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Original Communications.

CAUSATION OF HIP-JOINT DISEASE.*

BY L. MACFARLANE, M.B.,

Lecturer on Orthopaedic Surgery, Toronto General Hospital, and Demonstrator of Anatomy in Toronto School of Medicine.

Gentlemen,—I propose to-night to take up the question of the causation of certain forms of joint disease, especially hip-joint disease. Rapid progress has been made both in the pathology and treatment of this form of disease during the last ten or twelve years. Notwithstanding the tenacity with which one portion of the profession adheres to the venerable teaching of the past, and the enthusiasm with which another portion declares itself in behalf of modern ideas, by far the larger number of the leading members of the profession adhere to the opinion that most cases of this class are the result of constitutional disorder, and that the joint disease is simply a local manifestation of a constitutional diathesis. The modern enquirers take exception to this theory of causation, and firmly assert that all cases arise from local causes.

You will here notice the two extremes—one claiming that the disease is entirely constitutional, the other that it is exclusively local. I must confess that I am a firm believer in the constitutional origin of the disease, and therefore will give you some of the arguments advanced by the local theorists, and then endeavor

* Delivered before the Medical Society of Toronto School of Medicine.

to answer them by taking the constitutional side of the question. Drs. Bauer and Sayre are two of the strongest advocates of the local origin of the disease on this continent. I will, therefore, first give you some of the reasons advanced by them in support of the faith that is in them.

Dr. Sayre says very many of the patients in the earlier stages of the disease have possessed all the appearances of robust health, and in all cases in which the disease has been cured by Nature's method, the patient, subsequent to the cure, has been hale and hearty. He says, I do not suppose there is a person in this room who cannot call to mind some old fellow with a shortened hip perfectly ankylosed, who yet has a ruddy face, a good, healthy complexion, and is a vigorous, robust old man. If he had had scrofula in his system it would have remained there, and when his hip had recovered the man would have been a miserable old fellow after all. The very fact of his becoming a vigorous, robust man after going through all the exhausting effects of hip-joint disease proves, in my judgment, that the disease is not of constitutional origin. The additional fact that in so many cases the joint has been excised when the patients have been apparently at the point of death, and subsequently becoming strong and vigorous, is good evidence that the disease is not constitutional. Another fact worthy of consideration is that a very large proportion of cases of the disease occur in children, while the scrofulous condition is by no means so restricted. He also goes on to show that hip-joint disease is seldom seen in infants up to the age of three

years, and that the largest proportion of cases occur between three and ten years of age. This he attributes to the fact that in infancy the child is under the care of the mother or nurse, and consequently not exposed to the same danger from accident. But, on the other hand, when the child begins to paddle its own canoe, being naturally of an inquisitive mind, it exposes itself to all kinds of danger and accident.

Let us now briefly consider the arguments here set forth in favor of the local origin of the disease. I might reiterate Dr. Sayre's question and ask you if there is a person in this room who cannot call to mind some old man or woman with a number of large cicatrices on the neck, or other portions of the body, the result of suppurating scrofulous disease of the glands—which, in all probability, rendered the early part of their lives miserable from the constant discharge—who are now vigorous, robust old men or women. Yet I do not think any of us are prepared to say that because Nature cured those suppurating glands, and subsequently the person was restored to apparently robust health, that this is an argument against the constitutional origin of the disease. The same will apply to the old fellow with a shortened hip perfectly ankylosed, mentioned by Professor Sayre.

It is also a well-known fact that many children during early life have a very healthy, vigorous, robust appearance who subsequently show signs of scrofula, which may last for several years, and afterwards be restored to health and live to a ripe old age; yet, in my judgment, I would not consider the fact that the child being apparently healthy before the attack and after recovery was an argument against the constitutional origin of the disease. It does not necessarily follow that because a person is scrofulous and is attacked by an inflammation of one of the joints, that the case will go on from bad to worse and finally terminate in death. I am prepared to admit that the inflammation is likely to run a chronic course, and consequently be more tedious and difficult to cure than when an inflammation occurs in a similar joint in a healthy constitution. The very fact of a man becoming a vigorous, robust man after an attack of hip

disease is, to Dr. Sayre's mind, almost proof positive that it could not be constitutional. It does not necessarily follow that a person with a scrofulous cachexia cannot enjoy good health. We frequently see such persons, having an attack of inflammation of the lungs, recover rapidly and afterwards enjoy good health during the remainder of their lives. In the case of young children, I agree with Dr. S. that it is rare to see infants under three years of age suffering from hip-disease, but such does occur, and the reason he gives is in all probability correct, viz., the care taken by mothers or nurses in protecting them from falls or other accidents. In all probability if they were subjected to the same rough treatment which befalls children a few years older, the same condition would exist. We have no reason, however, to suppose that the child receiving the injury to the hip was not scrofulous, but, in my opinion, quite the contrary.

If we consider the millions of children, all over the world, who are daily and hourly receiving falls and blows which are not followed by hip-joint disease, it causes us to pause and consider how in one case the injury is followed by *morbus coxae*, and in the other there may be only a little stiffness or lameness for a few days, and then the whole trouble passes away without any ill effects. The proportion of children suffering from hip-joint disease following injuries is trivial in comparison with those receiving such injuries, therefore, to my mind, there must be something else besides the hurt to account for this peculiar form of inflammation known as *morbus coxae*. If the disease was simply the result of an injury the symptoms usually following such would manifest themselves within a very short time, say twenty-four hours; but we know that months elapse before the parents feel called upon to consult a surgeon; the only local symptoms being for a time, for even from two to three months, a certain amount of lameness, a disinclination to play, and a worn aspect, observable only after fatigue, and perhaps, at first, unusual fatigue. Thus the child is quite free from lameness in the morning, also on those days in which he does not go out, or when he gets less running about. The limp, therefore, may be absent for a week or so and

then return to remain permanent, perhaps again to intermit. If the child is questioned as to pain the answer is usually given that there is none. The surgeon himself in the early stage of the disease finds some difficulty in locating pain. I think you will agree with me that these are not the symptoms usually found following an injury to a joint in a healthy person.

In order to get a clear idea of the disease it is necessary that we should have some knowledge of what is meant by scrofula or struma. Billoth says it is a disposition to chronic inflammation in which the inflammatory process may lead to the development of granulation, suppuration, or caseous degeneration, or in another place we assume a scrofulous diathesis for those cases in which a slight and transient irritation of some part of the body sets up a chronic inflammatory process, which not only outlasts the irritation, but spreads or continues independently of it, which usually results in suppuration or caseation, and rarely assumes the form of a pure hyperplasia. And, in speaking of the pathological changes that take place during the course of the disease, he mentions the fact that through the progress of the plastic infiltration through the synovial membrane gradually loses its former structure; the connective tissue, filled with innumerable new cells, gradually becomes homogeneous, and from the constantly-increasing vascularization the tissue histologically exactly resembles that of granulations. In these spongy granulations small white nodules form here and there; these are sometimes like mucous tissue, sometimes they are composed chiefly of pus cells and even giant cells. The tubercular nature of these nodules found in white swelling has been long disputed; here, as in other pathological products whose origin is doubtful, inoculation has been tried; and König, by inoculating some of the fungous proliferations of joints, has induced miliary tuberculosis, while Hueter introduced isolated nodules from a synovitis fungosa into the anterior chamber of the eye of a rabbit, and this was followed by choroidal tubercle, and, after a long period of incubation, by general tuberculosis. These experiments have been repeated by many pathologists and surgeons, and there can be no doubt that most cases of so-called granular or fungous

synovitis are of tubercular nature. Now, if the experiments of König and Hueter be correct as to the possibility of producing general tuberculosis by the inoculation of those small white nodules found in the granulations, it is a strong proof, to my mind, that the disease cannot be the result simply of local causes. I do not, however, wish you to understand that all pathologists hold the views of the tubercular origin of this disease. Gurlt, of Berlin, who has had ample opportunities of studying the pathological anatomy of bone and joint diseases, says that he has not met with tubercle either in joints or bones. And Virchow considers himself justified in stating that tubercle is fully compatible with the acknowledged changes of inflammatory products. Neither of these gentlemen have, as far as I can learn, made any experiments by inoculation, and consequently their opinions will not have as much weight with me as those before mentioned. One of two things must be a fact, either the changes in the inflammatory product result in tubercle, or the elements necessary for its production existed in the system prior to the inflammation. The latter is the most likely. I might here mention a case in point. Some two years ago I had a patient under my care, in the Toronto General Hospital, suffering from hip-joint disease, and in the same institution was a brother with phthisis, and a sister with spinal curvature. We have here clear proof of the existence in the family of a strumous diathesis manifesting itself in three different forms, as phthisis, joint disease, and spinal curvature. I have no doubt that some of the gentlemen here present will take exception to my classifying scrofula and tubercles together, but I am a firm believer in one poison, if I may so express myself, being the cause of the different forms of disease mentioned. Again, I have under my care at the present time a family in which one sister died a few months ago of consumption, another is suffering from hip-joint disease, and a third confined to her bed with what I take to be a tubercular abscess of the mesenteric and pelvic lymphatic glands. In the case of the daughter suffering from hip-joint disease, I have made careful enquiry to find whether she at any period of her life had received an injury which might account for her present trouble, but I

have been unable to elicit any history of a hurt or local cause. I am, therefore, driven to the conclusion that the same diathesis exists in the three, manifesting itself in each case in different parts of the body, viz., hip, lungs, and lymphatic glands.

It may here be noted that the changes taking place during the inflammatory process differ from those in a healthy subject. In the latter the tendency is to fibrous organization, in the former to caseous degeneration, embryonic cell formation, and unhealthy degeneration, resembling very much an old ulcer with profuse granulation, without any tendency to heal. In cases of *morbus coxae* the rule is uniform tending to degeneration of all the structures in connection with the joint. Now there must be some reason for those uniform changes, and the question arises, What is it? I have no hesitation in stating that it is the strumous diathesis of the patient.

Again, the constitution becomes involved, especially in the latter stages of the complaint, when it is also not uncommon to find serious lesion of some of the internal viscera, as the lung, spleen, mesenteric glands, and the brain. The disease is essentially of a strumous nature, and can therefore occur only in persons of a strumous diathesis. The surgeon, it is true, is often told that the patient, perhaps weeks or months before the appearance of the disease, received some injury, as a blow, fall or kick, or that the affected joint had been sprained or twisted; but such information is usually little reliable, or if it did take place it probably exerted little if any influence, except as an exciting cause in developing the complaint. We might as well suppose that an injury to the chest would produce tuberculosis of the lungs, or of the head tuberculosis of the arachnoid membrane, as to suppose that an injury to the joint would produce *morbus coxae*. I am more disposed to think that exposure to cold is more likely to light up the disease than an injury, although I am ready to admit that a blow or fall may act as an exciting cause in a person with a strumous diathesis. I believe that the same causes which tend to excite pulmonary phthisis are prime factors in exciting hip-joint disease.

It is stated by some authors that rheumatism might induce this disease, but this is not at all likely, as it is well known that tuberculosis is exceedingly uncommon in rheumatic subjects, and that when disease of the joints shows itself in persons of this description it is very different from the strumous disorder under consideration.

The pathological changes observed in the bodies of those dying of strumous disease of the joints, viz., tubercles and cheesy deposits of the lungs, exhibiting the same characters as in ordinary phthisis, also extensive tubercular deposits in the peritoneum as well as brain and lymphatic glands, are strong proof of the constitutional origin of the disease. On the other hand it is certain that in some persons at least tuberculosis of the joints is a primary disease, and for a long time remains local, so that on autopsy the only tubercle found is in the joint. The question then arises, How does the tubercular virus reach the synovial membrane? It has been admitted that a contusion or a sprain often excites the disease, and Cohnheim thinks that the infection comes through the lungs or intestines, and then the virus circulates in the blood, perhaps with the corpuscles, and escapes at the point of injury, through the vessels which have become permeable from the traumatic inflammation, or in the blood which has been extravasated into the tissue. Mr. Schuller's experiments have shown the possibility of inducing fungous inflammation of the joints by very slight injuries in animals that have been made tuberculous by inhalation. The significance of fungous synovitis, ostitis, pereostitis, etc., termed local tuberculosis, is that at any time they may induce general tuberculosis. I have pretty fully entered into the arguments in favor of the constitutional origin of the disease under consideration, and, in conclusion, allow me to give some further arguments against this theory as advanced by Dr. Sayre, and then I will leave the question with you to draw your own conclusions. He says: I have, unfortunately, recorded only a small part of the cases which have fallen under my observation, but three hundred and ninety-nine cases have been fully entered upon my record, and of these two hundred and thirty-four were under the age of fifteen years, and one hundred and thirty-

four were under the age of five years. Now, it is not necessary for me to prove that adults are nearly as liable to be affected with scrofulous disease as are children, the less number of cases being due mainly to the fact that these sickly children are very liable to die before reaching adult life. If, therefore, we still adhere to the scrofulous theory, we are forced to conclude that the diathesis which in childhood develops itself in joint disease, manifests itself some other way after puberty. This I cannot believe. Childhood is the age of restless activity, and out of the hundreds of cases in which I have taken the trouble to trace their history, I have found that the immense majority—I may safely say seventy five per cent.—have occurred in the most vigorous, robust, wild, harum-scarum children—those who take their chances of danger, who run races, climb over fences, jump out of apple-trees, kick their playmates down stairs, ride down balusters, and are generally careless and reckless. On the other hand, the adult does not place himself in the position in which he can receive so many blows or falls as the active child does, and, furthermore, he immediately notices the effects of his injury, and takes precautions against its development into serious trouble. This, I believe, is the true reason why so many more cases of joint disease are seen in children than in adults.

From what has been said, you have probably already drawn the inference that I regard the disease as one almost invariably due to traumatic causes, and not dependent upon some constitutional taint. Of the three hundred and ninety-nine cases alluded to above, traumatic cause was assigned by the patient or the parent in two hundred and eighty-three, while in one hundred and sixteen cases the cause was recorded as unknown. Now, the cases in which the previous condition was bad, together with those in which it was unrecorded make up less than twenty-four per cent of the whole, and it is possible that very many of those had a traumatic origin that had been overlooked or forgotten, owing to the insidious manner in which the changes had come on. It generally requires a very close examination to find out the cause, since the disease does not usually immediately follow the injury, but often first mani-

festes itself weeks, and even months, after the accident has occurred. In conclusion, gentlemen, allow me to call your attention to the fact that Dr. Sayre has based his conclusions on ocular demonstrations, and has not advanced one argument in support of his theory from any pathological investigation made by himself. And the simple fact of his admission that weeks, and even months, elapse after the receipt of injury before the disease manifests itself, is strong proof against his own theory.

A CASE OF EXTREME HYPERTROPHY OF THE FALSE VOCAL CORDS, WITH PARTIAL UNION, THE RESULT OF A WOUND OF THE LARYNX.

BY DR. M'DONAGH, TORONTO, (FORMERLY OF GODERICH.)

K. Josefa, a Bohemian girl, seventeen years of age, presented herself in August, 1885, at the Department for Diseases of the Throat and Chest of the General Polyklinik, on account of extreme hoarseness.

In reference to her history, the patient made the following statement:—Her parents are healthy, and in the family there is no hereditary disease. The patient herself was never sick in her life. About a year and a quarter ago, while at dinner, a small piece of bone became stuck in her throat, and produced severe shooting pain, with cough and difficulty of breathing. The physician who was called in introduced an instrument of the description of a probang, but the pain was, however, not relieved; on the contrary, after this, hoarseness set in, which, together with a difficulty in swallowing, gradually increased, and the latter indeed to such a degree that the patient could not swallow anything, and suffered from severe dyspnoea. In the course of a few days a rupture took place, and a considerable quantity of pus was discharged; whereupon the difficulty of swallowing and the dyspnoea disappeared: the hoarseness, however, remained, and even increased.

When the patient came to the Polyklinik

there was complete aphonia. The examination gave the following:—Patient is medium-sized, well developed, heart and lungs quite normal, and on the whole body there was nothing abnormal or pathological to be found. The inspection of the nose and pharynx showed normal conditions, and nowhere was there a cicatrix or evidence of a wound. The examination of the larynx showed the epiglottis and posterior wall normal. The both false vocal cords were, however, very red and much thickened and swollen. In their anterior halves they were grown together, and from the middle to the point of junction of the middle and posterior thirds, where a little round prominence was visible, the free edges were so pressed together that the so-called glottis spuria was almost closed over. Of the true vocal cords there was absolutely nothing to be seen. On attempting phonation, by the approximation of the two arytaenoid cartilages, the posterior thirds of false cords were brought so together that a peculiar hoarse, almost hissing, sound was produced; whilst on inspiration the glottis presented a small triangular opening, with a normal inter-arytaenoid mucous membrane at its base, and its sides were formed by the posterior free thirds of the false cords. Inspiration and expiration were accompanied by a stenosis sound.

From the history and present condition, the diagnosis was made of hypertrophy of the false cords as a result of the injury caused by the piece of bone remaining impacted for some time, and cauterization of both cords with chromic acid was decided upon. After anæsthesia had been produced by a 10 per cent. solution of cocaine to the interior of the larynx, I applied the chromic acid on the end of a silver sound about twice a week, endeavoring each time to carry the sound as far forwards between the cords as possible and to destroy the union, which was successful.

After a few weeks' treatment, with careful applications of the caustic, the patient greeted us one day, evidently delighted, with a fairly loud "Good morning!" and I was satisfied, on examination, that the false cords stood further apart, the glottis space therefore considerably larger, and now, for the first time, the free edges of the true vocal cords were visible,

standing out from beneath the false cords. From this time forth I pencilled the false cords with a solution of iodine and iodide of potash in glycerine, by which they became so much diminished in size that, at ordinary respiration, the true cords were completely visible, and only on phonation were they covered by the false cords.

There is no doubt in this case that the swallowed piece of bone caused a wound of the false cords, which after suppuration, was followed by the bulging and partial union of them. This assumption is confirmed by the fact that suddenly, after the entrance of the foreign body into a previously healthy larynx, pain, difficulty of swallowing, cough, and hoarseness supervened; and further, after the spontaneous discharge of pus, the pain, difficulty of swallowing, and dyspnoea ceased, while the hoarseness remained and even increased.

The result of the treatment, which lasted over a period of six or seven weeks, may in this respect be considered very satisfactory.

AMPUTATION—NEUROMAS.*

BY DR. N. A. POWELL, OF TORONTO.

Some seven years ago, by the bursting of a circular saw, R. H., a young man living at the time in the County of Simcoe, had his left arm cut clean off a few inches above the elbow. At the same time several ribs were divided opening into the left pleural space, and a ragged wound was made extending over the left kidney. Re-amputation was performed at about the middle of the arm, and the wound healed, leaving a good stump. My connection with the case did not begin till some months after the accident, when he was referred to me on account of necrosis of portions of two ribs. The removal of the dead bone led in a short time to his restoration to health. Two years later he consulted me regarding a painful and tender growth which had formed upon the anterior and inner aspect of the stump. This tumor appeared to be of the size of a small almond; and so great was the suffering which it caused, that the man was unable to obtain

* Read before the Toronto Medical Society.

any sleep, and had become worn and haggard in appearance. The diagnosis of true neuroma was made, and by dissecting down to the tumor it was found that the median ulnar and internal cutaneous nerves had bulbous enlargements upon them, and that these onion-like bulbs were firmly united to each other and to the stump of the brachial artery. As the safest method I decided to divide the nerves about an inch above the tumor, and then by dry dissection to separate their enlarged portions from the cicatrized end of the artery. The wound healed promptly and the neuralgic pains were at once and completely relieved.

Two years more passed, and then the patient again presented himself with a neuroma. This was larger and more painful than the first had been, and it had formed upon the end of the musculo-spiral nerve. Removing it by operation, the relief afforded it was as marked as it had been in the first instance; and when I last saw the young man, which was in the fall of 1884, he showed no signs of a return of the trouble. Probably he had run out of nerve stems upon which to develop these somewhat rare and very interesting growths. I show you the tumors preserved in glycerine for microscopical examination. They will be examined by Dr. W. H. B. Aikins, who, we will hope, may be able to settle the point so warmly disputed, as to whether such growths are true or false neuromas. I shall expect him to find the hard masses composed of medullated and, perhaps, non-medullated nerve-fibres in bundles, as if the cut end had made an attempt at regeneration of the lost portion.

Since Billroth states that he would not trust himself to distinguish between a non-medullated nerve and a fibroma in a nerve, it will only be the presence of nerves with double contour that can make the microscopic diagnosis certain.

The sections made will certainly not show ganglionic cells, since these were found in but a single neuroma (mentioned by Woodhead), and that was in connection with a supra-renal capsule.

The Neurological Society has just been organized in London, with Dr. Hughlings Jackson, president, and Dr. Wilks and Sir J. Crichton Browne as vice-presidents.

Selections.

PREVENTION OF LACERATION OF THE PERINÆUM IN PRIMIPARÆ.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S. ENG.,

(Professor of Obstetrics and Gynecology, Trinity Medical School, Toronto, Canada).

The issue of the *British Medical Journal* for November 21st, 1885, contains an article on the above subject by Dr. David Gaussens, which deserves more than a mere passing notice. Practically, it is of great value.

For many years, I have been greatly disappointed with the means recommended for prevention of laceration of the perinæum; and, after most careful study of the subject, I came to the conclusion that the only method of any value was to prevent extension of the head from occurring, and to compel it to be born in a state of forced flexion.

In primiparæ, the vulval orifice is small and resisting, and the occiput in its descent does not reach the pubic arch (as it does in multiparæ) before extension commences; as a result of this extension, the long occipito-frontal diameter, which measures about four inches and a half, is obliged to traverse the perinæum, to be followed by the frontal-mental, which measures about three inches and a half, making in all part of a circle about eight or nine inches in length. This naturally stretches the perinæum and vulval orifice to its utmost capacity, and it is during this time that rupture is apt to occur.

To guard against this over-distension in cases where I fear laceration, after the head has reached the floor of the pelvis, and just previously to extension, I have been in the habit of applying the short forceps, and then, by carrying the handles backwards, I flex the chin on the chest, while, at the same time, gentle traction is made downwards and backwards. In this way, I deliver the occiput first, keeping the chin close to the chest; this brings the cervico-bregmatic diameter, which is but three inches and a half, through the vaginal orifice. This plan saves the perinæum one inch or more of distension. I have had the best results from this practice, and have taught it to my class of students for the past three years.

The practice as taught by Dr. Gausson I think somewhat difficult to carry out with the fingers, though he desires to obtain the same end as I here advocate. With the forceps it is easy and safe.

I think this subject one of the greatest importance, and worthy of a trial by any who may have any doubt as to its efficiency. In fact, I may say I am doubtful of the propriety of carrying the handles of the forceps forwards, as taught in the text-books, in any case.—*Brit. Med. Jour.*

METHODS OF DIAGNOSIS.*

BY LAWSON TAIT, F.R.C.S., BIRMINGHAM, ENG.

After some general remarks on the different methods of diagnosis employed by teachers and non-teachers, and some personal references, Mr. Tait said :

Let me give a few examples, such as I have been able to establish in my own belief after much search, as to how a skilled workman may do with his fingers what the inexperienced may require special tools to enable him to accomplish. In the gynæcology of twenty years ago, which was pretty much the period at which the great masters of the art left it, there still remained a survival of the battles which waged for many years concerning the speculum and the sound. The school of French gynæcology were charged with an altogether improper, and, indeed, as it was urged, a very indecent frequency in the use of the speculum. On the other hand, the English school, with Simpson at its head, was fully as often and as loudly charged with an improper use of the sound. The conclusion that I have come to concerning both of these instruments and both of these disputes is that both sides were right and both were wrong. It is perfectly impossible for any novice in the diseases of women to obtain an accurate notion as to the condition of the vaginal mucous surface of the os and cervix, and, to some extent, the interior of the uterine canal, without the constant use, I would almost say the invariable use, of the speculum. It is also quite as im-

possible for that novice to form any notion as to the position of the fundus, or the relation of the uterus with the pelvic tumor without the employment of the sound. But no practitioner of gynæcology can possibly be regarded, at least by me, as an accomplished specialist who uses either one or other of these instruments with great frequency. I have found in my own practice that just as my experience increased so did both of them become unnecessary, until, concerning the speculum, it is a fact that, unless I want to do some operation, or make some special investigation within or beyond the vaginal cavity, the speculum is never employed at all; and for the discovery of the position of the uterus and its relations the sound has almost ceased to be an advantage.

It is perfectly impossible for me to convey by any kind of description how I can tell by the touch an inflamed vaginal mucous surface from one that is healthy; neither can I describe the feeling that the everted surface of the cervix gives me, which declares the condition of chronic endometris. But I know that my educated finger-tips can make this distinction. If, on the other hand, I discover a pelvic tumor, long practice enables me to tell, with almost perfect certainty and without the use of the sound, that it is a retroverted fundus or adherent tube or ovary, or by its fading away towards the broad ligament, on one aspect of the uterus or another, that it is an intra-peritoneal hæmatocele, while the peculiar resistance of a myoma conveys to my mind an accurate impression which needs no probing of the uterus to substantiate. So a cyst reveals itself in a way I can not communicate. As a result of all this, I very rarely use the sound.

As a matter of fact, I have found that these two instruments, the speculum and the sound, as methods of diagnosis have been productive of uniformly more harm than good. That a blennorrhagic discharge from the vagina of any patient requires the introduction of a speculum is one, I am fully persuaded, of the stock beliefs of the great bulk of the general practitioners. But it is certain that nothing of the kind is requisite, and a very large amount of mischief, there can be no doubt, has been produced by this belief. It is not an unusual thing for

*Read before the Medical Society of the State of New York at its eightieth annual meeting.

me, on taking part in a consultation with the family physician concerning some such case, to be told by him that he very much regretted that he had not made an examination by the speculum. Others have told me that they made the said examination, and when asked what they saw or what they did, the answers usually given are that they did nothing, they merely made the examination; that is to say, they passed the instrument, and with that proceeding were perfectly satisfied, evidently under the belief that the passage of the speculum was quite as much a curative agent as a method of diagnosis. Similarly with the sound, I have heard many practitioners tell me of their experience with the sound, or rather their want of it, and I judged that they looked upon it as a sort of a magical charm, the introduction of which into the uterus was to achieve unmeasured good. As a matter of fact, the sound is one of the most dangerous instruments which ever was invented for the treatment of human suffering, and in my own practice obtains hardly any kind of employment at all. There is a story which is told against myself by some of my colleagues which I never hesitate to repeat, because it is the kind of accident which is liable to occur to any one, and, fortunately, the only one of its kind which ever happened to myself. It conveyed a lesson to me of which at the time I stood in need, and from which I know thousands of my professional brethren may take warning with advantage. Many years ago I was asked by the surgeon of a large general hospital with whom I was making a casual visit, to give him my opinion on the case of a young woman who had been in the hospital for some months suffering from a pelvic tumor which seemed to threaten her life. She had hectic, and was suffering, and very ill. The tumor on one side of the pelvis was apparently not quite fixed, and I gave it as my opinion that it was a collection of matter, but in what position I could not say unless she would allow me to make use of the uterine sound, which, unfortunately for myself but fortunately for the patient, I had in my coat-pocket. My friend told me I could do exactly what I thought proper. He had asked me for my opinion as a specialist, and he would not inter-

fere with any steps I thought fit to take for the purpose of furnishing him with that opinion. I immediately proceeded to use the sound, and came, quite erroneously, to the conclusion that the patient was suffering from a parametric abscess. With my friend's permission I used the sound, and it passed, as I thought, into an empty uterus fixed towards the right side, the uterus being of the normal length. Within twenty-four hours the patient miscarried of a fourth-month pregnancy, and this ended all her sufferings. She speedily recovered, and left the hospital cured in a way which nobody expected and which certainly I did not intend. All such accidents have by no means so happy an ending as mine had, and their number is immense. But few months pass without my hearing of a case in which some kind of mischief has been done in this way. The misuse of these instruments, of course, is due very much to the way in which gynecology has been taught, or rather not taught, in the medical schools of Great Britain. It is, unfortunately, a subject that is extremely difficult to teach, and therefore has hardly been taught at all. In the first place, the classes are too large, and to teach individual students, one after another, is a task which hardly any teacher would care to undertake, and certainly one to which very few of the patients in the *clientèle* would be brought to submit.

One of the most important methods of diagnosis in abdominal disease, and the first to be considered in examining any case, is inspection, and concerning this method a very great deal of nonsense has been talked. For example, Sir Spencer Wells has told us that inspection will reveal the presence or absence of adhesions; but, in my own belief, and certainly from the experience of cases in which Sir Spencer Wells himself has made the diagnosis, there is no possibility of determining by inspection, or any other method, the presence or adhesion anywhere in the case of an abdominal tumor.

A careful examination, by the eye, of the contour of an abdomen, when the patient is lying on her back with the walls of the abdomen perfectly flaccid, will reveal a good deal to the experienced practitioner. A completely

and uniformly distended abdomen may mean that the patient is suffering from peritonitis, intestinal obstruction, ascitic effusion, a parovarian tumor, an ovarian tumor, a large myoma of the uterus, or pregnancy. The process of discriminating between these various conditions may very rapidly be completed by one who is accustomed to dealing with them. Thus, peritonitis may be at once detected or eliminated by the presence or absence of the short and rapid pectoral breathing, which shows that the patient is loth to use her diaphragm. In fact, by this alone, and without any further inquiry, I have satisfied myself as to the nature of the case by a single glance. Ascitic effusion, on the other hand, is revealed at once by the absence of the pectoral breathing, by the greater flattening of the distension, by its tendency to assume a pyriform shape, the broadest diameter just above the pelvis, by the thickening of the walls due to anasarca effusion, and the presence of white lines in the skin of the flanks. If the crest of the ilium sticks out under stretched skin, the diagnosis is again almost complete without further inquiry. If, on the other hand, these subsidiary features are absent, and there be a uniform and complete distension, two conditions widely distinct may be suspected. These are parovarian cyst and hydramnios; and here again some very curious mistakes have come under my notice, some of which have had very ghastly results. Parovarian cysts after labor sometimes grow with astonishing rapidity. Hydramnios occurs always with twin pregnancies, and generally in unmarried women, who are, of course, disposed to conceal their unfortunate condition, and where inspection can not be depended upon to discriminate these cases. But inspection will help us very largely to detect pregnancy and myoma, for in these cases the distension is always greatest either at the middle of the tumor or at its upper part, differing in this way completely from ascitic distension; and here one of the most important agents of the diagnosis of abdominal diseases—palpation—comes at once to our assistance, and to the skilled fingers it ought not to take more than a few seconds to discriminate between all and any of these conditions. The percussion note, which is uni-

form in a case of peritonitis, will easily determine the condition which is present. One or two delicate touches of the fingers of one hand, while the fingers of the other lie with the most gentle lightness on the other side of the abdomen, will determine the presence of fluid, and it is in this method of palpation where the fingers of the skilled practitioner at once become visible. The inexperienced hands press firmly upon the walls, and may be seen to move to and fro in an aimless fashion, as if they intended to rock a cradle. The gentlest and tenderest touch alone will reveal what is required. A few trials of the different diameters of the abdomen will teach in as many seconds the leading features which are present: First, that there is fluid; secondly, that it is, or is not, near the surface, being contained, or not so contained, within a thin-walled cyst; thirdly, it is one cavity or not; fourthly, the probable character which it presents. The wave excited by gentle tapping is retarded or urged on by the more or less gelatinous nature of the fluid. All these conclusions can be indicated with the utmost rapidity to the skilled fingers, and it is absolutely impossible to teach how this can be, save by the constant practice of the pupil. The parovarian cyst may be diagnosed entirely from one condition—that is, hydramnios—and, partly by its thin walls, and partly by the presence of hydramnios, to which I have alluded, is very easily detected. Ascitic fluid is revealed in the same way, with the additional fact that here and there we get tympanitic percussion notes.

The large uterine myoma is defined by its firm sense of resistance and its uniformly full and pseudo-fluctuation, also by the fact that it has a smaller diameter at the base than it has at the middle or upper part. Pregnancy, the rock ahead to inexperienced practitioners, can be infallibly revealed by palpation. First of all there is fluctuation, due to the liquor amnii, and it can be easily detected, and this declares the cystic nature of the mass. If the hand be made to lie gently on the parietes for a few minutes, a rhythmical contraction of the uterus, by which at one time it is hard as a cricket-ball and at another soft as a cushion, will become perfectly apparent, and this is an infinitely more

certain sign than the fetal heart or the sound of the placental *bruit*. The fetal heart is a sound which may guide and sustain the practitioner in his conclusions; but it is so easily imitated by intestinal noises, and so difficult often to find, that it is not to be depended upon with perfect certainty. The placental souffle is probably more certain than the fetal sounds, but placental sounds are very often, in rapidly growing tumors of the uterus, so completely imitated that there is always a certain amount of doubt connected with them; but the relaxation and contraction of the uterus in pregnancy is a method of diagnosis which, when once made apparent, can never be mistaken for anything else.

In all these details the rapidity with which the practitioner will come to his conclusions will depend, of course, in the first place, upon the average rapidity of his mental acts; secondly, upon the greater or less frequency with which he is called upon to make examinations involving these details; and, thirdly, as I have pointed out, whether he be retarded in his purpose by the obligations upon him to teach others. I feel, in analyzing my own actions in this matter, that they become so habitual to me that I record my conclusions almost without considering in detail the steps by which I arrive at them, and therefore it is not with surprise I now see that my friend Dr. Vander Veer has had some kind of justification in his statement that, "apparently I gave but little time for the general examination of patients." But, perhaps, it is more in the examination of the pelvis, as I have already said, than in anything else that this apparent rapidity becomes evident, and in striking contrast it stands out with the prolonged time employed for infrequent methods of examination, such as in the stethoscopic investigation of the abdominal walls for the finding of the fetal heart.

I have, as Dr. Vander Veer has quite truly said, an unbounded confidence in the performance of abdominal sections, and I have argued again and again for the extended frequency of exploratory incisions for the purpose of securing complete accuracy of diagnosis; but, and this must never be forgotten, only on the grounds that with the completion of the diag-

nosis in this way there is, at the same time, opened out the only road for successful after-treatment. But I must ask that no one who has followed the course of my work would dream for a moment that I pass on the latest side in a difficulty of complete diagnosis to the early side of the issue by its completion in the performance of a laparotomy. To those who are opposed to my views in this matter, of course nothing is easier than to argue by means of a charge of recklessness against my new doctrine. But that such a charge is not to be justified my results can very speedily determine. That a complete and satisfactory diagnosis can ever be made, save in the simplest condition of disease of the abdomen, without an exploratory incision, I have repeatedly denied. I have said over and over again that the abdomen is a region of darkness and the man who is most sure about his diagnosis is the man who will be most frequently in error. But this does not mean, nor has one word which I have ever written been intended to mean, that every method that is possible for a correct estimate of the nature of the disease should not be exhausted before the abdomen is opened, either for the purpose of diagnosis or treatment, or both combined. Unless this doctrine be most carefully observed, mistakes of the most ghastly and fatal kind will invariably arise, and they will arise in two conditions clearly, from which, I am proud to say, my own practice is absolutely clear. The conditions of pregnancy are such as to make it perfectly certain that, to the reckless operator, they will yield an unfortunate harvest. Women who are pregnant when they ought not to be, so persistently do their utmost to lead practitioners astray, that the reckless surgeon who opens the abdomen, without having carefully exhausted all methods of diagnosis before coming to the last resource, is certain to be led into the error of opening the abdomen to find a pregnancy in the uterus. This has never happened to me. There will also occur to the reckless surgeon, some time or other, that most mysterious and troublesome of all diseases for diagnostic purposes, to which I have already alluded, hydramnios, due to the over secretion of the liquor amnii. Seven cases of this disease have passed through my hands,

and have been accurately diagnosed in every instance and successfully treated, and I can not imagine anything much more certain to be a trap for the rash and unwary than this most curious disease. The fact that every one of my cases has been recognized, and properly and successfully dealt with, is an evidence that what I am pleading for is correct.

If I may, in conclusion, take one more illustration to show how completely the results of daily practice, or what may be called rule of thumb, may triumph over the mere teaching of the schools, I would mention the much discussed bimanual method of examination. I read recently a long rigmarole of nonsense by a German, who evolved from his superabundant inner consciousness, but not from clinical experience, the conclusion that no man could properly examine the pelvis in this way unless he had the patient on her back, turned in the lithotomy position, he being placed opposite the perinaeum. In the first place, English women would not submit to such brutality, and it is wholly unnecessary. The most complete and satisfactory examination of any woman's pelvis can be made while the patient lies quietly on her left side in bed without the exposure of one square inch of her skin. Any man who requires more than this is either a pupil or a dullard.

So it is with such a special instrument as Sims's speculum. I have heard some of my American friends say that it is impossible to do any operation upon the vagina satisfactorily without it. All I can say is that I have now cured some three hundred cases of vesico-vaginal and recto-vaginal fistula, never having failed in any case nor having ever refused one, and I habitually pass the sutures with my fingertips, wholly unaided by a speculum of any kind. This may seem all very boastful to many, but my dear friend Dr. Vander Veer has drawn me into it. It may also seem incredible, but it is all true, and can be testified to by many men whose names are household words in the great land west of the Atlantic.—*N. Y. Medical Journal*.

COCAINE IN PRURITUS ANI.—Mr. Malcolm Morris, in a note on "Hydrochlorate of Cocaine in Pruritus Ani," (*Brit. Med. Journ.*,

January 24, p. 177), relates the case of a gentleman who had long suffered from this distressing complaint. A solution containing twenty per cent. of the drug, with five per cent. glycerine, was ordered to be painted over the extruded mucous membrane and neighborhood of the anus, three times at intervals of ten minutes, the parts being allowed to dry somewhat before moving after the third application. As the result, the patient slept quietly for seven hours. This method was persevered in night and morning for more than a week without any return of the pruritus; it was then omitted for two days, and the irritation returned as bad as ever, while resumption of treatment again gave relief. Dr. Cottle (*Brit. Med. Journ.*, February 7, p. 278) has tried the remedy in the following two cases: (1) A lady with extensive lichen planus and severe irritation, preventing sleep without narcotics; all usual local remedies were without benefit. A four per cent. solution of hydrochlorate of cocaine was freely and repeatedly applied to and around the spots without relief. (2) A lady with severe eczema of the limbs of long standing, the parts being red, exuding, and partially excoriated; there was most intense itching unalleviated by ordinary measures; a five per cent. ointment of hydrochlorate of cocaine in vaseline was freely and frequently applied, and rubbed in as firmly as tenderness of the skin permitted: slight diminution of the irritation followed. He thinks if it is to do good it should be dissolved in fat or oil, and the condition of parts should be such as to allow of firm rubbing in so as to favor absorption.—*Journ. of Cutaneous and Venereal Diseases*.

ACUTE FEBRILE GLYCOSURIA.—The following rather unique case was related to the last meeting of the British Medical Association by Dr. E. M. Skerrill:

The special peculiarity of the case was the association of a febrile attack, possessing no specific features, with a condition of acute glycosuria, in which the characteristic symptoms of diabetes—thirst and the excretion of a large amount of sugar-laden urine—were prominent features. The fever persisted for eleven days, and during this period the diabetic

phenomena were pronounced; and with the subsidence of the pyrexia, the sugar disappeared from the urine. As respects the exact relationship of the fever and the glycosuria in this case, inasmuch as there is no reason to believe that the excretion of sugar in itself has any tendency to excite pyrexia, this instance must be regarded as analogous to those cases of intermittent fever in which the glycosuria is directly induced by the febrile state, and where its phenomena disappear when the fever abates.—*Medical and Surgical Reporter.*

DIAGNOSIS OF PREGNANCY.—Well, now, this unmarried girl comes to us because she thinks she is pregnant, and hopes we can do something "to put it away."

"What makes you think you are pregnant?" Dr. G. asks.

"Because I have placed myself in a position to become so, and have not seen my courses for two months," the girl replies.

As a rule, we cannot swear to pregnancy until we can hear the fetal heart-sounds; but there is fair presumptive evidence if the os is soft like one's lips. When the os is as hard as your nose, you may be reasonably sure that there is no pregnancy. Once in a long while a fibroid tumor will give us a soft os or cervix, but this is very exceptional. This condition we will find as early as the end of the first month, though it becomes more marked as pregnancy is further advanced. No matter what station in society a woman may occupy, no matter how exalted her position, when we find a soft os and cervix, we have a right to suspect pregnancy. Here there is a little softening, but very little. Her abdomen is too fat to circumscribe the womb and discover whether it is enlarged, so that evidence is here lost. There is only a shade of darkness about the nipple, not as much as there ought to be in pregnancy. This woman may not be pregnant, and may be suffering only from amenorrhœa. We will give her Blaud's pill:—

Dried sulph. of iron, carb. of potas., aa 3 dr.
Glucose, q. s.

℞ Ft. pill No. xlviij.

SIG.—Two thrice daily for one week, and then increase one at each dose.

If she is not pregnant, this will bring on her menses, while if she is pregnant, it will not cause a miscarriage. Remember that a natural abortion is not very dangerous; it may be likened to a ripened apple dropping from the bough. For some reason the ovum has become detached from the womb, and it passes harmlessly away. But if you pluck a green apple, you will tear also the bough or break the stem from the fruit; so when you produce abortion, you tear the ovum from its firm adhesions to the uterus and cause lesions that may result in septicæmia.—*Dr. Wm. Goodell in Med. and Surg. Reporter—Peoria Med. Monthly.*

A PAINLESS ESCHAROTIC.—The *Med. News* tells us that Mr. C. E. Jennings has recorded in the *Lancet* two cases in which he used cocaine to alleviate pain, whilst caustics were applied to cancerous growths. One patient was aged seventy-three, and suffered from extensive scirrhus ulceration of the right breast. The surface of the ulcer was covered with rugged, irregular granulations, which bled upon pressure; the veins around the growth were much engorged, and the pain was increasing. After painting the ulcerated surface with a ten per cent. solution of hydrochlorate of cocaine, a paste was applied consisting of cocaine, potassa fusa, and vaseline. After some minutes a burning sensation was experienced; then the paste was quickly removed with the charred tissue, by means of pledgets of cotton-wool previously moistened with water. The denuded surface was again painted with cocaine solution, and the compound paste reapplied. By this means, more than a tablespoonful of cancerous growth was removed by a rapid and painless process. The next day a clean, smooth, and bloodless surface, insensitive to the touch, was presented. By this means most of the scirrhus mass was removed after a few applications. In the second case, the author destroyed a cancerous growth of the os and cervix uteri, by means of sticks of potassa fusa, and a ten per cent. solution of cocaine.—*Medical and Surgical Reporter.*

INFLUENCE OF CHLORAL ON DIGESTION.

From an article in the *Archives Ital. de Biologie*, we learn that Professors Fiumi and Favrat had the opportunity, in a man suffering from a gastric fistula and insomnia, to study the effect of chloral on digestion. Finely cut up albumen was sewed up in tiny bags, and from twenty to forty grains of chloral were administered daily in divided doses, one an hour before digestion began, another during the meal, and a third two hours later. All scientific precautions to insure a correct result were employed.

The observations extended over a period of nineteen days. Hydrate of chloral, administered in from twenty to forty grain doses before or at the beginning of a meal, retarded digestion by increasing the secretion of mucus from the stomach, and thus thickening the gastric juice. This effect increases with the height of the dose, and it is specially strong if the remedy be taken while fasting. The acidity of the juice also diminishes, but before an hour is over it has returned to its normal. The secretion of pepsin is not interfered with, either as regards quantity or quality, so that the disturbance can be ascribed only to two factors: increase of mucus by irritation, and diminution of acidity. If the remedy be administered two hours after a meal, provided the dose is not more than forty grains, no effect whatever is observed concerning any influence of the drug on gastric digestion.

The authors, besides, demonstrate the fact that chloral is absorbed but slowly by the gastric mucous membrane, for one and even two hours after its introduction most of the dose was still contained unaltered in the stomach. This explains partly the fact, that its administration by the rectum is followed by a quicker and prompter effect than when given by the stomach.—*Med. and Surg. Reporter*.

NIGHT SWEATS.—In night sweats of phthisis in which quinine, atropine, ergot, etc., fail, hypodermic injections of picrotoxine ($\frac{1}{50}$ to $\frac{1}{2}$ of a grain gradually increased) will be found to afford relief. It may also be administered by mouth.—*Peoria Med.*

PROGRESSIVE OSSIFYING MYOSITIS.—By Hummel, of Hambourg.—A child, aged 12 years, born of healthy parents, and in whom the disease started at the age of two years by a tumor in the loins, which ossified shortly after. At present the child is very thin and of stunted growth. All the muscles of the body are attacked, with the exception of those of the arm and thigh; the sterno-mastoid muscles especially are transformed into irregular cords hindering movements of the head—also the pectorales majores and the psoas. The floor of the mouth is converted into a hard mass that encircles the hyoid bone and the thyroid cartilage. In the back the great supra-spinous ligament is ossified in its whole extent, and the muscles are full of points of ossification. As in the patient of Patsch, the two great toes are microdactylic; but there is not, as in Patsch's case, increase of the salts of lime in the urine. It is clear, contrarily to what has been noticed in former cases (Langenbeck), that some of these foci of ossification start from the bones themselves. Therapeusis has always been at bay in these dystrophies.—*Berlin Klin. Woch. Lyon Medical.* R. Z.

TREATMENT OF PERFORATING ULCERS OF THE FOOT.—By FREVES.—These ulcerations are found in locomotor ataxia, sclerosis, tabes, or under the influence of causes which give rise to trophic nerve troubles. The author recommends that the sole be kept covered with poultices to soften the epidermis, which is to be pared off daily until the surface of the ulcer is exposed, when it is to be dressed with a mixture of glycerine and salicylic acid of a creamy consistence, to which a small quantity of carbolic acid is added. These applications cause slight pain and are to be renewed till the diseased parts assume the appearance of a recent wound. M. Treves' two cases were completely cured.—*L'Union Medicale*.

A NEW DIAGNOSTIC SIGN OF RHEUMATISM.—M. Hayem makes known a new sign which enables one to diagnose rheumatism even when articular lesion is absent. It is the presence of a large quantity of fibrine in the blood. Pneu-

monia and acute rheumatism are the only diseases in which this is observed; so when it is found in a patient, and pneumonia is excluded, we may be sure that he has rheumatism. In a young man with fever delirium and tympanitis, who was supposed to have enteric fever, the presence of a large quantity of fibrine in the blood enabled M. Hayem to diagnose cerebral rheumatism, and he did not hesitate to use cold baths, which were shortly followed by disappearance of cerebral symptoms and the appearance of articular lesions, which confirmed the diagnosis. The patient recovered.—*Gazette des Hôpitaux*. R. Z

TREATMENT OF INTESTINAL OBSTRUCTION BY THE FORCE-PUMP.—Dr. H. Illoway, of Cincinnati, in a paper in the January number of the *American Journal of the Medical Sciences*, advocates the employment of enemata administered with sufficient penetrating power to pass beyond the ileo-cecal valve and into the small intestines, and to produce peristaltic action. He advocates the use of the force-pump, and claims, (1) That enemata thus administered are superior to every other method of treatment in the rapidity with which they either relieve the symptoms or clearly indicate the necessity of surgical interference; (2) that they are entirely free from all danger, and in no way prejudice the case should a surgical operation become necessary.

THE "JAW-JERK."—Under this name, compounded of familiar terms, Dr. de Watteville describes in the current number of *Brain* a phenomenon analogous to the "knee-jerk" or patellar tendon reflex. As the extensor muscle of the leg when suddenly stretched contracts by a sharp tap on the tendon, so the masseter and other muscles of mastication contract when similarly excited by an extensile impulse. The latter is best imparted by applying a flat object, such as the handle of an ivory paper-knife, on the teeth on either side of the jaw, and using an ordinary percussion hammer to strike the required blow. The jaw should not be fixed by any voluntary muscular contraction, and the blow should be struck as near the teeth as pos-

sible. The short period of latency of the jaw-jerk, 0.2 of a second, is held to be another argument against the reflex nature of the tendon reaction. The jaw-jerk is exaggerated in many cases of disease, and may even pass into a regular clonus. The latter phenomenon was observed five years ago by Dr. Beevor in a case of amyotrophic lateral sclerosis, published in the current number of *Brain*. Dr. de Watteville mentions a case of hysterical spasms in which the jaw-clonus was present. Further experience alone can show what variations in the jaw-jerk are compatible with health, and determine what diagnostic value its exaggeration and abolition may possess.—*Lancet*.

COCAINE AND CHLOROFORM.—Dr. John A. Wyeth, of New York, calls attention to the peculiar liability to fatal accidents from failure of heart-action following the use of chloroform or ether as anesthetics, when the use of them has been preceded by the administration of cocaine. This should be borne in mind when operations are to be undertaken, and after unsuccessful use of cocaine recourse is had to inhalations of chloroform.—*American Prac. and News*.

ON THE ADVANTAGES OF PHYSIOLOGICAL PREPARATIONS OF IRON.—In cases of anæmia, chlorosis, essential anæmia, etc., the absorbent and digestive power of the stomach is greatly weakened, or even in abeyance, at times. In such conditions, if we give iron, we should give it in a form least onerous to the stomach, and almost immediately assimilable. Reduced iron, iron filings, or dialyzed iron become connected in the stomach into peptonates, or double albuminoidates, and it is in this form iron is absorbed into the circulation and assimilated. Accordingly, it is found that peptonate of iron is, of all feruginous preparations, the best tolerated, and gives the most prompt and constant results. Combined with the digestive ferments, *pepsine* and *diastase* with *coca*, *carilla* and *bitter orange*, it forms the *Elixir of Hampton*, so much in favor in cases of dyspepsia from any cause.—*Progrès Médical*.

R. Z

TREATMENT OF DIABETES INSIPIDUS.—Crude opium, extract of opium or morphine have been successfully used in certain cases of diabetes insipidus. Belladonna, camphor, castoreum and assafœtida have been likewise prescribed, but valerian has been particularly recommended by Trousseau, and, more recently, Bouchard claims to have obtained excellent results from its use. It is administered in powder, and especially as an extract, in doses of 8 to 15 grammes (120 to 225 grains) a day. Electricity in the form of the continued currents, applied along the spine, appears to have succeeded in the hands of LeFort.—*Demange in L'Union Médicale.*

TURPENTINE TAMPONS IN EPISTAXIS.—Dr. L. Bodier, in *Jour. de Med. et de Chirurg. Pratique*, praises this as a simple and efficient hemostatic. Small balls of wadding on a string are soaked in turpentine, squeezed, and the anterior nasal foræ filled without regard to the posterior, which remains open. The heat vaporizes the turpentine and it penetrates to the most inaccessible folds of the foræ.—*Journal Amer. Med. Association.*

CAUSE OF RAPID DEATH AFTER INTERNAL BURNS OR SCALDS.—M. A. Severi, after a series of experiments, attributes the rapid death that often ensues in internal burns to (1) depression of vulvar vascular tonicity, (2) to overheating of the blood, (3) to detachment and introduction into the circulation of small clots which form in the burnt tissues, and are carried to the heart and lungs, forming pulmonary emboli which rapidly increase in extent.—*La Sperimentale.* R. Z.

ALKALIES.—It is not, perhaps, very generally known that persons of thin flank do not bear alkalies well. In spare, gouty persons (as indeed in spare, bilious persons) alkalies are not well borne as a rule. In such cases it is well to resort to hepatic stimuli rather than to uric acid solvents, the alkalies lithia and potash. Even some stout and stalwart persons cannot tolerate potash. Lithia is less depressing than potash, but still it is too depressing for some persons. In such cases the line advocated above will give

more satisfactory results. Phosphate of soda is an hepatic stimulant, and, where a mineral salt is indicated, is often most useful in liver disturbances. In conditions of lithæmia and cholæmia it is of service and will often clear away the remains of jaundice in a satisfactory manner.—*J. Milner Fothergill, in Phila. Med. Times.*

FORMULE TO CONTROL CADAVERIC ODORS.—Dr. Schœnfeld applies to the nostrils and other openings the following disinfectants, which can be modified according to circumstances:—

(1.) Salicylic acid, ether, glycerine and spirits of lavender, of each 30 grammes; spirits of wine, 200 grammes.

(2.) Boric and salicylic acids $\bar{a}\bar{a}$ 20 grammes; powdered cinnamon, wood charcoal, and cinchona $\bar{a}\bar{a}$ 10 grammes.

(3.) To cleanse the bed and room: Salicylic acid, 40 grammes; borax, 10 grammes; alcohol and glycerine $\bar{a}\bar{a}$ 75 grammes; distilled water, 500 grammes.—*Revue d'Hygiène.* R. Z.

Therapeutical Notes.

FORMULA FOR APOMORPHINE.—

R Chlorhydrate of apomorphine. 20 cgr.

Distilled water 20 gr.

Diluted acetic acid 3 drops.

Dose, 10 to 20 drops hypodermically as an emetic or expectorant.—*Jour. de Med. de Paris.*

HYPNONE.—Dujardin-Beaumetz and G. Bardet have introduced a new hypnotic, phenyl-methyl-acetone, or hypnone. In doses of 5 to 15 centigrammes, mixed with glycerine and taken in capsules it produces sleep, and appears to be preferable to pavaldehyde or chloral in alcoholics.

TREATMENT OF FROSTBITES.—Dr. Menrissé advocates baths of sulphuric acid and water in the proportion of a wineglassful of acid to a litre of water. The patient should take two daily of ten minutes duration each. At first a prickling sensation follows, then a sensation of warmth, followed by relief. Ulcerations from frostbites are not a contra-indication.—*Lyon Médical.*

VERMIFUGE ELECTUARY (Dutoit).—

Alcoholic extract spigelia 1 gramme.
 Calomel 20 centigr.
 Semen-contra pulv. (Wormseed). 4 grammes.
 Syrup of absinth 9 “

℞. Ft. elect. for a child of 10 years.—*L'Union Médicale.* R. Z.

HOPEINE.—Further experiments by Mm. Henri Huchard and Ch. Eloy have determined the therapeutics of hopeine to be hypnotic but not analgesic. It will not replace opium where sleeplessness is caused by pain; but it is not followed by headache and nausea, and is not cumulative. It will be a safe hypnotic for infants. The medium daily dose for an adult is 20 milligrammes in form of pills of 5 to 10 milligrammes each.—*L'Union Médicale.*

OINTMENT FOR SYPHILIDES (Mauriac).—

R Turpeth mineral 2 or 3 grammes.
 Lard 30 grammes.

℞ To be used in impetiginous eruptions of the scalp, in discolored patches on the chin or cheeks, in scalp eruptions in the beard, in persistent stains of the face, hands and wrists. The affected parts are rubbed for five minutes with the ointment until the skin is slightly irritated. Small vegetating papules of the ala of the nose, the mento-labial fold, the commissure of the lips are treated in the same way, and if these latter are split by fissures they should be touched at the base with a pointed piece of wood dipped in acid nitrate of mercury or saturated solution of chloride of zinc.—*L'Union Médicale.*

FOR CHILBAINS.—

R. Linim belladonnæ ʒii
 Linim aconite (B.P.) ʒi
 Acid carbolic ℥x
 Collodion q. s. ad ʒi ℥.

Apply with a camel's hair brush.

OFFENSIVE URINE.—An English physician says he has met with no case of offensive urine (intestinal-vesical fistula excepted) that ten or twenty grain of boracic acid given every three hours would not cure.

SORE NIPPLES.—Dr. Wilson, of Glasgow, recommends the following for sore nipples:

R. Plumbi. nitrat gr. x. xx.
 Glycerini ʒi.

℞. Apply after suckling, the nipples being washed before child is again put to the breast.

Dr. Playfair recommends:—

R. Sulphurous acid ½ oz.
 Glycerin. of tannin ½ oz.
 Water 1 oz.

℞. Apply after suckling.

Dr. Barnes recommends:—

After washing away remains of milk after nursing, smear with salve made of:—

R. Liquor plumbi 1 dr.
 Prepared calamine powder . . 1 dr.
 Glycerini 1 dr.

℞. Vaseline 7 dr.

COCAINE AND SEA-SICKNESS.—Cocaine has been much recommended as a remedy for seasickness, for which its peculiar anæsthetic influence, when applied to the mucous membranes, appears to offer a plausible prospect of success. More recent reports of trials do not, however, confirm this hope. Valuable in many other ways, it appears to be as powerless against seasickness as any of the long list of remedies which have preceded it in short-lived reputation for the purpose.

HEADACHE—INDUCED EPISTAXIS.—In congestive headache nothing secures relief so quickly as induced epistaxis. To produce free nose bleed proceed as follows: Cut a little piece of mustard paper, dip it in water, roll it up mustard side outward, and introduce it for few moments into the nostrils.—*M. Coiffier's Med. et Therap. ration.*

CROUP.—Pilocarpine $\frac{1}{3}$ to $\frac{1}{8}$ of a grain rubbed up in sugar of milk, and given every one, two, or three hours, is highly recommended in croup. Dr. Atten, of Lansing, has never seen it salivate, and the sweating is not excessive. Ipecac should be given when the bronchial tubes fill up and cyanosis and choking prevails, and whiskey or brandy and milk as indicated.—*Therap. Gazette.*

BROWN-SEQUARD'S MIXTURE FOR EPILEPSY.—

Iodine of potassium	8 parts.
Bromide of potassium	8 “
Bromide of ammonium	4 “
Bicarbonate of potassium	5 “
Infusion of calumba	360 “

Dissolve. A teaspoonful before each of the three principal meals, and three dessertspoonfuls on going to bed. The solution should be given diluted in cases of idiopathic epilepsy.

If the pulse of the patient be feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of infusion of calumba there are substituted 90 parts tincture of calumba and 270 parts of distilled water. —*L'Union Médicale—Med. News.*

Trypsin (Fairchild's), is now offered as a solvent for diphtheritic membrane. The well-known properties of this principle of the pancreatic juice give the strongest grounds for anticipating success in its application for this important purpose. Trypsin acts quickly and powerfully upon fibrin and fibrinous membrane. It is not dependent upon the inter-action of acid, as is the case with pepsin. It is most active in a slightly alkaline media. It may be applied by spray or brush. In practical use, the results have been very encouraging.

Dr. Yeo, of King's College Hospital, in his opening lecture in the course of clinical therapeutics, is reported by *The Lancet* as having made the following practical observations:—

1. That in order to derive the full beneficial effect from iodide of potassium in cases of aneurism, the drug must be given in 20 or 30 grain doses three times a day.

2. That arsenic, besides acting well in chronic skin affections, is often of service in cases of angina pectoris, asthma, neuralgias (especially the visceral forms), and in some kinds of anæmia.

3. That aconite is much more certain in its action when given to reduce the temperature and other symptoms of local inflammations in children than it is in the case of adults.

4. That the topical application of opium is a much neglected but useful remedy for the relief of local inflammations, especially when these are traumatic.

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 68 Gerrard St. East.*

TORONTO, MARCH, 1886.

THE FUTURE OF SURGERY IN
TORONTO.

It has been noticed of late years that the number of surgical operations in the Toronto General Hospital, or in outside practice, have not increased in proportion to the number of inmates or to the increase of population in the city and Province. Several reasons have been given in explanation of this fact.

In the first place, hospitals have been instituted in smaller cities, such as St. Catharines, Guelph, and Brantford, which, no doubt, draw a certain number of patients from the Toronto Hospital.

Again, a great number of the medical practitioners throughout the Province are now skilful surgeons, and many patients who formerly came to Toronto are now operated on at home. There is a surgeon in every district of the Province who can perform even the most severe operation, with skill and success. We cannot say, however, that these reasons are sufficient, and we think if the proper measures were adopted that Toronto might easily maintain its position as the centre for surgery in this Province. In England, London is still the great centre, although there are in all parts of the country surgeons of great eminence. In our opinion, there are two ways in which matters might be greatly improved.

The Toronto hospital should be made a purely charitable institution, so that patients might be admitted without charge. This can only be accomplished by the generosity of our own citizens. It would be difficult to obtain

money from the Provincial treasury seeing that all hospitals are treated alike by the Government; in fact, it might be thought unfair to ask for it. There is, however, sufficient wealth in Toronto to lead us to expect that in the future donations of this kind will be made. In the second place, it is absolutely necessary that some of our medical men, especially those connected with surgery in our Schools, should make a specialty of the subject. It is quite impossible for a general practitioner in Toronto to acquire that superior knowledge and skill which will draw patients to the city. Why should the general practitioner here have any greater knowledge and skill than his brethren in the smaller towns? He suffers from quite as many interruptions; his mind is distracted and harassed by attendance on all kinds of diseases. His rest is broken by calls to obstetrical cases, and his time for reading and self-improvement is very limited indeed. He has, of course, the advantage of doing operations more frequently, and if he belong to a School he will probably be well up in surgical literature.

If, on the other hand, our surgeons, *par excellence*, would devote the greater part of their time to that branch, they would give better clinical instruction; they could be more painstaking and accurate in their diagnosis and would probably, from their well recorded observation, do some original work which might do credit to themselves and the city. Their reputation would extend in proportion to their superior abilities, and cases which now go to New York or London would come to Toronto for consultation or operation.

There is no reason why the field from which such cases come should be limited by the boundaries of this Province. There are very few more favorable centres for medical and surgical consultation than Toronto.

We do not argue in this way from a purely selfish view as residents of Toronto, but are of opinion that the surgeons throughout the country would be indirectly benefited. The main point in such matters is to attribute a high standard of professional excellence, and there will be plenty of work to do, whether the surgeon lives in the city or country.

LECTURES ON SYPHILIS.

Mr. Jonathan Hutchinson has recently delivered the Lettsomian lectures on "some moot points in the natural history of syphilis." They are exceedingly interesting and instructive. Owing to the very extensive experience of this learned surgeon, as well as his careful record of facts, he is always able to give a large amount of original matter in his lectures. Many of his observations give rise to much thought, and very often serve to explain away difficulties which one has encountered in the course of his practice. We certainly do meet with cases which are obscure, and which cannot be elucidated according to the rules laid down in our text books.

Mr. Hutchinson first takes up the much debated question of the unicity or duality of the primary lesions. Although he is of opinion that a large number of non-indurated sores are of syphilitic, there are many of purely chancreoid character. He also thinks that many soft chancres would be followed by syphilis did they not occur on those already syphilized. He states his belief, moreover, that in many chancroids the virus is bred up, so to speak, until it becomes syphilitic. We quote his remarks on this point.

"It is necessary, however, at this stage to insist that there is an important difference between a specific contagion and a specialized contagion. By specific we denote that which is always and under all conditions the same, and producible only by its seed, distinct in the same sense that wheat and clover are distinct. There may easily be many morbid poisons which are specialized, that is, which may during a certain number of generations produce conditions similar to those in which they had their origin, and which yet do not rise to the dignity of species.

"All inflammatory products are, probably, under favorable circumstances, contagious. The gonorrhœal secretion produces gonorrhœa, that of erysipelas, erysipelas; that of diphtheria, diphtheria, and so on. It is probable, however, that each of the diseases may originate spontaneously and quite independently of contagion. The contagia are, therefore, the products of inflammation. Further, it is highly probable that

in each of the diseases mentioned the contagion may vary much in virulence, and that it is by no means always the same. Probably it is quite possible to breed them up to higher degrees of power and of special peculiarities. It is possible that the poison which produces the chancroid is, after all, only a specialized product of inflammation, and not a specific virus."

This explanation is certainly ingenious, but it is doubtful if it will stand the criticism of the bacteriologists. If the diseases gonorrhœa, erysipelas, and diphtheria are each produced by a special germ, as we now believe them to be, it is difficult to understand how they can arise spontaneously, unless we believe in spontaneous generation. There is no doubt that to the purely clinical observer such diseases do sometimes seem to arise spontaneously, but we are not in any case able to exclude the possibility of the admission of diseased germ.

We cannot see that on the point of the unicuity or duality of primary sores Mr. Hutchinson has thrown much light, and we must confess that the many phenomena connected with primary venereal disease are more easily explained by the duality theory so clearly laid down by Bunstead and Taylor.

The learned lecturer's remarks on phagedæna are highly instructive. He is of opinion that phagedæna is much more frequently connected with syphilis than is generally supposed. In our experience we have found phagedænic ulcers to heal up more readily under potas. iodid. than by any other remedy.

His views upon hospital gangrene are also of great interest. He thinks that as it arises in surgical cases occurring in the same wards with syphilitic subjects, that the phagedænic process may be lit up by syphilitic virus in a wound which had previously been healthy. The facts stated, and the arguments used, give strong presumptive evidence in support of this theory.

Mr. Hutchinson is a believer in second attacks of syphilis. He thinks that such cases are rare, and occur in those who have recovered very perfectly from the first attack. He has, however, observed one case in which the second attack occurred within a year of the first, and several in whom symptoms of the first onset

were still present. This is in accord with the experience of modern authorities. These second attacks are, perhaps, more frequent than is generally supposed.

Some very interesting observations are made on the subject of the stage of incubation. Ricord stated that the primary sore never appeared before the third day nor after the third week. Mr. Hutchinson is of opinion that the incubation period is seldom less than five weeks, and more often six. We have recently had a case under observation in whom the indurated sore appeared twelve weeks after the last exposure. We had every reason to believe the patient's statements. This could only be accounted for on the supposition either that we occasionally have a very long incubation period, or that the disease was acquired accidentally.

We shall in a future number give a brief synopsis of the remainder of these very valuable lectures. Medical men throughout the world are indebted to Mr. Jonathan Hutchinson for his carefully recorded observations, and for the very interesting and instructive manner in which he presents them to the profession.

ONTARIO MEDICAL ASSOCIATION.

Dr. Tye, President of the Ontario Medical Association, has named Dr. Bucke (London Asylum) and Dr. C. R. Clarke (Asylum, Kingston) to represent the Ontario Medical Association on Clark Bell's Committee, appointed at the International Congress, Antwerp, to report on the best basis of international statistics of the insane, and the classification of mental diseases.

Clark Bell, editor of *Medico-Legal Journal*, New York, was selected as representative for America, and he has the matter in hand.

He has asked for two from each society in the United States and Canada, to help him. Both of these selected have agreed to serve on the committee.

Dr. Powell, of Worcester, relates a case of symmetrical gangrene of the fingers, which occurred during the paralysis which follows diphtheria.

MEDICAL CHARITIES AND THE TREATMENT OF THE POORER CLASSES.

The relations of the general practitioner with the poorer classes are, in many respects, very unsatisfactory. An article in the *British Medical Journal* shows partially the aspect of the question in Great Britain, which appears to grow worse from year to year. According to the statements which appear therein, we find that the amount of gratuitous medical relief, which has long been excessive, is ever advancing. This is detrimental, not only to the recipients by pauperizing and thus demoralizing them, but also to the medical profession. The wholesale pauperization of people who should be able to pay a moderate fee, affects very seriously the position of young physicians who have to rely on the proceeds from the practice of their profession for an existence. The multiplication of medical charities, and the acts of druggists and other unqualified men, make matters still worse.

In many of the cities and large towns of the old country, practitioners have adopted the expedient of "private dispensaries," whereby they undertake to attend people of the poorer classes for a few pence, payable weekly or monthly. Others become connected with benefit societies and clubs; but it is said that a large proportion of these have fallen into the hands of unqualified men. This whole question has received great attention during the last few years. At some of the hospitals, the plan of demanding a small fee from each patient was adopted, but it is generally acknowledged that this proved a failure, as it had the effect of encouraging those who should be excluded from such charities, and discouraging the really deserving poor.

In this country we have some of the same evils on a smaller scale. A number of patients are treated gratuitously in our charitable institutions who are quite able to pay. The club system is being pushed to absurd lengths in many instances. Many druggists do large and rather lucrative practices.

Thus far we know little of that abomination called the "private dispensary," and we hope

it will not invade our cities and towns. In consideration of the fact that these evils are increasing in our midst, we will look with interest towards the efforts to lessen them which are made in the older countries.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The proposed visit of the American Public Health Association marks an important point in our hygienic advance. It is hardly four years since the Provincial Board of Health was established, yet its necessity has been indisputably proven by the late outbreak of small-pox in our sister province. The Board may well be proud of their action in preventing the spread of that dread scourge to Ontario.

Our readers do not require to be reminded of the good which springs from the interchange of thought, and the freshening up we receive from the intercourse with great minds which are working in the same direction as ourselves. The lessons are so self-evident they cannot fail to be readily appreciated.

The compliment paid to Ontario, and indeed to the Dominion, in selecting Toronto as the place for the next meeting, is the proudest tribute we can receive, and the heartiest endorsement of our endeavors to promote the study of the public health.

Physicians are looked upon by the public at large, and by municipal authorities in particular, as men of one-sided and prejudiced ideas. Such a meeting as we hope to have in October will do more to dispel these ideas and to spread the knowledge of sanitation, than many years of teaching from our own lips and authorities.

The association has been in existence for fourteen years. It is probably the strongest and ablest Health Association in the Union, and embraces in its ranks all professions and classes. Its influence extends to the legislative halls of the nation. In nearly every state and territory its teachings have been beneficial in ameliorating sickness and suffering, and the prolongation of human life.

Recognizing its value as we do, we shall refer to the approaching meeting in future issues.

METHODS OF DIAGNOSIS.

At the recent meeting of the New York State Medical Society, a paper of Mr. Lawson Tait's, on "Methods of Diagnosis," was read. We give the greater portion of this interesting paper in this issue. He referred particularly to the use of the speculum and uterine sound as means of diagnosis in diseases of the pelvis, and mentioned that their use in such cases had been productive of more harm than good. While we are not prepared to throw aside these instruments for such purposes altogether, we are quite willing to admit that serious injuries may be inflicted by their indiscriminate use. We have no doubt that much harm is done by the sound, especially in the hands of the inexperienced and enthusiastic gynecologist, but we are not willing to relinquish it entirely. Mr. Tait may be able to do without it in the majority of cases, but we must confess that we generally find its use a great assistance. At the same time it is well to be warned of the dangers connected with its use by so reliable and distinguished a man as Mr. Tait, and we hope that his views on the subject will receive careful consideration.

Mr. Tait very candidly confesses that he has made mistakes, and very graphically describes one case in his own practice where he induced an abortion by the injudicious use of the sound. Such accidents are, unfortunately, not very uncommon, and are not probably as a rule reported. This, however, only exemplifies one of the dangers connected with the use of this instrument.

Mr. Tait objects to the methods of bimanual palpation with the patient on her back, and characterizes it as brutal. Such an expression is, to our mind, intemperate and inexcusable. If his opinion thus expressed, is correct, nearly all American gynecologists, and many on the continent, are guilty of such brutality in their ordinary routine treatment. Such an accusation is unjust and unworthy of such a surgeon as Mr. Tait. If he can have as satisfactory results with the patient on the side, let him adopt that method; but we think that bimanual palpation is much more reliable when the patient is on the back than on the side, and will adhere to that

opinion till better reasons than Mr. Tait's are given for relinquishing it.

The paper may be, to a certain extent, disappointing to those who expected to get special *tips* on the diagnosis of diseases, or tumors of the pelvis or abdomen; but on the whole it is a valuable as well as interesting contribution. It teaches us a lesson, that cannot too often be impressed upon us, to use faithfully and carefully all the powers of observation which Nature has endowed us with.

 THE DIAGNOSIS OF DISTENDED GALL BLADDER.

Mr. John W. Taylor, of Birmingham, describes a diagnostic line which appears to be of great assistance in determining the presence of distended gall bladder. "This line is to be traced from the normal position of the larger end of the gall bladder—near the tip of the cartilage of the tenth rib on the right side—to the opposite side of the abdomen, crossing the middle line slightly below the umbilicus. In the direction of this line a distended gall bladder will naturally lie."

During the past year, Mr. Taylor had the opportunity of testing the value of this means of diagnosis in nine cases operated on by Mr. Tait. In four of the cases the tumors were in this line, and a distended gall bladder was found on abdominal section in each case. In four the tumors were found to the right or left of the line; and on opening the abdomen a solid mass was found in all the cases, probably cancer. In the ninth case the tumor was to right of the line, and a suppurating kidney was found communicating with a distended gall bladder.

These results indicate that we have in this line an important aid to the diagnosis of this not unfrequent condition.

The Summer Session will be conducted in the same way as last year, by members of the faculties of both schools, who are on the Hospital Staff.

STIMULANTS AND DIGESTION.

Sir William Roberts, of Manchester, has proved by experiments that the effect of alcoholic stimulants is to retard the action of the ferments in digestion. Tea and coffee act in the same way. Roberts has suggested that such an effect may be beneficial, especially in civilized life, in preventing the rapid assimilation of cooked food. He says that man, in a state of nature, would presumably derive his sustenance from materials, either raw or imperfectly cooked, which, as a consequence, would be slowly digested and assimilated. Civilization brings us countless methods of preparing foods by which indigestible portions are removed and the remaining portions are rendered more rapidly and more easily digestible. Under these circumstances, digestion and assimilation may proceed too rapidly, and thereby disturb the equilibrium of the organism and provoke unnecessary waste.

If we accept this view, we must of necessity make some radical changes in our methods of treatment. Is it possible, after all, that our thin, forlorn, and half-starved-looking dyspeptics digest their food so rapidly that it escapes to parts unknown before the system, thus thrown off its balance, has time to absorb and assimilate it? Have they, by the reckless use of artificial aids to digestion, actually been adding fuel to the all-consuming fire which has devoured the padding which is essential to the rotund form of aldermanic shape? If so, it may be deemed expedient to prescribe for such infirmities a diet of wheat, oats, turnips, meats, etc., all of which have been untouched by any of the abominable cooking devices of modern times; or if it so happen that they adhere to their prejudices in favor of eating cooked food, it may become necessary to dilute it thoroughly and judiciously with whiskey, beer, wine, tea, or coffee, or with various combinations of these different ingredients.

A REMINDER.—Accounts have been sent to most of our subscribers and we would again direct attention to the label on the cover, which indicates the date up to which subscription has been paid. A remittance at earliest convenience will oblige.

HOSPITAL NOTES.

There has been a steady increase in the number of patients treated in the hospital during past years. In 1885, the total number of indoor patients was two thousand and eighty-four, with one hundred and fifty-six deaths; number of births in the lying-in department, two hundred; externs prescribed for eight thousand. In the month of January of this year, the number treated in the hospital was three hundred and eighty-nine, with but twelve deaths, from the following causes:—3 valvular disease, 2 pneumonia, 1 phthisis, 1 pericarditis, 1 Hodgkins disease, 1 medullary cancer of ovary, 1 senile debility, 1 railroad accident, 1 chronic cystitis. Four hundred and sixty-six students are now in attendance upon the clinical instruction so ably given in the hospital during the session.

The plaintiff in Dr. Farewell's case has appealed for a new trial. The case has not yet been argued.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

UNIVERSITY CONVOCATION.

One of the good signs of the times is that the graduates of the University of Toronto are taking a very great deal more interest in its prosperity than they did at a date still within our memories.

The recent meeting of Convocation, held in Moss Hall, on Friday, February 12th, gave abundant evidence that there is both life and vigor in this graduate association. The great importance of the questions discussed at the meeting must be admitted by all.

The first question was that of increased graduate representation on the Senate. It cannot be denied that the graduates form the strength to a very great extent of any university, and especially so when they are admitted to take part in its proceedings, as in the case before us. When fifteen representatives of the graduates were admitted to the Senate, their total number was somewhere about six hundred. Now, however, the graduates number over

thirteen hundred. The increase to twenty-five cannot, therefore, be considered as too great a leap ahead. The motion for this increase was carried without a single dissenting voice.

Those who have been on the Senate know full well how very difficult it is to attend its meetings. This is very largely due to the fact that there is no fixed system. The meetings are called at the request of the chairman, and it has only too often happened that insufficient notice has been given to the members of the Senate. As a consequence, many of them have other engagements, which might have been arranged differently had there been an earlier notice. We are glad to see Convocation dealing with this matter, and strongly urging that the principal meetings should be fixed for some regular date, in order that members of the Senate might know when to put in their appearance, and how to arrange their other business to avoid clashing. In this way the number of meetings could be very materially lessened; and the expense of attending, especially to outside members, proportionately reduced.

We refer with much pleasure to the proposed change in the date of elections to September instead of May. This change will give all graduates of that year at once their right to vote for members. The more important reason, however, for the change is, that elected members shall take their seats at the commencement of the Senate session, and not during it, as in the past, when very important business may be in progress, and with which the newly-elected members may not be at all familiar. This, of course, would always be avoided by having the elections at the beginning instead of during the Senate session.

The question of finances was raised. It was unanimously agreed that the need for further aid should be laid before the Government, as had been done two years ago. There is no division of opinion on this important issue. The Government, having already given aid, and still retaining its authority over the endowment fund, should add to this fund enough to thoroughly equip the college in every department. Failing to do this, the only proper course to follow would be to leave all the university interests to the care of the graduates. While the

present relationship to the Government exists, it is useless to hope for private donations. If the Government, then, insists on maintaining the control, and at the same time refuses aid, there is only one course possible—retrogression.

Toronto, Feb. 18, 1886.

M.D.

Meetings of Medical Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

MEETING OF FEBRUARY 5TH.

(From our own Correspondent.)

Dr. T. G. Roddick, president, in the chair.

Dr. William Gardner exhibited the following specimens and related the cases:—

1. A fibroid uterine polypus of the size of an orange removed a few days previously from a woman of 48; the growth being in the vagina, but was attached along the whole length of the posterior wall of the uterus. The only symptom was hemorrhage, which had been almost continuous for five years and had blanched the patient very much. Patient doing well.

2. Two diseased ovaries, slightly enlarged and cystic. They were the second ovaries removed from two cases of recent successful ovariectomy. The tumor in one case was a multilocular ovarian cyst; and in the other, a ordinary multilocular cystoma. In each case the uterus was enlarged and retroverted, and menorrhagia had in both been a prominent symptom.

Dr. Gardner remarked that in such cases where the second ovary is diseased the question arises as to what should be the proper treatment when part of the ovary seems healthy.

Schroeder, of Berlin, has recently published reports of a number of cases in which instead of complete removal he had excised the diseased tissue by a wedge-shaped incision, and brought together the cut surfaces by sutures. The object of such a procedure is, of course, if possible to permit of subsequent conception, which may in certain cases be much desired by the patient.

Dr. Gardner was not aware, however, of

conception having occurred under such circumstances, but he believed that in favorable cases it must be admitted as possible. He thought that after ovariectomy, the second ovary had often been unnecessarily removed, as slight enlargement and a cystic condition do not necessarily imply that an ovarian tumor will be developed therefrom. The responsibility on the part of the surgeon in dealing with such conditions assumed a new aspect in the light of Schroeder's experience. It is obviously a serious matter to leave within the patient a condition which may in a year or so render necessary a second abdominal section.

3. The fragments of an intra-uterine myoma of the size of a foetal head. The patient, aged 33, had been married 13 years and given birth to her only child 5 years before the operation. For a year or two menstruation had been very profuse and painful. When brought to him first, three months ago, Dr. Gardner had advised ergot during the intervals between the periods, and for the hemorrhages, gallic acid and opium; and expressed the opinion that the removal of the uterine appendages might be necessary to check the growth of the tumor and so remove the symptoms. When she returned, however, it was found that there was a foetal discharge, and shreds of the tumor were coming away. It was obviously necrotic from being starved of its blood supply. The patient had had chills and perspirations and was losing color and flesh rapidly. It was now decided to enucleate the tumor. During the few days she was under observation before operation, the cervix dilated so much that artificial dilatation was unnecessary. The patient being etherized the cervix was divided bilaterally with the knife of the thermocautère and the tumor grasped with the vulsellum and separated with finger and serrated scoop, its size being meanwhile reduced by removing portions with scissors, until the whole was finally got away. Hemorrhage was not severe. The operation was tedious, requiring an hour and a half. The uterine cavity was douched with hot carbolic water and swabbed out with Churchill's solution of iodine. Finally, two drainage tubes without lateral openings, but with their ends attached to each other, were laid side by side in the cavity of the

uterus, and stitched to the cervix to prevent them from slipping out. Irrigation with a very weak solution of carbolic acid was practised every two hours but in spite of this, at the end of twenty-four hours the temperature had risen to 102°. Constant irrigation was now commenced and kept up continuously for ten days. In a few hours the temperature fell to nearly normal, and did not again rise to any extent except when the drainage tubes ulcerated out and were not replaced for a few hours. When this was done and irrigation resumed the temperature again speedily fell. Except for slight phlebitis of the left thigh the patient made an easy and rapid recovery.

Dr. Gardner remarked that enucleation of submucous myoma of the uterus had hitherto been justly regarded as a most serious operation. Lawson Tait reports having lost 50 per cent. of his cases, and has discontinued the operation in favor of that for removal of the uterine appendages. Obviously in such a case as that now reported, where the tumor was sloughing and being forced out of its bed, and the patient septic, there was no choice. The tumor must be removed by the vagina. Dr. Gardner thus successfully treated six cases, two of them being necrotic, with evidences of septic poisoning at the time of operation. He attributes his success to the method of drainage and irrigation alluded to. With the double drainage tube *in situ* it requires no great amount of skill on the part of the nurse to conduct the process. A large glass irrigator is filled with a weak solution (1-150) of carbolic acid. A nozzle is made to connect the irrigator tube with the drainage-tube. A pinch-cock with screw is attached, and regulates as desired the quantity allowed to flow through. The fluid enters by one drainage tube and escapes through its fellow. The mattress is cut opposite the patients' hips, and the water as it returns drops into a receptacle under the bed. There is no good reason why in this way the well-known splendid results of irrigation of extensive contused and lacerated wounds elsewhere should not be obtained in similar conditions of the uterine cavity, left after the removal of a tumor or a morbidly adhering placenta. The lowering of temperature may be due in part to refrigeration by the water, but it is in

the main due to the removal of putrid discharges and necrotic shreds. As soon as the discharge become purulent and inodorous the irrigation may be discontinued.

A short paper was read by Dr. Blackader, entitled, "Notes in Cases of Erysipelas in the Infant," with a plea for the use of white zinc paint in its local treatment.

Brief notes of the cases were read, the last two of which had been treated by the application of white zinc paint over all the erysipelatous surface, in the manner recommended by Mr. Barwell, with white lead. The same advantages were claimed for the zinc as had been for the lead, while, with the former there could be no dangerous absorption, which, with the other, was in the infant, perhaps, a result to be feared. These were immediate relief to pain and restlessness, followed rapidly by subsidence of pyrexia, and arrest of the disease.

The fact that erysipelas was a constitutional, and not merely a local, disease was not overlooked; but it was contended, that if by these local measures we moderate or assuage the local trouble, we at the same time control at least some of the factors in the systemic disorder.

Special advantages were claimed for it in infants. It is readily applied, drying quickly, and forming a complete dressing by itself, which cannot be soiled by the secretions, nor easily rubbed off by the restlessness of the infant. If desired, some disinfectant may be added; soap and warm water readily remove it after the attack is over.

HURON MEDICAL ASSOCIATION.

ANNUAL MEETING AT SEAFORTH, JAN. 12, 1886.

Dr. Alex. Taylor, President, in the chair.

Dr. Campbell presented a case of progressive muscular atrophy of the muscles of the left shoulder, except the deltoid. Those most affected appeared to be the teres and spinali muscles. He had presented himself for treatment two years before, and was first treated by producing an eruption over the wasted portion by electricity. Notwithstanding treatment the wasting continues, and is extend-

ing to the right shoulder. Dr. Campbell also showed a fifteen year old case of locomotor ataxia. The sciatic nerve had been stretched about five years ago, by Dr. James Stewart, which caused the lightning pains to disappear for about a year, when they returned as severely as ever. Reflexes all absent. The case is gradually progressing.

Dr. Young (Londesboro') presented a case of necrosis of the inner condyle of the right femur. Patient complained at first of pain in the leg. Aspirated for pus but found none until six weeks ago, when necrosis had taken place.

Dr. Makid presented a case of Leucocythæmia in a boy of about six years. Spleen very much enlarged. The abdomen enlarged and but very little tympanitic, giving the appearance of ascites. Blood was not examined. Dr. Makid also presented a case of traumatic aneurism of the left femoral artery, of long standing, produced by pistol shot near the popliteal space. The ball can be felt sacculated on the anterior aspect of the thigh. The aneurismal thrill is felt very distinctly all along the artery into the abdomen, giving the idea that it has become fusiform from atheromatous degeneration.

Dr. Campbell presented a case of infantile paralysis of the right side. The attack came on suddenly when the child was in perfect health at the age of 2½ years. It was ushered in by a chill in the morning, followed by fever and loss of power on the right side at evening. Has been under treatment about 2½ years with little or no improvement.

Dr. Gunn (Brucefield) presented a case of epulis of superior maxillary of six years' standing. Has been four times removed by dentists—the last time about two years ago.

Dr. Makid showed a case of compound comminuted fracture of the left femur, treated at the Montreal General Hospital 101 days. Shortening 3½ inches. Was benefited by a plastic jacket.

Dr. Makid reported a case of retention of urine in a man 85 years of age, caused by enlarged prostate. He aspirated above the pubis twice, and then decided to tap and put in a drainage tube. Washed out the bladder with a 6 per cent. solution of carbolic acid, when the

urine, from being very dark and fœtid, became normal in color and odor on the second day. The prostate was found to be very large and hard. Massage was practiced night and morning, as recommended by Dr. Sheppard, and the urine began to pass *via naturalis* at the end of third week. Removed drainage tube at the proper time—the massage being continued. A scrotal hernia, which had existed for some time, was reduced and a truss applied. Patient now in good health.

Dr. Graham reported having, with Dr. Holmes, aspirated a case above the pubis some fourteen years ago.

Dr. Campbell reported a case of compound fracture of the left leg—middle third—successfully treated without suppuration by iodoform.

Dr. Smith (Seaforth) reported three cases of nævi of considerable size, treated by the thermo-cautery, illustrating the operation by passing the red-hot iron into a fold of paper, and moving it slowly around to show that the anastomosing vessels were completely destroyed. The treatment was entirely successful, and the cicatrix in each case was trifling.

Dr. Green mentioned a case cured by the galvanic current.

Dr. Graham (Brussels) reported asymmetry, one of Dr. Owens, Land, and the other his own.

DR. OWENS' CASE.

Left arm..... ¼ inch lo
 " foot..... ½ "
 " ear large.
 " lower extremity... 1½ in. l.

DR. GRAHAM'S CASE.

	Left.	Right.	Difference.
Cir. of forearm..	6 in.	6½ in.	½ in.
Length of arm..	16¼ in.	17¼ in.	⅞ in.
" leg.....	18½ in.	20 in.	1⅞ in.
Cir. of thigh....	11¾ in.	13 in.	1¼ in.
Length of foot..	6¼ in.	6¾ in.	½ in.

Dr. Graham also exhibited the stomach of a female who had committed suicide by taking four drachms of nearly pure carbolic acid. The corrosive action of the poison had the effect of contracting the circular fibres and throwing the mucous membrane into longitudinal folds similar to the tucks in a garment. The Dr. also showed the (comma) bacillus of Koch. Dr.

McDonagh reported a very interesting case of hypertrophy of the vocal cords, which occurred in Vienna, and treated by him while there. The difficulty was produced by the patient swallowing a small bone, and although the probang was used an abscess resulted, followed by aphonia. The treatment consisted in first producing anæsthesia of the larynx with cocaine, and then applying chromic acid by the aid of the laryngoscope to the hypertrophied cords.

Election of officers was then proceeded with for the ensuing year:—President, Dr. Campbell, Seaforth; Vice-Pres., Dr. Young, Londesboro; Secretary, Dr. Worthington, Clinton.

It was resolved to hold the meetings for the ensuing year alternately at Clinton and Seaforth.

Votes of thanks were passed to the directors and caretaker of the Institute Rooms.

There being a little time Dr. Campbell reported an interesting case of puerperal eclampsia successfully treated by pilocarpine hypodermically, in connection with morph. sulph. in same way at intervals, producing profuse sweating and controlling the convulsions. The amount of each used was ¼ grain.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Regular monthly meeting of the Hamilton Medical and Surgical Society held at the Royal Hotel.

After ~~the~~ routine business, Drs. McCargow and F. E. Woolverton were ~~elected pathological representatives for the Society to the City Hospital.~~ *ap, pc*

Dr. H. S. Griffin showed a case of a young man from whose knee he had removed a loose cartilage. Had felt pain in right knee from childhood. Had never had rheumatism or sickness of any kind. *freely*

The body was ~~very~~ *freely* movable and difficult to retain in any one position: about the size of a hickory nut. On December 20th the cartilage was removed by making a straight incision on inner side of knee; under the spray. No difficulty was experienced. The wound was dressed

antiseptically, and dressing not removed until the seventh day, when the stitches were taken out. The wound healed by first intention. No bad symptoms occurred. Use of knee is perfect and painless. The body removed was of a rounded outline about $\frac{3}{4}$ of an inch, in diameter, and calcareous on one side.

Dr. McCargow presented a case of contracted lung. The case was one of peculiar interest, on account of the complete contraction of the left lung. The patient, aged 74, was brought to the city hospital and placed under the care of Dr. H. S. Griffin. There was complete dullness over the left side of the chest. The patient was in a dying condition. His previous history could not be obtained. The post-mortem notes taken by Dr. F. E. Woolverton: Body well nourished; slight oedema of upper and lower extremities; rigor mortis well marked. On making the usual incision a considerable amount of dark bloody fluid escapes, principally from the left pleural cavity.

(about four pints)
(2 p.)
Pank/
was/
was/
ed/
d/
d/

~~Quantity about four pints~~ Lung contracted to a mere band, and very thick and tenacious, the fluid filling the remainder of the cavity on the left side of the chest; weight of lung, $9\frac{3}{4}$ ounces; ~~in~~ in water. Pleural surface studded with hard, white bodies; costal p'ura thickened and studded with tubercular deposits in upper part, in a purulent state. Right lung ~~is~~ adherent to a considerable extent, and there ~~is~~ some fluid in the pleural cavity—about $1\frac{1}{2}$ pints. Lung crepitant. Weight 29 ounces. Respiration was carried on entirely by the right lung. Weight of heart $10\frac{1}{4}$ ounces; aortic valves competent, 3 ounces of fluid in pericardium, of a similar nature to the fluid in the pleura. Liver weight 3 pounds $5\frac{3}{4}$ ounces, nutmeg appearance and very soft. Kidneys: Right has three large cysts on surface—pelvis fatty; left has a large cyst at lower end and several in the substance—pelvis also fatty.

Dr. McCargow presented a case which came into the Hamilton Hospital, December 20th, with acute periostitis of the right humerus.

History.—Complains of pain and tenderness on inner side of right arm. January 4th, says his right wrist pains him when moved; arm red and very painful from elbow to shoulder. He felt a pain in the spine of the scapula

last summer; arm first became enlarged in October last, when he felt a constant burning pain in his arm, attended with much swelling. About three weeks ago his arm was lanced, when a large quantity of pus escaped. On admission to the hospital a small hole was seen about the middle of the humerus. Pressure on shoulder and under part of arm caused the discharge of a considerable quantity of clear serous fluid. On the evening of the 1st of January a second sinus opened about half an inch above the first, which discharged a quantity of pus mixed with serous fluid. On probing, rough bone was felt at upper end of humerus.

On January 6th, Dr. H. S. Griffin amputated the arm at the shoulder-joint by anterior and posterior flaps. The patient's temperature before the operation had several times reached 104° ; after the operation his temperature gradually declined. He is now completely recovered.

F. E. WOOLVERTON,

Secretary.

Hamilton, Feb. 20, 1886.

Book Notices.

Insomnia, and the other Disorders of Sleep.—By HENRY M. LYMAN, M.A., M.D. Chicago: W. T. Keener.

Dr. Lyman has given us in this little volume all that is known of the pathology and treatment of this troublesome condition. Some of the chapters, especially those on dreams and somnambulism, are exceedingly interesting. They exhibit a wide experience and an extensive knowledge of the literature of the subject.

A Manual of Hygiene.—For the use of the Normal and Model Schools. Issued by the Provincial Board of Health of Ontario. Under the authority of the Minister of Education. Toronto: Wm. Briggs, publisher.

The chapters have been written by various members of the Provincial Board of Health of Ontario, in such intervals of time as they could find amid their ordinary avocations, and reflects the greatest credit upon our Health Board, of which we are so justly proud. A careful perusal of this work will prove of interest and

profit to others than those for whom it has been issued—the teachers and pupils in attendance at the Normal and other schools of the higher grade.

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Diagnosis of Diseases of the Brain and of the Spinal Cord.—By W. R. GOWERS, M.D., F.R.C.P. William Wood & Company.

This, the December number of the series, sustains well the reputation gained by William Wood & Co. in the publication of their excellent and well-chosen works. The best method of estimating the value of a book of this description is to use it in actual practice. We have referred to it in some very obscure cases which have come under our notice, and have found it of great service in assisting to unravel the mysteries which surround those cases. In no form of disease do we meet with so many obscure symptoms, and none will better repay careful study. Now that so many excellent works have been published on nervous disease, a more accurate diagnosis will be expected of the general practitioner, and this department is becoming of more importance as the number of cases increase. In our modern system of living, this increase is sure to take place.

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Comparative Anatomy and Physiology. By F. JEFFREY BELL, M.A. Philadelphia: Lea Brothers & Co., 1885, pp. 548. Illustrated with 229 engravings.

This does not claim to be a complete text-book on Comparative Physiology, but treats of the various organs of animals, going from the simplest to the higher and more complex, showing there is a process of evolution of organs, as well as of animals, a copious index being added to enable the zoological student to refer to the particular form or sets of forms in different chapters. The illustrations are excellent, many of them being obtained from the Zoological Society and Professor Flower. Chapter II. describes Amœba, and is followed by the lengthy one on the General Structure of Animals. The remaining twelve chapters treat of Digestion, Circulation, Respiration, Organs of Nitrogenous and Special Secretion, Protecting and Supporting Structures, Organs of Movement, Vocal Organs, the Nervous System and Organs of Sense, Organs of Reproduction and the Develop-

ment of the Metazoa. The book comprises a great deal of information about the animal kingdom, briefly and concisely given.

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Urinary and Renal Derangements and Calculous Disorders. Hints on Diagnosis and Treatment. By LIONEL S. BEALE, M.D. Philadelphia: P. Blakiston, Son & Co., 1885, pp. 356.

This is a useful little work for practising physicians, embodying as it does the experience of thirty years' practice of an eminent physician. It is largely therapeutical in its scope, the treatment both dietetic, hygienic and medicinal, being exhaustively discussed. Diagnosis is also a prominent feature in the book. A great many valuable hints are given as to treatment. Dr. Beale, while acknowledging the value of many new remedies, impresses upon the rising generation of practitioners the importance of not neglecting the old; he is a great advocate of carbonate of ammonia as a stimulant where the heart's action is very feeble, giving as much as 10 to 15 grains an hour in some cases. The book is a very readable one, and will repay perusal. The type is clear, and the paper, as usual in the publications of this firm, excellent.

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Essentials of Vaccination.—By W. A. HARDWAY, M.D.

This book ought to be read with especial interest when so many are being vaccinated, and so much excitement has been produced in this province by the recent epidemic of small-pox in Montreal. The work has been favorably received both on this continent and in England. The author has evidently studied the subject in the most thorough manner, and has given his experiences as a practitioner as well as the results of a thorough investigation into the literature of the subject.

In the sixth chapter, the question of re-vaccination is answered in a most satisfactory manner. Very often are we asked, How often should re-vaccination be performed? Dr. Hardaway answers this question as follows:—

“From my own experience, and after careful survey of the whole question, and in view of the general inefficiency of vaccination, and especially from the fact that individuals undoubtedly vary as to the immunity granted by

vaccination, I should say that, under danger of infection, re vaccination should be performed even if a few months only had elapsed from the date of the previous inoculation, and, moreover, I am constrained to agree with Trousseau, who recommends that vaccination be repeated as often as once every five years."

A System of Practical Medicine by American Authors. Vol. II. Edited by WILLIAM PEPPER, M.D., LL.D. Philadelphia: Lea Brothers & Co.

The second volume of this very exhaustive work is now before us. The first two hundred and fifty pages are taken up by extracts on general diseases—a continuation of the first volume. The first article, that on rheumatism, by Dr. Howard, is very elaborate. He takes up the various forms of the disease under separate headings, and gives the results of his extensive and well-recorded clinical experience, at the same time showing a thorough knowledge of the subject. It is impossible to refer to each article, but one is always more interested in those written by men with whom one is well acquainted. Partly on this account, we have read with much pleasure the lecture on purpura by Dr. Atkinson, of Baltimore. In it is given all that is known of the pathology and treatment of this obscure affection. He divides the disease into three varieties: purpura simplex, p. hemorrhagica and p. rheumatica. Nothing new is given on the treatment of this sometimes obstinate disease. The article on diabetes mellitus, by Dr. Lyson, is an admirable one. All that is known of this obscure affection is given in such a clear and concise manner as to recommend it to the thoughtful practitioner. We cannot do more than speak in a general way of the other articles in this part of the work; they are written with care, and by men thoroughly posted in the various subjects. The second part of the volume is taken up by disorders of the digestive system. Dr. I. Solis Cohen takes up diseases of the mouth and pharynx. Among the more distinguished writers who have written in this department are Dr. J. Lewis Smith, of New York, Dr. James T. Whittaker, Dr. Atkinson, Dr. Bartholow, and Dr. Alonzo Clark. The latter has written on his favorite subject, peritonitis.

This work, when finished, will form one of the most exhaustive treatises on medicine ever published, and will reflect credit on the profession on this continent. We understand that this work is now being translated into Italian—a criterion of its great value.

Personal.

Dr. Burns, of Toronto, sailed for England, Feb. 18th.

Dr. E. E. King (Toronto, '85) has taken the L.R.C.P. Lond.

Dr. Goodell had forty-four cases of laparotomy last year, with four deaths.

Dr. McDonagh will confine his attention to practice of ear, throat, and nose.

Mr. Lawson Tait has been elected President of the British Gynecological Society.

Dr. George Wright was unanimously elected chairman of the Public Library Board of Toronto.

Dr. William Lambert Richardson has been appointed to the chair of Obstetrics in the Harvard Medical School.

Dr. Bristowe has been elected President of the Pathological Society, and Dr. Bryant, of the Clinical Society of London.

Drs. J. R. Logan, E. Farrer, and H. H. Hanley (Trinity) were admitted members of the Royal College of Surgeons, Jan. 18th.

Dr. A. M. Rosebrugh (121 Church Street, Toronto), may be consulted by letter or otherwise, regarding electro-therapeutic apparatus.

Dr. J. Crichton Brown, of London, Dr. Paget, of Cambridge, Dr. William Roberts, of Manchester, have received the honor of Knighthood.

Dr. S. J. Sharkey will deliver the Galstonian lectures; Dr. P. W. Latham, the Croonian lectures; and Dr. W. H. Stone, the Lumleian lectures.

Dr. George S. Herod, of Guelph, will be a candidate for the Saugeen and Brock Division in the Medical Council at the election which will be held in May to choose a representative in place of the late Dr. Douglas.

Dr. Rosebrugh, of Hamilton, is a member of the Committee on Obstetrics and Gynæcology for the Ontario Medical Association. By an error, his name was omitted in our last issue.

Dr. J. M. Fothergill, for ten years correspondent of the *Philadelphia Medical Times*, has said good-bye to that journal in a very friendly way, because, as he says, he wishes to devote all his spare time to the advocacy of dietetics in the treatment of disease.

Dr. W. S. Ely, of Rochester, was elected President of the Medical Society of the State of New York at the recent meeting. The following were elected delegates: Drs. A. Vander Veer, W. W. Potter, B. F. Sherman, and A. M. Phelps, to the Canada Medical Association; Drs. L. Howe, and F. Hinkel, to the Ontario Medical Association.

Miscellaneous.

The British Gynæcological Society numbered 400 before the close of its first year.

The attendance at the New York Polyclinic thus far has been: Session 1882-83, 161; 1883-84, 182; 1884-85, 229.

A committee has been organized to collect funds for the erection of a monument to the three distinguished French physicians, Bretonneau, Velpeau, and Trousseau.

The first official recognition of female medical practitioners has just been made by the Italian Government. The recipient of this distinction is Signorina Terne, M.D., whom Queen Margueritta has appointed one of her physicians in ordinary.

Oliver Wendell Holmes, in his fanciful "Arrowhead Village," makes the resident doctor declare that theological students develop a third eyelid—the membrane common in birds—which serves to shut out all the light they do not want.

The authorities of Saragossa have voted to grant an annual pension of 1,500 pesetas (about \$300) to the family of every physician who died of cholera while in the discharge of his professional duties; and the hope is expressed that the officials of other cities and provinces will imitate their example.

Every ancient Egyptian considered it his duty to purify himself once a month by taking an emetic, then a purgative, afterwards a bath, as they very sensibly considered that most diseases arise from intemperance, and that bad diet and not God was responsible for their sickness.—*Lancet-Clinic*.

A note in the *Boston Medical Journal* says that a prominent Boston gynæcologist has been sued for \$10,000 damages by a pauper patient. She claims that he operated upon her against her will, and that the operation was unnecessary and improper, and she was discharged from the hospital at an unsuitable time.

Dr. Forster, of Amsterdam, contributes an article on "How shall Physicians Cleanse their Hands," to the *Central. für Klin. Medicin*, and has, after a series of careful experiments, come to a conclusion that a solution of carbolic acid of the strength of two and a-half per cent. was not capable of "sterilising" the fingers after visiting infectious patients, but that a solution of corrosive sublimate of the strength of one in two thousand formed a reliable antiseptic wash.

LANOLIN.—This is the name of a newly-discovered base for ointments. It is a mixture of cholesterine fat and water; when combined with glycerine it can be mixed with any other fats and forms cream-like ointments. It has but slight odor and is perfectly neutral. It is more rapidly absorbed than any other fat. A lanolin-sublimate ointment (1 in 1,000) is so rapidly absorbed that a few minutes after application the metallic taste is observed.

The *Medical Times and Gazette*, for many years one of the leading medical journals of England, has ceased to exist. Sir Spencer Wells was its editor for some years, and Mr.

Jonathan Hutchinson was on the staff at the same time. It is hard to account for its recent decay and death. Mr. Churchill was its proprietor; and also published the well-known *Medico-Chirurgical Review*, which, after an era of considerable prosperity, began to dwindle away, and died a few years ago.

Æsculapius the first was a remarkable practitioner, and came near ruining the early practice of physic by his miracles. He not only cured the sick but actually brought the dead to life, among others, Hippolite son of Theseus. Frightened at such remarkable skill, and seeing that hell would soon become depopulated if Æsculapius the first lived, Pluto in despair implored the aid of Jupiter, who hurled a thunderbolt at Doctor Æsculapius, and as the latter was not protected by a lightning rod, he was over electrified and fell dead. Those desiring to know more of Æsculapius the first are referred to Pindar, and as the poet wrote only eight centuries after the doctor was killed by Jupiter, the veracity of his statements need hardly be questioned.—*Lancet-Clinic*.

Some men are natural jokers and cannot resist the impulse even in the jaws of death. Curran's physician remarked to him when he was on his death-bed that he seemed to cough with more difficulty. "That is surprising," returned the wit, "as I have been practicing all night." A local celebrity when on his death-bed in this city, was informed that it had been decided to tap him for the ascites from which he suffered. "Then it's all over with me," he replied. "Nothing has ever lasted long in this house after being tapped."—*Med. Age*.

A REMARKABLE INSTANCE OF LONGEVITY.—The *Popular Science News* for December publishes a portrait of Madame Girard, a native of the town of Saint-Just-de-Claix, in France. According to the parish records, she was born on the 16th of March, 1761, and is therefore a hundred and twenty four years old. Like the traditional old lady of all countries, she can sew without using spectacles, and her hearing powers are still good. Her memory, however,

is very much impaired; and she remembers little of the events of her long life. She is still active, and carries her own wood and water, besides doing all the work of her modest house.

Her diet is quite simple, and consists principally of vegetables with little or no meat. After every meal she indulges in a glass of wine or brandy. The *News* goes on to say: "Our contemporary, *La Nature*, to which we are indebted for the portrait, gives a list of persons in France and elsewhere, who have exceeded the age of a hundred years. It is surprisingly large, and includes the well-known Thomas Parr, who died at the age of a hundred and fifty-two years, and a Frenchman named Priou, who died in 1838, in his hundred and fifty-eighth year.

TO THE MEDICAL ELECTORS OF THE SAUGEEN AND BROCK DIVISION.

Gentlemen: The representation of this riding in the Medical Council having become vacant by the death of our late esteemed member, Dr. Douglas, I beg leave to offer myself as a candidate for the representation of the division.

As our Medical Council is now one of the established institutions of the country, it is our duty to send those to represent us who desire its continuance and the increase of its powers.

I am heartily in accord with the majority of the profession in obtaining those amendments to our Medical Act which are being applied for at the present session of Parliament.

I also desire the elevation of professional status, by all those means which the Act empowers us to attain.

One of the most important is the entrance to the study of the profession, viz.:—Matriculation; the degree of B.A. should be required of every student, or at least a course of three years in one of our universities.

I shall use my best endeavors to obtain such a change in the law as will enable us to punish those practitioners who hire themselves to foreign companies for the purposes of quackery, and shall endeavor by every means in my power to further the interests of the profession at large. I am, yours, etc., etc.,

Galt, Feb. 16, 1886.

GEO. S. HEROD.