egypt), Geo. M. Beard (New York), George Fox (Philadelphia), Bischoff, Ranney (New York), Rand (Philadelphia), Surgeon General Barnes, Washington; VanBuren, New York; Rinecker, Wm. Farr, Von Bruns; — Mosher, Albany; Depaul; J. Marion Sims; Bence Jones; Hilton Fagge, and others.

There have been no serious epidemics at home or abroad during the year, if we may except the outbreak of cholera in Egypt. Yellow fever, which usually prevails to the south of us during hot weather, was of a milder type than in former years and did not spread as far north as is its wont in some seasons. But what with volcanic eruptions, earthquakes, and storms on sea and land there has been an appalling loss of life during the year, a loss which, from such causes far outstrips that of any former year in our recollection. The country has been very prosperous and free from those sudden calamities which, by an inscrutable providence, have been visited upon other nations. In conclusion, we wish our readers a happy new year, abundant prosperity, and the fullest enjoyment of their best desires.

INFANT MORTALITY IN OTTAWA.—The House of Bethlehem in Ottawa, under the charge of the Grey Nuns, is a home for the care of infants, the chief source of its inmates being a Lying-in-Hospital with which it is intimately connected. The official reports show the death-rate per annum to be above 88 per cent. of all admitted. A large mortality was known to occur, and the fact much commented upon by residents of the city, but no action was taken until the City Council was asked to grant a sum of money to cover the burial expenses. Before any aid was voted an investigation was ordered, and six physicians appointed to enquire into the worthiness of the charity. The report commends the individual efforts of the attending physicians and sisters in charge, in their endeavors to attend to the wants of their little patients. The situation of the building is not considered as favorable as it might be, but their conjoint opinion is, that the blame must be laid to the system of dry-nursing. The two weeks of maternal nursing required by law they consider insufficient, and advise that some other method of rearing the infants be adopted. In consequence of this report, the Council has ordered the charity to be closed until it offers better means for preserving the infants' lives. Should the warning be disregarded the attention of the Legislature will be directed to the matter.

NEW METHOD OF EXCISING THE KNEE-JOINT.—Mr. Davy of the Westminster Hospital, London, *(British Med. Journal, Oct. 20,)* describes a new method of excising the knee-joint. It consists in removing a rectangular wedge from the femur and tibia. A mortice is then cut in the head of the tibia, into which the femur, shaped as a tenon, is introduced, impacted and retained by pressure upon the foot. The limb is then placed in a swinging apparatus, where it is kept until recovery takes place. The term applied to this procedure is tibio-femoral impaction. It is claimed as an advantage that this procedure effectually guards against displacement during the healing process.

FRACTURE OF THE PATELLA.—Prof. Lister read a paper recently before the Medical Society of London, *(Lancet and British Med. Journal, Nov. 3rd, '83,)* in which he mentions several cases of transverse fracture of the patella, successfully treated by wiring the fragments together. He makes a longitudinal incision down to the fragments; freshens the surface when of old standing, drills them obliquely so as not to encroach on the cartilaginous surface, and wires them together with stout silver wire. At the end of eight weeks the wire is removed by an incision through the cicatrix. Osseous union was secured in every instance.

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QUARANTINE OFFICERS.

medical officers attached
Quarantine Stations in

— Dr. O. Robitaille,
Sec.-Treas.; Drs. C.

E. Lemieux, A. Rowand and N. E. Dionne, visiting Physicians; Dr. L. Catellier, resident Physician.

New Brunswick.—Bathurst, Dr. G. M. Duncan; St. John, Dr. L. B. Bostford and W. S. Harding; Mirimachi, Dr. J. Thompson; Richibucto, Dr. J. W. Doherty; St. Andrews, Dr. S. T. Gove; Sackville, Dr. L. B. Botsford.

Nova Scotia.—Arichat, Dr. V. A. Harel; Lunenburgh, Dr. S. Jacobs; Liverpool, Dr. H. G. Farish; North Sydney, Dr. H. B. McPherson; Port Mulgrave, Dr. P. A. McDonald; Pictou, Dr. J. McMillan; Yarmouth, Dr. A. M. Perrin; Sydney, Dr. A. D McGillvary; Tracadie (Lazaretto), Dr. A. C. Smith.

Prince Edward's Island.—Charlottetown, Dr. F. P. Taylor; Souris, Dr. Ford.

British Columbia.—Victoria, Dr. J. C. Davie; Nanaimo, Dr. D. Cluness.

Quarantine Officers.—Grosse Isle, Dr. F. Montizambert; St. John, N. B., Dr. W. S. Harding; Halifax, N. S., Dr. W. N. Wickwire; Pictou, Dr. H. Kirkwood; Sydney, Dr. W. McKay McLeod; Charlottetown, P.E.I., Dr. W. H. Hobkirk.

A PLEASANT QUININE MIXTURE.—The following is claimed by Dr. Taylor, of Gridley, Ills., to be pleasant to the taste and readily taken by children :—

℞—Quiniæ Sulph.,	grs. xij.
Acidi Tannici,	grs. vj.
Sod. Bicarb.,	grs. x.
Ol. Gaultheriæ,	gtt. iij.
Syr. Simp.,	ad. ℥ iij.—M.

SIG.—A teaspoonful every four hours, followed by a draught of water.

Bismuth, ipecac., opium, podophyllin, or leptandrin, etc., may be added to the above when required. The formula for any strength of mixture is double the amount of quinine to tannic acid, and about three-fourths as much of sodium bicarbonate.

MUSIC BOXES.—We call the attention of those in search of a handsome and appropriate present to the advertisement, in another column, of C. Gautschi & Co., Philadelphia. They have on exhibition, at their sales rooms, the finest and largest display of these beautiful Swiss instruments ever shown in this country. They reproduce the most elaborate pieces of music, old and new, with a brilliancy and accuracy truly surprising, with an effect so melodious and perfect as to be absolutely wonderful. These musical boxes are far superior to the ordinary instruments generally sold in this country, and need only be seen or heard, to be p reciated.

ROGERS' GROUPS. — We have just received another of these magnificent works of art, from this celebrated artist. It is a new group entitled "Neighboring Pews," and is a most beautiful representation. It reflects great credit upon the admirable taste and skill of this unique artist. The wonderful correctness of expression, and completeness and carefulness of detail, excite the admiration of all who examine these groups. A cut of the above named group will be found in another column, and is worthy of more than a passing notice. "Neighboring Pews" would make a most suitable holiday present for either old or young.

APPOINTMENTS.—Dr. A. C. Bowerman, formerly of Ontario, has been appointed Assistant-Superintendent of the State Asylum for Insane Criminals, Auburn, N.Y.

Dr. J. J. E. Maher has been appointed Dispensary Physician, New York.

Dr. Jackson, of Quebec, has been elected Dean of the Medical Faculty of Laval University; and Dr. C. Verge, Professor of Practice of Medicine, *vice* Dr. Sewell deceased. Dr. P. Wells has been appointed Professor of Materia Medica; and Dr. Brochu, Professor of Hygiene, in the same school.

Dr. H. E. Buchan has been appointed Assistant Medical Superintendent of the Toronto Lunatic Asylum. We heartily congratulate our good friend and esteemed confrère on his appointment. He is eminently qualified for the position.

APIOL IN DYSMENORRHŒA.—This remedy which has been recently introduced to the notice of the profession through French sources, has already acquired an excellent reputation as a remedy for dysmenorrhœa. Dr. Fordyce Barker, of New York, who has given it a prolonged trial, regards it as almost a specific. He gives lactate of iron and chlorate of potash three times a day, and when symptoms of menstruation begin he gives apiol in capsules night and morning. It relieves the pain, and promotes the menstrual discharge.

PERSONAL.—Dr. Stephen Lett, for ten years Assistant Medical Superintendent of the Toronto Lunatic Asylum, and who is leaving to take charge of a private asylum in Guelph, was presented with a handsome marble clock, from the officers and attendants of the asylum. Mrs. Lett also received a beautiful silver fruit dish and a cheese cover.

Dr. Lett carries with him the good wishes of Dr Clark, the medical superintendent, and officers of the institution, as well as the members of the profession in this city.

NEW REMEDY FOR NEURALGIA.—The latest remedy for the relief of neuralgia, says the London *Lancet*, is hyperosmic acid. It is administered hypodermically in the strength of one per cent. solution of the acid. Billroth injected the above remedy, between the tuber-ischii and trochanter, in a case of chronic sciatica, and within a day or two the pain was relieved and eventually disappeared.

MEDICAL EXAMINERS, TORONTO UNIVERSITY.—Prof. Sheard, of Trinity Medical College, Toronto, has been appointed examiner in Physiology and Pathology in the Toronto University, and Dr. Cascaden, of Iona, examiner in Surgery and Surgical Anatomy. The examiners in the other branches are the same as those on the list of last year.

FRACTURE OF THE NECK OF THE FEMUR.—Prof. Bezzi, (*Presse Med. Belge, July 29, '83,*) regards flaccidity of the tensor vaginæ femoris and gluteus medius muscles, as pathognomonic of fracture of the neck of the femur. Instead of the usual resistance, there is found, when this injury has occurred, a deep depression, between the trochanter and the crest of the ilium, due to diminution of the tension of these muscles.

SULPHO-CARBOLATE OF SODA IN RHEUMATIC FEVER.—Dr. Greenway, of Plymouth, recommends the sulpho-carbolate of soda very highly in the treatment of rheumatic fever. For adults he prescribes fifteen grains every six hours in an ounce and a half of water. Ordinary precautions of administering an occasional aperient, placing the patient between blankets, and keeping him on milk diet must not be neglected.

QUACKERY.—Larrabee says: "Quackery consists in this: that while with the regular scientific physicians all things are held in common, all truths are shared, quacks, by conspicuous words and advertisements lead the people to believe that they possess ideas not known to the regular profession, and this alone is their hold upon the people whereby they gain a livelihood.

BARONETCIES.—Mr. Lister, of King's College, London, the originator of antiseptic treatment of wounds, has received a Baronetcy. A Baronetcy has also been conferred upon Dr. Andrew Clark, the distinguished physician who accompanied the Princess Louise and Marquis of Lorne to Canada in 1878. Mr. Wm. Bowman, the celebrated oculist has also been created a Baronet.

Professors Bartholow and Da Costa agree that an antipyretic dose of quinine is not less than five grains every two hours until four doses are taken, or else thirty grains in two or three doses close together. The former believes a small dose of morphine is the best thing to counteract the unpleasant cerebral symptoms of quinine.

THE U. S. PHARMACOPŒIA.—Any person having a copy of the U. S. Pharmacopœia of 1880, and desiring a list of the corrections since made therein, can procure the same by sending a two cent stamp to Wm. Wood & Co., publishers, N.Y.

A case of chorea which resisted all other remedies, was shown recently, at the medical clinic of Prof. Da Costa, cured by hyoscyamine. The drug was given *ter die*, in doses sufficient to produce very slight characteristic effects, beginning with gr. $\frac{1}{200}$.

THE FORCE OF HABIT.—Missus (*who is acting as amanuensis to Mary*)—"Is there anything more you wish me to say, Mary? Mary—"No, marm, except just to say, please excuse bad writin' and spellin'".—*Punch.*

BRITISH DIPLOMAS.—Drs. W. Hanbridge, M.D. (Trinity), and W. H. Oliphant, M.D. (Toronto), have received the license of King's and Queen's College, Dublin.

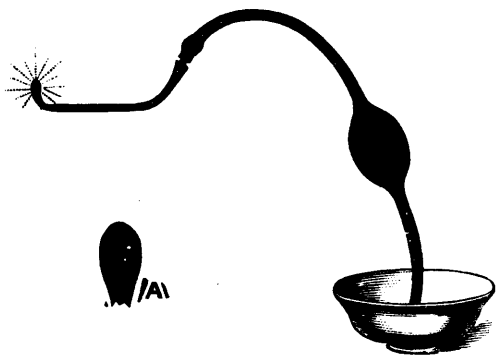
REMOVALS.—Dr. J. W. Ray has removed from Dunsford to Cambray, Ont. Dr. Holmes, of Toronto, has removed to Brussels.

CORONER.—Dr. Henry E. Gillmor has been appointed coroner for the city and county of St. John, N. B.

The death of Dr. Hilton Fagge, at the early age of 46 years, is announced in our British exchanges.

New Instruments.

DR. RYERSON'S IMPROVED NASAL DOUCHE.—The advantages claimed for the improved douche are as follows:



1. It can be used for douching the nasal passages both from the posterior and anterior openings. The latter is used by detaching the injector from the hard rubber post-nasal piece.

2. When the douche is once in place posteriorly it is not necessary to remove it until the amount of fluid necessary has been used. With the ordinary post-nasal douches the instrument must be reintroduced for each bulbful.

3. Owing to the upward curve of the external portion of the post-nasal tube, the hands are removed out of the way of the returning fluid. Most douches curve downward and the fluid frequently runs up the sleeve.

4. Being made of English black rubber, of good quality, it lasts well, as it is not so easily destroyed by solutions as is white rubber.

Made at Dr. Ryerson's suggestion by Stevens & Son, London and Toronto. The douches have been in use for 18 months and have answered the requirements exceedingly well.

Books and Pamphlets.

INSANITY CONSIDERED IN ITS MEDICO-LEGAL RELATIONS, by J. R. Buckham, A.M., M.D., Flint, Mich. Philadelphia: J. B. Lippincott & Co. London, 16 Southampton-st., Strand, pp. 250.

The object the author had before him in preparing this most excellent work was to draw attention to the uncertainty of verdicts in insanity trials, and the more prominent causes of that uncertainty. The author points out the absurdity of many of the decisions of the courts of law, and shows that the rulings have been as various as the forms of insanity itself. He treats of expert testimony in a way which is not only just and impartial, but also rational and comprehensive. Experts in insanity, he very properly maintains, are those only who have devoted a life-time to the study and investigation of this subject, and that physicians in general have no claim whatever to be considered experts. In this position we believe the author is perfectly correct, and fully justified in his proposition that the giving of expert testimony in insanity cases should either be put upon some rational basis, or entirely abandoned. He recommends that only skilled men should be appointed as superintendents of asylums, and only those so qualified, who have been in the active discharge of the duties of such positions, for a period of at least —— years, shall be eligible to testify as experts in insanity in any court. They shall give testimony when required as a part of their duty, without remuneration as witnesses. The expert should be considered as *amicus curiæ*, and as such, should be subpœnaed not on behalf of "the defence" or "the prosecution", but on behalf of the court. The author also justly attaches great importance to the opportunity of observing the supposed lunatic for a sufficient length of time, and particularly when the subject considers himself free from observation. The above plan, under certain modifications, which experience would suggest, seems to us to afford the ground-work of a most necessary medico-legal reform. We heartily commend the work to the attention of our readers.

THE TREATMENT OF WOUNDS. By Louis S. Pilcher, A.M., M.D., Member of the New York Surgical Society. New York: Wm. Wood & Co. 1883.

This work of 378 pages deals in a very practical way with the treatment of wounds. The first two chapters treat of wounds in general, repair, etc. Chapter III. treats of "The Relations of Micro-organisms to Wound Disturbances." Chapter IV., "Asepsis and Antiseptics—Wound Cleanliness." Chapter V., "Wound Disinfection—Antiseptics," etc., etc. As a germicide the author gives special prominence to corrosive sublimate, and states that a solution of the strength of one to 500 is a harmless dressing for wounds. With regard to abdominal wounds involving the viscera, he states that "the duty of the surgeon is *clearly* to enlarge the opening in the abdominal wall, or to make a new one in a more favorable location, sufficiently to admit of examination of the viscera in the track of the wound, to detect and ligate bleeding vessels,

to suture intestinal rents, and to thoroughly cleanse the peritoneal cavity of extravasated matters."

MANUAL OF PATHOLOGY. By Joseph Coats, M.D., Lecturer on Pathology in the Western Infirmary, Glasgow, etc.; with 339 Illustrations. Philadelphia: H. C. Lea's Son & Co. Toronto: Vannevar & Co.

The scope of the work before us is somewhat more extensive than that of most works on the subject, including as it does both pathological anatomy and general pathology, while most works are limited to one or other of these subjects. As the author has been engaged in teaching, and in practical work connected with these subjects for the past fourteen years, the work cannot fail coming from such an authority as Dr. Coats, to be of scientific and practical value to all students of pathology, old and young. The work supplies a real want, long felt, and the profession are under the deepest obligation to the author for having under taken the publication of this most excellent manual. The work is divided into two parts. The first part deals with general diseases, and treats exhaustively affections of the circulation of the blood, inflammation, and the various tissue changes wrought by diseased conditions of a general character. The second part takes up, also very fully, the diseases of special organs and system. Such a book was needed at this time, when pathology is making such strides, and the subject is perhaps one of the most interesting, and certainly one of the most useful departments of study. We heartily commend the book to our readers who desire to be abreast of the day in pathological knowledge.

MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA. Published by the Illinois Board of Health, 1883.

This work is the outcome of steps which were taken by the Board to determine the good standing of medical colleges in the United States and Canada; a college directory of each State is given, and also a list of colleges not recognized by the Board. In a summary given at the end of the directory, the total number of medical men in the United States and Canada is stated at 90,410, which gives a proportion to population of about 1 to 600—the number of physicians in Canada being 3,487, proportion to population 1 to 1,112. The Medical Act in force in the different provinces in Canada and the States of the Union are given in detail. The work will therefore prove very useful for reference by members of the profession interested in such matters. Our friends of the Women's Medical College, Toronto, will be a little worried to find their college set down as (Homœopathic).

CHEMISTRY, GENERAL, MEDICAL AND PHARMACEUTICAL, by John Attfield, F.R.S., Prof of Practical Chemistry to the Pharmaceutical Society of Great Britain. Tenth edition, revised by the author. Philadelphia: H. C Lea's Son & Co. Toronto: Vannevar & Co.

This work is so well and favourably known as not to require more than a mere passing notice at our hands. The present edition contains such alterations and editions as seemed necessary for the demonstration of the latest developments of chemical principles, and the latest application of chemistry in pharmacy. It includes the chemistry of the United States pharmacopœia, and nearly all of the chemistry of the British and Indian pharmacopœias. The index contains eight thousand references.

THE PHYSICIAN'S POCKET DAY-BOOK for 1884, by C. Henri Leonard, M.A., M.D., Detroit, Mich. Price, $1.00.

This is the smallest and most compact list published. It is arranged so as to record the daily visits to twenty or forty patients per week, besides obstetrical record, monthly memoranda, cash acct, etc. It is very light, of convenient size to carry in the pocket, and is not encumbered with memoranda, tables, etc., which every well-informed physician should have at command.

THE MEDICAL RECORD VISITING LIST for 1884, by Wm. Wood & Co., New York. Price, $1.50.

This is the handsomest physician's list in the market. It is also of convenient size, all unnecessary text having been omitted in order to make it more compact and concise. It is arranged for 30 or 60 patients, and the ruling under the various headings will be found most convenient and practical.

Births, Marriages and Deaths.

In this city, on the 15th ult., Dr. A. A. Riddel, aged 64 years.

In this city, on the 16th ult., Dr. J. H. Hughes, aged 45 years.

At Bridgewater, Ont., on the 21st September, D. A. Johnston, M.D., aged 26 years.

On the 25th ult., Dr. T. Beatty, of Lambton Mills, aged 57 years.