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MANITOBA, NORTHWEST & BRITISH COLUMBIA

"LANCET."

A Journal of universal Medicine, Physiology, Surgery, Chemistry, Medical Literature, and Scientifi News.

PUBLISHED MONTHLY. SUBSCRIPTION, $2 PER ANNUM IN ADVANCE.

VOL. 1. JUNE, 1888. No. 11.

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MANITOBA,
Northwest and British Columbia
Lancet.

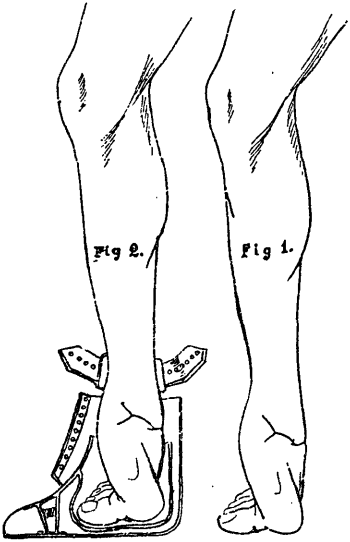
A Monthly Journal of Medicine, Surgery, Chemistry and Scientific News.

WINNIPEG, JUNE, 1888.

A CASE OF OSTEO-PLASTIC RESECTION OF THE FOOT BY THE METHOD OF MICKULICZ.

BY SIR WILLIAM MACCORMAC, F.R.C.S.

Surgeon, St. Thomas' Hospital.



The lad whose case I wish to bring before the Society this evening is now 16 years old. On March 12th, 1887, I performed the operation introduced by Mickulicz, of Prague, and Waldimiroff, of Kasan. So far as I know it has not been previously performed in England, and as now more than a year has elapsed since the date of the operation, the Fellows of the Society will be able to estimate the amount of usefulness attained in the limb. The notes were taken by Mr. C. H. James, dresser of the case.

W. B., aged 15, a clerk, greatly emaciated, with a pasty face and dull, suffering expression, was admitted into St. Thomas's Hospital, January 29th, 1887. There is no history of phthisis, and both parents are alive and well. Six months before the boy fell down stairs and sprained his left ankle. He was treated as an out patient with strapping and plaster-of-Paris splints without improvement. One abscess had formed behind the inner malleolus, which was opened, and another in the sole of the foot. The swelling was very prominent on each side of the tendo Achilles. The sinuses led down to diseased bone, and it was evident the joint between the astragalus and os calcis was extensively diseased. Two further abscesses presently formed, and the general condition of the patient became much worse. There was now evidence that disease was beginning in the ankle-joint. The parents very reluctantly consented to an operation, stipulating, however, that the foot must not be amputated. The soft parts covering the heel were much infiltrated and riddled with sinuses, but considering the disease to be limited to the os calcis and astragalus, and involving secondarily the joints adjacent, it was decided to perform the following operation:

The patient was placed in the prone position. If it be the right foot, the knife is introduced on the inner border of the foot just in front of the scaphoid tubercle, and a transverse incision extending to the bone is made across the sole of the foot to a point a little behind the tuberosity of the fifth metatarsal bone. On the left foot the direction of this incision will, of course, be reversed.

From the inner and outer extremities of the wound incisions are prolonged up-

wards and backwards over the corresponding malleolus and their extremities, united by a transverse cut across the back of the leg, made down to the bone, at the level at which it is to be sawn, usually immediately above the joint surface of the tibia. In cases where a larger removal of the tibia and fibula is required, the lateral incisions must be more oblique, and the posterior transverse cut made at a higher level.

The ankle-joint is now opened from behind, the disarticulation completed, and, after flexing the foot, the soft parts are carefully separated in front until the medio-tarsal joint is reached, where disarticulation is affected, as in Chopart's operation. The heel portion of the foot —consisting of the astragalus, os calcis, and the soft parts covering them—is thus removed. The articular surfaces of the tibia and fibula, with the malleoli, are now sawn off, as well as those of the cuboid and scaphoid bones. The anterior portion of the foot remains connected with the leg by a loose bridge of soft parts. The blood supply appears to be ample, for almost directly after the operation blood issued freely from the distal ends of the plantar arteries.

All hæmorrhage having been arrested, the foot was brought into a straight line with the leg, and the cut surfaces of bone were sutured together with kangaroo tendon. The attempt to discover and unite the divided ends of the posterior tibial nerve failed on account of the sodden condition of the soft parts. Suitable dressings and a plaster-of-Paris splint were applied, the toes being brought into a position of complete dorsal flexion.

I need not detail the after treatment; the boy made an excellent recovery, and a firm bony union eventually took place. Sensibility began to return in the sole of the foot in about a month, and this gradually became more complete. In December the boy returned to the hospital to be fitted for the boot he now wears. (Fig. 2.) He can stand or walk with ease and comfort. The left limb is half an inch longer than the right. The sensibility of the left foot appears to be perfect, showing that the divided nerve must have united. The toes are mobile. I regarded such a result as this, obtained under very unfavorable circumstances, as an exceedingly satisfactory proof of the utility of the operation.

Waldimiroff, of Kansan, in 1872, appears to have been the first to perform the operation, but Mickulicz first published an account of it in Langenbeck's *Archiv*, 1881.

The functional result, as I think this case will show, is an admirable one An artificial *pes equinus* is procured, the object being to preserve the toes and metatarsal bones, which are sacrificed in other amputations of the foot; these are brought into a straight line with the leg, and the toes bent at a right angle, so that the patient walks on the ends of the metatarsal bones, covered by the thick pads of tissue which invest them. A broader surface of support is provided than is afforded after either Syme's or Pirogoff's amputation, and there is some elasticity of foot left. In ordinary cases the limb will be longer by nearly an inch, which can be readily compensated for by a thicker sole on the other boot.

As regards indications, it may be at once conceded that the operation will prove better adapted to cases of injury—gunshot injury more especially—than for those of disease. My experience of this case, however, would tempt me to adopt the procedure again in any case where the bones in the heel and soft parts covering them were extensively damaged or diseased, the anterior half of the foot remaining healthy.

The patient, when shown to the Medical Society, walked with the greatest facility up and down the room, both with and without the boot. There was perfect union at the line of section, and he was evidently very proud of his power to walk so well, and with such ease.

RESIDENCE IN HIGH ALTITUDES IN CONSUMPTIVE CASES.

Dr. Theodore Williams, of London, has arrived at the following conclusions:—

1. That prolonged residence at high altitudes produces great improvement in the majority of consumptive patients, and

complete arrest of the disease in a considerable proportion, such arrests being in a more or less degree permanent. 2. That in order to secure these advantages patients must be free from pyrexia and all acute symptoms, and must possess sufficient lung surface to adequately carry on the process of respiration in the rarefied atmosphere. 3. That the influence of the climate seems to promote a change in the lungs, either of a curative or destructive character, and to oppose quiescence. 4. That residence at high altitudes causes enlargement of the thorax, hypertrophy of the healthy lung tissue, and the development of plumonary emphysema around the tubercular lesions, and that this expansion of the chest is accompanied by diminution of the pulse and respiration rate. 5. That it is probable that the arrest of consumptive disease is partly owing to the pressure exercised on the tubercular masses by the increasing bulk of the surrounding tissue. 6. That the above local changes are accompanied by general improvement shown in the cessation of all symptoms, and the gain of weight, colour, and of muscular, respiratory, and circulatory power. 7. That consumptives of both sexes benefit equally by mountain residence, but that the age of the patient exercises considerable influence on the result. 8. That the high-altitude treatment seems to be specially adapted in cases where heredity and family predisposition are present. 9. That the climate is useful in cases of hæmorrhagic phthisis, and that hæmoptysis is of rare occurrence at the mountain stations. 10. That mountain climates are most effective in arresting phthisis when the disease is of recent date. but they are also beneficial in cases of longer standing. 11. That the special effects of high-altitude residence on the healthy and sick are common to all mountain ranges of elevations of 5,000 feet and upwards. 12. That to insure the full advantages of high-altitude residence a period of at least six months is necessary in the majority of consumptives. In cases of long-standing and extensive lesions one or two years are often requisite to produce arrest of the disease. 13. That, in addition to the above examples, mountain climates are beneficial in (1) cases of imperfect thoracic and plumonary development; (2) chronic pneumonia without bronchiectasis; (3) chronic pleurisy, where the lung does not expand after removal of the fluid; (4) spasmodic asthma, without much emphysema; and (5) anæmia. That they are contra-indicated in the following conditions: (1) Phthisis with double cavities, with or without pyrexia; (2) cases of phthisis where the plumonary area at low levels hardly suffices for respiratory purposes; (3) catarrhal phthisis; (4) erethitic phthisis, or phthisis where there is great irritability of the nervous system; (5) emphysema; (6) chronic bronchitis and bronchiectasis: (7) disease of the heart and greater vessels; (8) affections of the brain and spinal cord, and conditions of hypersensibility of the nervous system; and (9) where the patients are of advanced age, and where they are too feeble to take exercise.

A NOVEL EXTENSION OF THE USES OF COCAINE.

BY E. HURRY FENWICK, F.R.C.S.,

Assistant Surgeon to the London Hospital, Surgeon (out-patients) to St. Peter's Hospital for Urinary Disease.

The use of cocaine has been hitherto restricted to the production of *local* anæsthesia. Its anæsthetic property is too well known and appreciated to tolerate even a passing reference. Other local anæsthetics are, however, making their way to the front, such as kavin, kandol, erythrophlœum (?) (Sassy). It is wise, therefore, to ask ourselves if cocaine is possessed of other powers besides those which render it of topical value. After a large routine experience of the drug, I do not hesitate to answer that question in the affimative, and to assert that its capabilities have not been justly estimated. I have used it as a therapeutic, diagnostic, and prophylactic agent for three years, and I now wish to place it in these, and I believe novel, aspects before the profession.

My first grasp of its greater capacity was due to an accident. Soon after the introduction of the alkaloid a gentleman came to me from Servia com-

plaining of constant pain in his face, limbs, and urethra. The urethral pain had existed for five years, and was consequent upon an attack of gonorrhœa. The patient was a well-built athletic man of forty. He had had several severe attacks of malaria. His knee jerks were excessive, and his pupils unequal. He had a frequent desire to vomit, and complained of pins-and-needles sensations in his limbs, which he described as "feeling like small grains of glass fixed in his muscles." He had lost all sexual power. There was no swaying gait, and no residual urine. Believing that his nervous system was thoroughly demoralised by malaria, and that under these circumstances a urethral granulation might have induced and augmented the continual neuralgia he was suffering from, I proceeded to pass an endoscope and examine his urethra. Before doing so I applied, in the ordinary routine fashion, a few drops of a 20 per cent. solution of cocaine to the canal. In about 60 seconds he exclaimed that the neuralgia in his face and limbs was leaving him, and in 120 seconds he was completely free from the pain, which he assured me had been so constant a source of anxiety as to cause him to resign an important and lucrative official position. I found a granulation patch (?), and cauterised it lightly. He rapidly recovered, and, I believe, returned to Servia in anticipation of the then approaching war.

The question that was thus forced upon me was this: Are we able to reduce pain in any part of the body by means of a topical application of cocaine to an absorbant mucous membrane like the urethra? To obtain a perfectly unbiased answer I examined the effect of cocaine upon a large series of decapitated frogs, taking them in spring, summer, autumn, and winter; for, as it is well known, their reflex excitabilities vary according to the period of the year. The frogs were decapitated and their toes dipped into a standard solution of sulphuric acid (2 in 1000, Turck). The length of time elapsing before the leg was twitched out of the fluid, and protective movements were made, was noted. Usually this reflex excitability is manifested in ·008 to ·015 seconds. A few drops of a 20 per cent. solution of cocaine were now gently thrown into the cloaca so as to inject the bladder and rectum, and the leg was again dipped into the standard solution. The reflex excitability was found to be greatly diminished. Thus the leg was not withdrawn until after 20, 30, 60, or even more seconds. After many control experiments I concluded that cocaine was possessed of considerable reflex inhibitory powers. I now worked with stronger acid solutions, and found that cocaine exerted less and less inhibitory control as the strength of the acid solution was increased—i.e., as the stimulus increased. Thus, the leg was almost *immediately* twitched out of a 1 per cent. solution of sulphuric acid, although a vesico-rectal injection of a 20 per cent. solution of cocaine had been administered. With stronger solutions it was evident that cocaine could not prevent the consciousness of the spinal cord nor repress the manifestation of reflex excitability. My conclusions and indications for clinical research were therefore as follows:— 1. The application of cocaine temporarily abolishes the consciousness of *weak* stimuli, such as would correspond to slight nerve irritations, neuralgias, &c. 2. The application of cocaine has no power whatever over stronger stimuli, such as would correspond to the pain of carcinoma, inflammation, &c.

I now returned to my clinical field and treated over a hundred cases of neuralgia pains in various parts of the body. In all cases in which the pain was slight and the causes trivial, a freedom from pain was produced in from 30 to 180 seconds by the injection of a few drops of a 20 per cent. solution of cocaine in the urethra. The following are picked illustrations.

CASE 1.—A man entered the out-patient department with a wry neck. Although his discomfort was evidently great, yet he suffered but little if he kept his head resting on his right shoulder. Directly he attempted to bring his head to its proper vertical position severe clonic spasms were induced in the muscles of the face and neck, and he shouted with pain. He stated that he had been forced for three months to sleep propped up in

bed, because his wry neck prevented him taking rest in the recumbent position. I examined him very carefully to eliminate bone disease, and finally diagnosed a rheumatic affection of the muscles. Without any explanation, I injected into the urethra thirty drops of a 20 per cent. solution of cocaine and watched the effect upon the wry neck. For 20 seconds there was no change. After 40 seconds the stiffness and the cramp began to leave him. In 60 seconds he was rotating his head excitedly, but with perfect ease and without pain. The relief was complete for some hours. Soda salicylate, potassium iodide, and embrocations relieved him permanently in three or four weeks.

CASE 2.—An educated man, aged sixty-eight, came to me complaining of a severe burning and stinging pain along the course of the left second intercostal nerve, passing from spine to sternum and along the left arm. There were scars of a recent herpes zoster in these positions. A urethral injection of twenty drops of a 20 per cent. solution of cocaine entirely removed the pain in 30 seconds. Complete relief was thus obtained for some hours, and permanent relief after a fortnight's administration of soda salicylate.

CASE 3.—W. S——, aged thirty-eight, married, nine children, came complaining that he had been "suffering" from (worried by ?) a burning pain in his glans penis and legs for seven years. He had no syphilis, ataxia, malaria, or vesico-urethal diease. Some relief was obtained from a mixture of potassium bromide and valerian. I then lost sight of him for months. One day he appeared limping, and in evident pain. He stated that for three months the pain in his calves, ankles, and insteps had increased. "Sometimes," said he, "it is the left leg, sometimes the right, now it is both, and I can hardly hobble for pain." I injected thirty minims of a 20 per cent. solution of cocaine into his urethra, and in 90 seconds he was stepping lightly up and down the room. Relief was obtained for some hours, with subsequent recovery.

But there are cases in which the pain is due to some direct and severe source of irritation, and in these cocaine fails absolutely. The following are examples :—

CASE 1.—A patient with carcinoma of cervical glands, and suffering acute pain, experienced no relief from a urethral injection of cocaine.

CASE 2.—Pain from the passage of a spiculated renal calculus. Relief was obtained for one minute by means of a cocaine injection ; "then an increase (?) of pain" was experienced.

CASE 3.—Pain due to carcinoma of the prostate. A cocaine injection into the urethra gave slight relief for a minute, "then increased (?) the pain."

We have therefore a clinical corroboration of the physiological results of a cocaine application. We may formulate the matter thus : If pain in any part of the body be due to a *slight* nerve irritation of an unimportant character, a cocaine injection into the urethra will rapidly relieve it. If, on the contrary, the pain is due to severe nerve irritation, a cocaine injection will not relieve it. I ' used it largely in the diagnosis of ..ary diseases. For instance, in cases of renal pain, if a urethral injection of a 20 per cent. solution of cocaine immediately relieves a pain in the kidneys, I diagnose a transient or unimportant cause for that pain, such as congestion, uratic urine or grit, colonic pressure, etc. If, however, the renal pain is uninfluenced by such an injection, I give a more guarded prognosis, and this has been several times verified by the subsequent passage of small stone, or, as in one case, by the development of a renal carcinnoa. There are also various vesico urethral diseases in which cocaine thus used has proved of diagnostic value, as in glans pain, urethral pain, suprapubic pain, etc. Lastly, there is every reason to believe that it will prove of value as a prophylactic agent in warding off, by inhibition, the untoward effects of reflex renal flooding after operations upon the bladder and urethra. I have used the drug with this object for a couple of years, and I hope soon to be able to bring forward physiological as well as clinical evidence upon this point.

SCHULTZE'S TREATMENT FOR INFANTILE ASPHYXIA.

First the finger is passed into the

child's mouth, and the mucus removed as far as possible. The child is then placed on its back, and the operator's hands are put under its back so that they lie at each side of the spine, the fingers in the direction of the child's lower extremities, and its head resting, or partially resting, between the ulnar sides of the operator's hands. The index fingers are then passed underneath the axillæ from behind forwards, the remaining fingers continuing to support the back. The operator now stands up, allowing the child to hang with its feet downwards. The child is now swung upwards so as to cause the legs to fall over the body, and the thorax to be compressed by the thumbs, and then after an interval the legs are swung back to the original position so that the child will be as it were in the vertical or standing position whence it is again hoisted to the second position. This movement is repeated eight or ten times, and then the child is placed in a warm bath for a few minutes, during which time any mucus that has collected in the larynx is removed by aspiration through a catheter. Care should be taken not to jerk the child during the movements, lest some of the viscera be injured

COCAINE IN LITHOTRITY.

In a case in which an attempt to perform lithotrity proved futile on account of the extreme irritability of the bladder and the prostrate condition of the patient, Dr. Phelip injected into the bladder sixteen grains of cocaine dissolved in twelve fluid ounces of water at a suitable temperature. After a few minutes, during which the patient was moved into different positions to ensure the anæsthetic coming into contact with all parts of the wall of the bladder, it was found possible to proceed. The patient felt no pain whatever, and the surgeon was enabled to do his work quietly and completely. The experiment, having proved so successful, was repeated on five subsequent occasions with the same happy result. It was noticed, however, that the effect produced by the last two injections was less marked and did not last as long as after the others. No untoward symptoms followed at any time, but it is recommended to adapt the dose of the drug to the degree of vesical irritation and never to use the higher strength before trying the effect of a weaker one.

ABDOMINAL SECTION ON A NEWBORN CHILD.

Dr. Dunlap, of Springfield, Ohio, attended on October 2nd, 1887, at the birth of a healthy female child. There was a large umbilical hernia, which included the intestinal canal from close below the duodenum to the sigmoid flexure and the great omentum. The sac was formed by the tissues of the umbilical cord; its neck was so narrow that the hernia was irreducible. Dr. Dunlap therefore enlarged the neck of the sac by incision. A fresh difficulty was then encountered. Owing to the absence of the intestines from their normal position, the abdominal cavity was so contracted that they still could not be properly reduced. "I therefore," writes Dr. Dunlap, "made an opening commencing in the umbilicus, running up two inches, and then began stretching the walls of the abdomen with my fingers; then catching portions of the bowels and forcing them down into the cavity, while assistants, with hooks passed through the cut edges of the walls of the abdomen, held them firmly up. In about twenty minutes I succeeded in forcing them in and closing the wound with five sutures and ligatures to the cord close up to the natural skin." No anæsthetic was used. The child neither struggled nor screamed, nor did any signs of shock follow the operation. A small teaspoonful of castor oil was given, and the bowels afterwards acted freely. Ten days later, when Dr. Dunlap read the case before the Medical Society of the District of Columbia, the child was suckling and sleeping well, the stitches were out, and the cord was separating in a satisfactory manner. The earliest age at which ovariotomy has ever been performed is one year and a half, on patients at which tender period of their existence Dr. Schwartz and Dr. Kuster have successfully operated.—*Journal American Medical Association.*

A CASE OF PUERPERAL CONVULSIONS TREATED BY CHLOROFORM.

On November 23rd, 1887, I was called to see Mrs. G., a young woman about eight months advanced in pregnancy for the first time. She was then in an unconscious condition, having just had a convulsion. She had great œdema of the lower extremities, and passed only a small quantity of blood-stained urine. I went home and fetched some chloroform, and during the time I was gone she had a convulsion about every hour, and stronger than the one before. I at once commenced giving inhalations of chloroform (6 P.M.), not heavily, except when a fit threatened, at which time I gave it freely. She had a strong convulsion at 6:30, the right side being chiefly affected, but the convulsion was cut short by increasing the chloroform. From 6 P.M. to 10 P.M., I kept her under chloroform, only the above mentioned convulsion taking place. At 10 I went home for some more chloroform, and whilst gone she had a convulsion. From 10.30 to 4.30 I gave chloroform without intermission, at which time the child (stillborn) having been born I ceased, there having been no convulsion in that time, nor after I ceased giving it.

When I stopped the inhalation the patient was quite unconscious, and she continued in that state the rest of that night, all next day, and the following night, and recovered conciousness the second morning after the attack. She made a good recovery under ordinary treatment, and is now quite well.

I think this case interesting, from the ready manner in which the chloroform stopped the convulsions, the length of time the patient was under the anæsthetic, namely, ten hours, and the time she was totally unconscious, namely, about forty hours.—B. POPE BARTLETT, M. R. C. S. Bourton, Dorset.

TETANUS AFTER MISCARRIAGE.

The patient, a married woman, aged 27, was small, thin and delicate, having suffered from painful ovaries; she had had two children and four miscarriages.

On September 25th, 1887, a miscarriage at three months took place; all went well for three days, when the temperature rose to 102° F. at night; this was found to be due to the presence of a small portion of very adherent placenta, partially decomposed, in the uterus. Under chloroform it was removed, the os having to be dilated by the fingers; the temperature that evening rose to 104°, but was normal the next morning. On October 2nd, two days after its removal, stiffness of the back of the neck was complained of; next day the teeth could only be slightly separated, the masseters being hard and contracted. Spasms on drinking, slight opisthotonos, and the risus sardonicus succeeded in the order mentioned; severe and painful spasmodic contractions of the muscles of the back occurred frequently; the patient could swallow only while under the partial influence of chloroform, but later on this was impossible.

On October 4th, a severe general spasm occurred, followed by others; the temperature rose to 102°, and death soon followed. No necropsy could be obtained. Treatment: choral hydrate gr. 20 every three hours, frequent inhalation of chloroform, and nutrient enemata.—T. G. PARROTT, M. R. C. S., L. R. C. P., Loud. Aylesbnry.

INVERSION IN SUSPENDED ANIMATION FROM ANÆSTHETICS.

Dr. Julian Chisolm makes a strong argument in favor of treating suspended animation from anæsthesia by suspending the patient with the head downward, and relates several cases that recovered in his own practice under this treatment. In one case particularly, that of a child three years of age, upon whom Dr. Chisolm was operating for cancer of the left eye, the value of the practice was fully shown; three or four times the anæsthesia had to be stopped while the child was held head downwards to reanimate it; and the operation was finally finished with the

child suspended in this position so that it might be brought fully under the influence of chloroform without danger. In all, the child was suspended in the inverted position for about three-quarters of an hour.

Dr. Chisolm has used chloroform in about 10,000 cases, and without a death. He has had some cases similar to the one mentioned, but they have been revived by inversion. He never uses ether or has not used it once in the last ten years In the administration of chloroform he has certain rules: "All clothing must be loose around the neck. With adults an ounce of whiskey is given in advance, but in cases of persons under thirty years of age this cardiac stimulant is omitted, unless the patient is feeble. Chloroform is administered with the patint lying on his back, and as soon as the narcosis is induced the pillow is taken from under his head, so that he lies in an absolute horizontal position. Should snoring occur, indicating some difficulty in pharyngeal breathing, the chin is drawn forcibly upward. This elevation pulls the anterior wall of the pharynx, with the hyoid bone and the root of the tongue, forward, making for the air a clear and straight passage from the nose into the lungs. By this movement of the chin respiration becomes immediately quiet and easy. The pulling of the chin is a much more efficient and convenient means of pulling the root of the tongue forward than by pulling out the the tongue with a dressing forceps. It is not alwas easy at this stage of anæsthesis to get into the mouth, as the lower jaw-muscles may not be relaxed. A proper tongue-forceps is not often at hand, and to tear the tongue-substance with sharp-toothed and yet slipping instruments, with the soreness and swelling which subsequently follow, is an abominable practice that should be abolished. The patient's chin and your own hands are always present, and it only needs knowledge of the method to apply it, and to secure prompt and speedy relief."

The only inhaler that Dr. Chisolm uses is a towel folded in cone-form, with the apex of the cone open, so as to permit the air to mingle with the chloroform vapor. The surgeon watches the face for signs of approaching complication: "If the ears remain pink,, the heart and lungs must work properly; therefore, there is no need for feeling the pulse. Any failure on the part of either of these organs can be seen in the change of the complexion more quickly than it can be felt at the wrist." Before cocaine came into use Dr. Chisolm gave chloroform in all cataract cases, and must have given it to a large number of patients with fatty hearts. When a patient has very feeble heart-pulsation, with irregularity, he increases the amount of whiskey administered in advance of chloroform inhalation. "I consider it much the safer practice to put whiskey into the stomach, where it is ready for use when wanted, and where it can do no harm if it is not needed." In a word, in regard to the selection of cases for anæsthesia, he says: "No pathological lesion in any other parts of the body deters me from the use of chloroform should an eye-operation be required."

To return to the subject of inversion in suspended animation. Dr. Chisolm thinks, from his own experience, that many of the dead from chloroform might have been resuscitated had the surgeon immediately hung the inanimate body up by the feet, instead of "wasting time applying hypodermic injections, cold water splashings, spanking, fanning, electricity, or even attempts at artificial respiration. Do any or all these things if you will, but hang up the patient first, and that instantly, as soon as the heart and lungs fail. It is the horizontal position that is fatal in chloroform poisoning, and leads to death if the body is kept in it, as all the reports of fatal cases with chloroform show." What Dr. Chisolm says agrees perfectly with the results of Nelaton's experiments with chloroformed rats: those that, after thorough narcotization, were hung up by the tails would slowly revive, while those left lying on the table died. If after being hung up, the rat was placed on the table too soon, breathing would again cease, and the rat would die unless suspended again. When the rat was not already dead suspension was the only thing that would restore it to life.—*Ed. in the Jour. Am. Med. Assn.*

MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET.

This issue completes the first number of the Manitoba, Northwest and British Columbia Lancet and this month the first year of its existence. The paper has been carried on under considerable difficulties, owing to the dearth of local matter. The entire labor has fallen on the editor and therefore short-comings must be regarded with a lenient eye. He has endeavored up to the present with scant measure of success, to induce the medical practitioners in the cities, towns and rural districts of the province, to send in for publication any cases of interest which might come under their notice. A duty which each member owes to his profession, and one which no medical man should leave unfulfilled. The great advance of medical and surgical art is largely due to the professional press recording cases, treatment and results, which are of infinite value to the working medical man, who regards his calling as a science, fascinating in all her paths and abundantly rewarding the labors of pains-taking research. The man who takes up the profession of medicine merely as a means of gaining daily bread is, no doubt, very useful in his limited sphere. But to him, we are not addressing ourselves, but to those and in these high pressure days, they form the majority, "who desire to excel." Few cases come under treatment that something or another cannot be learned from, trifling it may be, but, as the trickling brooks form into rivers and rivers into inland seas, so the molecules of experience accumulate and when added together form a broad highway from which none need wander. No doubt our remarks have, in some cases, given umbrage. We were told when starting the journal, that our duty was to laud all existing institutions and under no circumstances to criticize their management. A role so utterly contemptible we thought it singular that any sane man of the nineteenth century could hope to get a sane man to carry it out. Any remarks that may have given offence, had no esoteric meaning, and were pointed at no particular person or persons; they were written boldly in the interest of the whole profession; striking at principle, not people; at policy, not officials. Believing the actions we criticized were adverse to professional welfare, in our strictures, we in no wise desired to infer that they were carried out other than with the very best intentions. The editor of a professional journal becomes the confidant of many diverse opinions, even among those who consider themselves in entire accord, and is, therefore, perhaps more competent to form a correct opinion on professional matters than other people could arrive at. We have, in this city, admirable institutions, and the machinery for educational advantages of which far older countries might well be proud. These have sprung into existence so rapidly that it could not be expected that the working would be perfect, and it is the duty of a journal to point out defects in any system with which the interests of the profession are connected. The formation of a Medical Society, which we announce in another column, will, we feel sure, prove the harbinger of more united action among the medical practitioners of Manitoba, and knit them closer together in the bonds of professional brotherhood. They are fast becoming an important element in the body politic and unitedly can accomplish much.

A MEETING of the medical profession was held in the Mayor's office, City Hall, on Tuesday, the 4th of June, for the purpose of forming a Medico-Chirurgical Association for the Province of Manitoba, The leading members of the profession in Winnipeg were all present. Dr. O'Donnell was elected chairman and Dr. Grain, secretary. The formation of the society was then proceeded with. The executive is to consist of a president, vice-president and secretary-treasurer, all to be chosen from resident medical practitioners in the city, with four vice-presidents, one from each of the four electoral divisions of the Province. Dr. O'Donnell was elected president, Dr. Orton 1st vice-president; Drs. Macklin, Steep, Carscaden and McDonald, for the four electoral divisions of

Marquette, Lisgar, Provencher and Selkirk. Dr. Grain was elected secretary-treasurer. The annual subscription to cover postage and writing materials, was fixed at $1 per annum, and it was decided to solicit the Mayor and Aldermen to allow a room in the City Hall for the meetings of the Society, to be held on the first Tuesday in each month. The greatest unanimity prevailed, and we congratulate the profession on the formation of a society which, if properly supported, must be of vast importance to the profession in Manitoba, whether considered in a professional or social aspect. The want of such a society has been much felt, and the argument used when "the number of medical men in the Province was far less than at present, that the then medical society fell to the ground from internal dissensions," can have no weight. No one medical man, or indeed a minority, can with impunity so act as to render the necessity of dissolving a society properly constituted on mere jealous grounds, without attaching deserved infamy to their names. The practitioner who shuns the meetings of his professional brethren and affects to regard them as useless is behind the spirit of the age, and can never hope to obtain more than passing recognition among his confreres. He may be a shining light in the contracted orbit of his own patients, but it is only the profession itself that, by its verdict, lifts a man above his fellows, and it is by intercourse with intellects equal, and often superior to, our own, that we are led to form a just estimate of ourselves, and from comparison are induced to educate to a higher standard. The miserable egotist who hugs the belief that he has nothing to learn is a cumberer in our calling, a sapless twig of a goodly tree. Twelve meetings in the year cannot tax the hardest worked members of the profession to attend, and it is the bounden duty of each one of the fellows to contribute his quota to the furtherance of those objects for which the society has been formed. The aim of electing four vice-presidents, one from each of the electoral divisions of the Province, is to induce the medical practitioners in their respective districts to form branch societies in connection with the parent society in Winnipeg, that an annual meeting of the several branches may be arranged to take place in this city, so that the many interesting cases which come under the notice of our brethren scattered over this vast country may be garnered for the general good. We regret to say we have heard some incredulous members of the profession predict the failure of this society whose birth we are now heralding. We entertain no such opinion, and believe as a green bay tree it will continue to flourish, and that the members of the medical profession of Manitoba will prove themselves not behind hand with their brethren of the rest of the world in advancing by every means in their power the interests of the profession they belong to. The eyes of the world are directed to Manitoba. Its fertile prairies and undoubted mineral wealth are beginning to attract universal attention, and the Medico-Chirurgical Society may look forward at no distant date to be in a position to invite the British Medical Association to hold their annual meeting in the capital of the Prairie Province. In view of the incalculable advantages that would accrue to Manitoba from the visit of this the most important association in the world, the Fellows may reckon on the earnest support of both the provincial and municipal governments in any endeavor they may make towards this end, a consideration which rescues the suggestion from any utopian tendency. Meanwhile let the Fellows go on as they have commenced and the future of the Society will be assured.

In the London *Lancet* of May 12 is a communication from Professor Roy Lancaster, taken from Nature, seeking further evidence of the value of darkening around the eyes for the prevention of snow blindness, as mentioned to him by Mr. Edmond Power, who experienced the benefit of this treatment during a shooting excursion in Colorado. The custom does not originate from any ceremony or ritual. During the Indian troubles in the Northwest in 1885 while acting with General Strange's column as brigade surgeon, I had a few cases of this affection, and in

conversation with an Indian guide, I learned for the first time that while on the march, if at all liable to it, the Indians invariably smeared a burnt cork or other dark substance around the orbits, and that it was a certain preventative. Being sceptical as to its alleged value, I made further inquiries and found my informant's account substantiated. I am unable to explain the *modus operandi* of its action, but the fact remains, that it is largely practised and reputedly with the greatest benefit.—ED. M.N.W. LANCET.

THE LATE EMPEROR OF GERMANY.

Germany's Kaiser has at last succumbed to the mortal disease with which he has so long and so heroically grappled. It may be readily imagined that it was acting only under a strong sense of the vast responsibilities that devolved upon him—in the exalted position he was called upon to occupy—while yet the hand of death was laid heavily upon him, that induced the deceased monarch to submit to treatment which unquestionably prolonged his sufferings without arresting the disease under which he labored. Life is sweet to all, and to one who occupied the most exalted position among mankind; one who had endeared himself in the hearts of his people, and, whose deeds as a soldier and a man, had won for him the esteem and respect of the whole world; to him, life might be considered to be especially dear, more particularly at a time when by nature's unerring law he succeeded his patriarchal parent in the government of his kingdom. Thus opening to him an opportunity for the exercise of those great talents which his past life abundantly proved would be employed for the benefit of his country and his people. Yet with all these incentives to live, who can doubt that the illustrious invalid at Charlottenburg, did not long for that rest which could alone deliver him from the pangs of disease, and yet with a patience beyond all praise, an endurance more than human, he submitted himself to his medical advisers using every available means to prolong a life which he knew to be of such value not only to his own subjects, but to the whole world. The daily papers announce that a post mortem was held which proved the disease to be cancer, the larynx being completely destroyed by it. No doubt the profession will have a minute account of the case, which is one of absorbing interest, not alone from the exalted rank of the sufferer, but from its other surroundings.

THE GUARDIANS OF WINNIPEG'S HEALTH.

Of all the outrageous pieces of flagrant jobbery perpetrated by a public board, the committee—so called—of health (?) of the Winnipeg corporation deserve the palm. They advertised in the daily papers and received some twenty-five applications, but by a hocus-pocus proceeding as unique as it is contemptible they, disregarding all aptitude and fitness for this important position ignored the parties who, at their invitation tendered for the post and pitch forked into the place one of their own aldermanic body whom they ungowned for the purpose. Mr. Polson may be a very fit man for the position of health inspector; and we do not know the names of one of the other parties who applied for it; but this manner of doing business is simply disgraceful to public men. Why advertize and give a number of persons the trouble and possibly the expense of getting recommendations and applying for the position when they know it is a bogus proceeding, that the situation is practically already filled and this advertising is merely a dodge to blind the public. If ever an Augean stable wanted a thorough cleansing it is to be found in the health stall of the pretentious structure ycelpt, the City Hall, for these gentlemen, "if we are to judge by their actions," occupying that space know as much about the duties they have undertaken to perform for the public as a cow does of sanscrit We are just entering on a season when the wail of the infant in pain and the sob of the bereaved mother will be heard and if justice were meted out the health committee would be held responsible for much of it, which may be traced to unwholesome milk, impure water and pestiferous effluvia germinated by the

decomposition of accumulated refuse, as well as from unflushed and improperly ventilated drains. That this city is in a very unsanitary condition few will have the temerity to contradict, and that this is largely due to the entire neglect of the ordinary hygienic precautions in use among most civilized communities is an equally authentic fact. There is no law or no regulation concerning the milk supply of the city—when it is now well known that typhoid, diphtheria, scarlatana and other diseases lurk in the milk can and with the lactiferous draught the germs of mortal disease enter the system. Query—Is there a dairy-man on this health committee, if so, apply the old proverb *"Ab uno disci omnes"* and want of action in this as in other matters can be readily accounted for.

CONSERVATIVE SURGERY.

Under this heading in the May issue of the journal it was erroneously stated that the operation to be performed was amputation above the ankles. We are now in a position to state that it was intended to perform a modified operation which would lead to similar results to those depicted in the cut.

MEDICO-CHIRURGICAL SOCIETY OF MANITOBA.

First meeting held on Tuesday, June 5. Dr. O'Donnell, president, in the chair.

Dr. Pennefather read a short paper soliciting from the Fellows of the Society their opinions as to therapeutic and curative agency of the various preparations which have been recently introduced, as well as their comparative value with the several drugs and preparations which have been long in use by the profession. He favorably commented on the value of cocaine, antipyrine and strophanthus, and gave the names of numerous preparations now used in Materia Medica. The evening being rather advanced, Dr. Ferguson proposed that the discussion be held over until next meeting, on the 1st Tuesday in July, when it will be taken up immediately after the adoption of the rules for the government of the Society.

THE RISKS OF A GENERAL HOSPITAL.

The question whether a general hospital can be regarded as a nuisance to a residential neighbourhood has recently been raised in the law courts, and will probably be still further investigated. Whatever the final decision may be, it is clearly the duty of every hospital to take special precautions to prevent infectious persons found in the out-patient room, either from exposing to the risk of infection other patients in the institution, or the public who may chance to meet these persons on their return home. The actual requirements for such a hospital in London are (1) telephonic communication with the central offices of the Metropolitan Asylums Board; (2) rooms set apart for the isolation of infectious cases occurring either in the out-patient department or in the wards; (3) an ambulance for the removal of those persons who are unwilling or unable to obtain admission into hospitals for infectious diseases. Many institutions have already adopted these precautions, and it is well that the attention of others should be directed by the case to which we refer to the need for following their example.—*British Medical Journal.*

COMPLICATED CASE OF OCCLUSION OF THE VAGINA.

Another instance of the rare cases in which a woman in labour is found to have complete occlusion of the vagina has been recorded by Dr. W. Zinsstag, of the Basle *Gynæcological Clinic.* The patient, a young primipara, being in labour, on being examined by her family doctor was found to have an occluded vagina. He, thinking this arose from stenosis, sent her to the clinic. When first examined there, the finger felt a narrow canal, at the end of which a sharp-edged circular fold separated it from a somewhat more extensive cavity; behind this latter cavity the fœtal head was felt through a thick septum. On inspection, it was discovered that the canal was not the vagina, but a dilated urethra, and the sharp-edged fold the sphincter of the bladder; the cavity was the bladder, and the membrane separat-

ing the finger from the fœtal head the posterior vesical wall. From the orifice of the urethra to the fourchette there stretched a strong bluish membrane, across which several veins ran. No opening capable of admitting the finest probe could be found. A somewhat similar case of persistence of the sinus urogenitalis is described by C. von Braun in his textbook. Coition must have taken place through the urethra, and some opening in the hymen must have existed, permitting the escape of the menses, which had been normal, and also allowing of the introduction of the seminal fluid. This orifice must have become closed up during pregnancy. Incisions were made in the hymen and in the perineum, and the labour was satisfactorily concluded.

MISCELLANEOUS.

YOUNG'S CIDER.—We can confidently recommend the above as a grateful and harmless beverage. Mr. Young has shown us the process of his manufactory, and when puzzling what to drink in such tropical weather as that we have lately experienced, nothing can be found more grateful to the palate than an iced draught of Young's now celebrated cider.

PELVIC CELLULITIS.—Dr. M. L. Halbert in the *Phila. Med. Times.*—The diagnosis presents difficulties. Peritonitis to a greater or less degree so often coexists, that we may make the diagnosis of pelvic inflammation, *probably* cellulitic, but this does not affect our treatment of the case in the early stages. In peritonitis the pain is likely to be sudden, sharp, agonizing and more general within the pelvis, pulse and temperature higher, more tympany and greater tenderness of the abdomen. The patient draws up both legs in peritonitis, and but one in cellulitus. In peritonitis the exudation is not always felt, and if it be, it is usually higher and more general. Hæmatocele is sudden in its onset, with symptoms of loss of blood; it is soft at first, then hardens; while in pelvic cellulitus the exudation is hard at first and then softens from suppuration. Hæmatocele is generally post-uterin, distending Douglas's cul-de-sac, crowding the uterus forward toward the symphysis pubis, while we commonly find the tumor on one side in the cellulitis.

Fibroid tumor is not accompanied by acute symptoms, and is not sensitive to touch. The tumor resulting from extra-uterine pregnancy sometimes closely resembles a cellulitic exudation in its locality, characteristics and many of the symptoms connected with its growth, but the presence of some of the ordinary signs of pregnancy would soon indicate the character of the growth. Within the year, I had a case of cellulitis accompanying or causing an abortion at two or three months, which, if the statement of the patient could be believed, closely resembled in nearly all its symptoms a case of tubal pregnancy; and in fact I thought it was a case of that nature. The patient thought herself pregnant two or three months; was seized with symptoms of abortion, such as pain, slight hemorrhage, etc. Rest and opiates did not relieve her. She continued in this condition for some *days, but not ill enough to give up and* remain in bed, having a little fever all the time. I made a vaginal examination, and greatly to my surprise, found a smooth, elastic tumor at the left and partly behind the uterus, somewhat tender to the touch, with pulsating vessels in the vaginal walls near the tumor. The uterus was displaced to the right, and I afterwards found contained the remnants of a placenta. These conditions taken together seemed to indicate very clearly, I thought, a case of tubal pregnancy, but I was mistaken, for within a few days the abscess ruptured into the rectum and discharged a large quantity of pus. It was surprising to me that so large a collection of pus could be formed with so small an amount of constitutional disturbance, there was no more trouble than we could expect from an abortion at that period.

If the patient be seen early, in the acute form, during the stage of congestion, the treatment should be prompt and thorough, with the object of arresting the disease before exudation has taken place. The patient should be put to bed and brought under the full influence of opiates, and kept there until the desired result is

attained or exudation has taken place. Absolute and continuous *rest* is the great principle to be maintained in the treatment of this as well as most other inflammations during their first stage; and I know of no agent so well adapted to meet the indications as opium in some form. Hot water by vaginal irrigation should be used persistently. It is the only means we posses for aborting an attack of cellulitis, which it will do if thoroughly employed at the beginning; but the physician must attend to this himself in order to have it done properly and efficiently. Heat should also be applied to the hypogastrium. I prefer the plan of using flannels heated by steam in an ordinary cooking steamer. In this way they can be applied as hot as the patient can bear, and are not moist enough to wet the clothing of the patient.

If our patient improves under this treatment, we *hope* we have aborted an attack of pelvic inflammation; but cannot be sure, as the disease cannot be said to exist till the stage of exudation is reached. If exudation take place, the same principle of treatment is to be pursued during the stage of effusion; relief of pain by opiates, rest, local applications of heat, now to be combined with counter-irritation by means of iodine and turpentine. I have found the use of glycerine tampons in the vagina relieve patients, from the pain caused by pressure of the exudation, and also aid in the absorption of the effusion by the exosmosis which the glycerine produces. The vaginal irritation with hot water, with perhaps the addition of salt, should be used thoroughly and persistently. Besides the local effect it materially assists in quieting nervous irritations and producing sleep. The diet of the patient should be carefully attended to, as the disease is liable to last for weeks or months if suppuration occurs, and the strength should be kept up by food of the most nutritious character. The disease may now terminate by re-absorption of the effusion, or more likely, the disease pursues its natural course and suppuration takes place, indicated by rigors and rise of temperature, and we have pelvic abscess to treat.

Latterly, interest has been more centered in the treatment of the disease when it has advanced to this stage. The same principle should guide us in the management of pelvic abscess that we would apply in the treatment of an abscess in another part of the body. I believe when pus has formed it should be evacuated as soon as possible, if it can be reached without danger to important structures. If left to nature there is danger of the pus burrowing and destroying much tissue, and also of septic infection. A strong reason for early evacuation of the pus is the danger that the disease may become chronic, or constitutional breaking down occur.

When possible, the abscess should be opened through the vagina, because the opening would then be at the most dependent portion and afford the best chance for proper drainage. This could not be so well accomplished if the opening were in the rectum, though if left to nature the discharge occurs here about as frequently as into the vagina. If the abscess be high up, the opening may be made through the abdominal wall. An anæsthetic should be given for the opening of the pelvic abscess, and if early in the case, the aspirator should be used; but if there be septic symptoms, the case has become chronic, a free incision should be made, a drainage tube introduced and the cavity be washed out with an antiseptic fluid, the opening should be kept patulous till the cavity has healed from the bottom. Where the abscess is deeply seated and cannot be safely reached from the vagina, it may be necessary to resort to abdominal section.

A SYMPTOM, characteristic with cancer of the uterus, has been announced by *Petit, Troisier, and Raymond, who found* the existence of an enlarged lymphatic gland above the left clavicle in cases of cancer of the neck of the womb.

M. PINARD treats cracked nipples with great success as follows: As soon as there are any appearance of cracks, or even tenderness, of the nipples, a compress folded in four, and steeped in boracic acid solution, three or four per cent., is applied. Oil silk is placed over the compress to prevent evaporation, over this a layer of

cotton wadding, and the whole secured by a bandage.

GLYCERINE ENEMATA.—Dr. Ludwig Novotny, physician to the Rochus Hospital in Buda-Pesth, in an article in the *Gyogyaszat* on Glycerine as a laxative, states that he has employed enemata of from half a fluid drachm to a fluid drachm of glycerine in two hundred cases of the most diverse kind, in all of which, with the exception of three or four, a good stool was produced within a few minutes. In no single case was any disagreeable spmptom observed. In about a third of the cases a second stool, not formed, like the first, but liquid, was produced about an hour later. Dr. Novotny thinks Anacker's explanation of the action of *the glycerine, as being due to its powerful* affinity for water, and the consequent production of hyperæmia, which, in a reflex manner, sets up increased peristalsis, plausible, but not entirely satisfactory; for he does not see how the formed stools and the absence of pain are to be accounted for. He has had cases of obstinate constipation which have withstood the action of the most powerful purgatives, and yet have yielded almost immediately to the glycerine treatment. He goes on to suggest that the peristaltic action is probably set up first in the colon, and subsequently in the small intestine, as evidenced by the different characters of the first and second evacuations.

SUTURE OF WOUNDED LIVER.—The *Riforma Medica*, of April 25th, states that Professor Postempski recently stitched up an incised wound of the liver. The operation, which is said to be the first of the kind ever performed, took place in the Ospedale della Consolazione at Rome on April 18th. The abdomen was opened, and the edges of the wound, which was situated in the left lobe, and which was seven centimetres in length and two in depth, were brought together with six catgut sutures, applied by means of extremely fine needles. The hæmorrhage, which had been very free, was at once checked *when the wound in* the liver-substance was close. On April 23rd, four days after the operation, the patent's temperature was normal, and he was doing well. Professor Postempski will publish the case in detail in due course.

TEA AND TEETH.—A correspondent of the *British Medical Journal* (Surgeon W. T. Black)makes the following interesting remarks on the injurious effects of tea on the teeth: "Some years since, when on duty at recruiting stations in the north of England, I took observation on the great amount of disease and loss of the teeth existing amongst the class of men offering themselves. It became a cause of rejection of itself in great numbers. As far as my inquiries went I was led to trace it to the excessive tea-drinking indulged in by the working classes in the manufacturing towns, and this went on all through *the day, whether with food or not.* In fact, instead of five o'clock tea being the invention of the upper classes, it was found to exist to an injurious extent in the working classes long before that time. Tea seems to have a peculiar tendency to cause hyperæmia in the tooth sacs, leading to inflammation and, eventually abscess of the fang, with, of course, dentralgia at every stage. Whether this special tendency was due to theine or tannin having an elective affinity for dentine it is not possible for me to say. It would be curious to know if medical men, practising in such manufacturing districts, had observed the deterioration of teeth to be coincident with tea-drinking."

SIR,—About 2,000 of the population here work in the cotton factories; they not only take strong tea at their morning, midday, and evening meals, but many of them a cup at 6 A.M. when going to their work, and numbers also carry cans of tea with them which they drink during the day, heating it on steam pipes. They almost without exception have bad teeth, many having lost nearly all their teeth at puberty, and in not a few instances the disease, whatever be its cause, appears to be hereditary, children during the period of teething losing their first teeth before *the latter ones appear. The decay begins* in or near the fangs, having no resemblance to specific disease; in fact, syphilis is almost unknown in this particular dis-

trict. I am, etc.,—E. B. FFENNELL, M. B., B.Ch.

SODIUM SULPHOBENZOATE AS AN APPLICATION TO WOUNDS is highly recommended by H. Heckel, of Marseilles, who has employed it in the Hospital, St. Mandrier, at Toulon. Stress is laid upon the fact that it is free from the occasional unpleasant effects of many other antiseptics used for the same purpose.—*N. Y. Med. Jour.*, Dec. 24, 1887.

BROMHYDRATE OF CONICINE is reported as having been used successfully in the Children's Hospital at Berne, for the treatment of tetanus and trismus. The case of a child of seven years, suffering from both affections, is reported in *Nouveaux Remedes* of January 24, 1888; the medicament was used hypodermically —two doses of 2 mgm, each at the intervals of two hours, after which the child was able to swallow liquids. The same dose was given by the mouth until three doses had been given, which lessened the spasm. On the second day, four doses were given, and on the third, three, when the trismus disappeared, and the reflex troubles diminished. This is in accord with Schultz and Binz's experiments with conicine upon animals poisoned with brucine.

FAUNA OF THE TOMB.—Concerning this interesting but not very cheerful subject, Mr. P. Megin said at the meeting of November 14, of the French Academy of Sciences: "It is generally believed that the buried cadaver is devoured by worms as in the free air, and that these worms grow spontaneously. We know, however, these so-called worms are the larvæ of insects which arise from eggs deposited upon the cadavers. They consist of diptera, coleoptera, lepidoptera, and arachnidæ, and we find that the time chosen by these organisms for the depositing of their eggs varies in accordance with the degree of decomposition undergone by the cadaver. The time varies from a few minutes, to two or even three years after death; but the period of appearance is so regular and constant for each species that we may by an examination of the debris which they leave decide upon the age of the cadavers, that is, ascertain with exactitude the time of death.—*Moniteur Scientifique*, Jan., 1888.

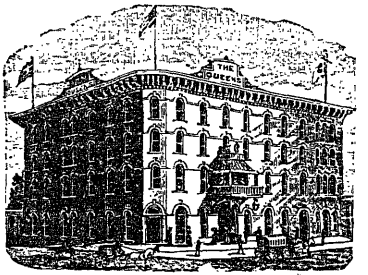
THE SPREAD OF SMALL-POX. — The manner in which small-pox is often spread is well exemplified by a story which comes from Bolton. A man who had been at a volunteer encampment was sent to his home ill. He presented himself to the borough medical officer, who found that he was suffering from severe small-pox, and sent him to the hospital. He had, however, unfortunately communicated his disease to several persons, and it was found that his wife had died a fortnight before from the same malady. An interesting part of the story is that the bedding and furniture had been sold in the district. If this be the case, it is probable that more will yet be heard of small-pox at Bolton. In all probability, the Bolton sanitary authority will have some explanation to give as to the alleged sale of the bedding, for it can hardly be expected that a town which compels notification of cases of infectious disease would allow bedding used by a small-pox patient to be subsequently sold.

OPEN-AIR TREATMENT FOR THE SICK.—The effort that was made a short time since, to secure, by means of a tent, the utmost practicable amount of open-air treatment for the Emperor of Germany affords an indication of the progress that is being made in order to secure such treatment for a large number of cases in German hospitals. The subject is dealt with at some length in an article entitled, "Notes on Modern Hospital Construction," which is contained in the current number of the *Practitioner*, where the writer, Mr. P. Gordon Smith, architect to the Local Government Board, describes, by means of illustrations and otherwise, the large balconies and verandahs in which patients in some of the German and other hospitals at times remain by day and by night for long periods during the months of May to September, both inclusive. The climate of North Germany has so many features like our own that the possibility of applying the same practice to hospital treatment in this country deserves consideration.

PARIS.—Dr. Duriez has lately published an interesting paper on a very rare accident of confinement—namely, uterine tetanus. The womb may be affected during labour in various pathological ways bearing some analogy to uterine tetanus. These are (1) uterine rheumatism, the symptoms of which are fever, with sudden pains, possibly extending beyond the womb, increased by pressure and movement; (2) puerperal tetanus, the result of infection; this resembles surgical tetanus, and is consequently accompanied by trismus, opisthotonos, etc. It is followed, after the delivery of the child, by spasms of the inner orifice of the womb, which closes, preventing the issue of the afterbirth, or affecting the womb itself, produces complete or partial hardening of the placenta. Spasm of the womb may occur in connection with confinement, and is characterised by its sudden contraction, or of its neck, when the latter becomes rigid. If the spasm continues, then it is caused by uterine tetanus, which is simply a permanent contraction of the womb lasting from eighteen to thirty-six hours. It may be caused by the early rupture of the membranes, by any obstacle to delivery, and by a wrong presentation of the child, especially when the shoulders present. The prognosis is absolutely fatal to the child, and is doubtful for the mother, whose safety is endangered by the long labour, and the measures necessary to assist delivery. Preventive treatment consists chiefly in rectifying a faulty presentation. In a case of tetanus, the means of allaying the spasm being uncertain and at times dangerous, if, after several attempts at version, attempted under chloroform, the delivery is not effected, it is better to have recourse at once to embryotomy. The average of deaths from this operation is about 8 in 53.

THE ROTUNDA HOSPITAL, DUBLIN—The following is an abstract of the report of the Rotunda Hospital for 1887. The gynæcological wards contain thirty beds. There were 450 patients received during the year, being an increase of 106 over the previous twelve months. It is remarkable that retro-uterine hæmatocele occurred eight times, carcinoma thirty times, and serious tubal disease only once. All the cases of carcinoma were too far advanced on admission into hospital to justify any radical operation. Nothing was left to be done except to palliate by a thorough curetting and application of Paquelin's cautery. The treatment in incomplete abortions and endometritis consists of curetting down to the muscular coat of the uterus, and injecting equal parts of the liniment and tincture of iodine. Abdominal sections were performed eight times for the removal of ovarian tumors—once to remove the ovaries in a case of uterine-fibromyoma, once to perform hysterotomy, twice for the radical cure of hernia, once for the removal of a double ovarian abscess, and once in a case of peritonitis, which proved carcinomatous; making in all 15, with 4 deaths. The uterus was curetted 105 times, including incomplete abortions 18, carcinoma 30, and endometritis 57, without any reaction following, showing that, when properly performed, this operation is entirely devoid of danger. The bimanual method of examination is practised and taught, with the patient in the dorsal position on a Schroeder chair. The uterine sound has been found most useful during the year as an aid in diagnosing many diseases of the endometrium. Schultz's pelvic diagrams are used to encourage accuracy of diagnosis, and Wyder's transparent plates as illustrations of pathological condition. Antiseptic solutions are only employed where the hands or instruments have been engaged in septic cases. For some time past irrigations of ordinary Vartry water have been employed in all ordinary operations about the uterus and vagina, such as curetting in the case of incomplete abortion, and as good results have been obtained as when solutions of carbolic acid or corrosive sublimate were used for this purpose.

PROFESSOR PETRESEN, in *Progres Med.*, recommends bryonia diocia wine as far superior to ergotine in the treatment of hemorrhage from the womb. Three hundred grains of the root are macerated for eight days in a quart of white wine. Dose, a tablespoonfull every hour until the bleeding stops.



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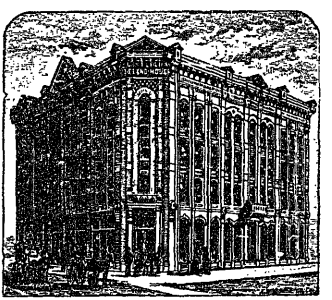

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