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CANADA MEDICAL • RECORD

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No. 5.

Original Communications.

ARTIFICIAL LIGHTING OF PUBLIC BUILDINGS AND PRIVATE HOUSES, AND ITS EFFECTS UPON THE HUMAN EYE.

In three parts, with Illustrations.

(Concluded.)

III.—REMEDIAL SUGGESTIONS.

By **CASEY A. WOOD, M.D.,**

Professor of Ophthalmology in the Chicago Post Graduate Medical School; Oculist to the Passavant Memorial Hospital, Chicago.

Those of my readers who remember my last article will recollect that one of the chief difficulties which near workers, whether students, typewriters, bookkeepers, stenographers, etc., may have to contend with lies in defective illumination. I pointed out that all kinds of near work, whatever they may be, should be pursued under conditions most favorable to the conservation of sight, and that these conditions ought to approach as nearly as possible that of diffused sunlight so shining upon their tasks that neither direct nor reflected rays fall upon the retina. I feel inclined to put the

illuminants as ordinarily used in offices in order of merit as follows: diffused or indirect sunlight, incandescent electric light, gas, kerosene, electric arc lights, direct sunlight. Evidence of the in-

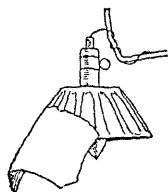


FIG. 1.

jurious effects of lights allowed to shine directly into the eyes of workers may be found in the attempts which clerks in banks, compositors and others frequently make to defend themselves from their own or surrounding lights. Apart from eye-

shades and peaked caps (and even peaked caps supplemented by paper attached to their projecting fronts), the lamp shades of electric lights are often provided with home-made protectors of opaque paper so disposed as to cut off the irritating rays of light. The evolution of an effective light may be studied in many a counting house. Fig. 1 shows the first stage.

One man, whom we may designate as A, finds that the light in front of him affects his not over-strong eyes, and requires a shade, which he ingeniously pastes over against *his side* of the desk. Should his opposite neighbor, B, have stronger or healthier organs, or if he relies upon an eye-shade for protection, *the other side* of the electric lamp may remain undecorated for a time, but sooner or later a second eye protector is added, and then we find the second evolutionary stage as depicted in Fig. 2.

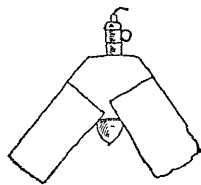


FIG. 2.

In the composing room of one of our best-known daily papers, and forming part of a building to which everybody connected with the establishment justly points with pride as the largest, newest and best-equipped of its kind in this part of the country, the superintendent lately removed there inartistic eye protectors as an offence against the æsthetics of the place! And yet they will surely reappear, unless the still more offensive stationary and semi-naked lights are better arranged. I have seen one or two examples of a further stage (or sub-stage) of eye-protection, where a third piece of paper was added, by C, to keep the light out of a third and more distant pair of eyes.

Last of all come attempts to remedy the evil effects of the *reflected* rays. The near worker often finds it necessary to "prop" up his book or papers at such an angle as will remove the annoying spot or line of light caused by the reflection of the rays from the lamp against the paper into his eyes.

A rather ingenious eye protector, calculated when properly placed to surmount the difficulties of illumination, is represented in Fig. 3. It may be seen in a large Chicago newspaper office, and is, so far as I know, the only successful attempt yet made upon a large scale to meet the requirements of the case. The shade of the incandescent lamp is prolonged into a lip, which effectually cuts off the light rays from the eyes of the worker in front of it. This device works admirably when employed for single cases placed against a wall. Here the light cannot annoy the compositor in front, and is usually sufficiently large to cut off the lateral rays. It also allows the light to be thrown equally upon all parts of the case. However, it presents

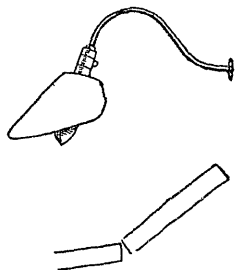


FIG. 3.

much the same weak points as the other lamps, when employed upon double rows of cases—as depicted in Fig. 4—because, as may readily be seen, men working upon one of these cases must of necessity receive into their eyes some direct rays from oppo-

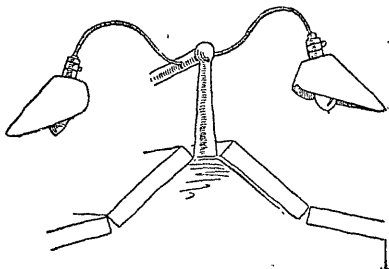


FIG. 4.

site lamps. Doubtless the posterior half of these double lamps will in time receive their quota of home-made shades.

The ideal illumination then, if necessarily artificial, ought to be that from an incandescent electric lamp of sufficient and constant candle power, so placed that while it lights or can be made to light with equal effect all parts of the desk, does not throw any of its rays directly or indirectly into the worker's eyes. Such a light should (having in view the men's difference in height) be so made that it can be raised or lowered at will, and for the sake of the presbyopes and the myopes ought to be capable of being swung directly over all parts of the desk, table or case. Finally, it should be simple in construction, easy of management, and provided with a perfectly opaque shade. A search among the electric supply stores has resulted in the discovery of more than one such lamp. Figure 5 illustrates what seems to me to fill all these requirements. I do not know its name or the name of its inventor, but it will serve to prove that efficient and harmless lights are to be had—if one only looks for them. The incandescent lamp proper is suspended from a projecting

arm by means of a cord which passes through two hard rubber or wooden balls. The lower ball is so arranged that the cord may be readily pulled through the hole in the former with just enough friction to retain the lamp at any desired distance above the worker's

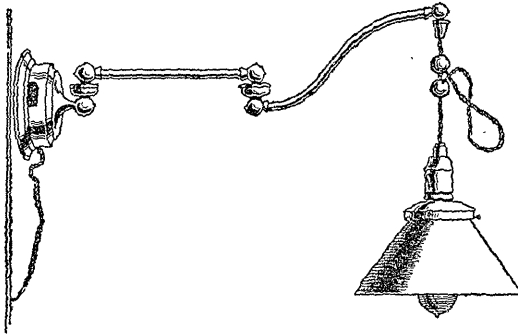


FIG. 5.

head. If desired to lower it the full length of the cord, the lower ball may be unhooked from the upper. These simple movements are supplemented by two double joints in the arm, so that the lamp can be moved in any direction horizontally, and be made to illuminate at will any particular portion of the work. The lamp shade is made of opaque material with a white porcelain lining.

The rude, glaring, naked and altogether abominable electric and gas chandeliers and powerful single lights, most commonly seen in theatres, concert halls, hotel dining rooms, churches, etc., need only be mentioned to be condemned in the strongest terms.

I know it is difficult to place lights in large rooms so that they shall be at once powerful for illumination, and innocent so far as vision is concerned; but it is altogether unpardonable not to put some apology for a cover or shade on that side of a naked electric light, or a collection of gas jets, whence the offensive light rays are projected into the eyes of an audience.

The furniture and decorations of a church speak for little intelligence on the part of the architect, and even the service itself is likely to be as "a sounding brass and a tinkling cymbal" in the ears of the thoughtful man, so long as his eyes are insulted during service by a great mass of retina-irritating gas branches or bunches of shameless electric lights!

For evening reading in private houses, or for the illumination required by one or two persons in private offices, my preference is for a good student's lamp, and the illuminant may be kerosene or it may be gas. The conditions under which reading and writing can be healthfully carried on by the aid of this form of argand burner are practically the same as those required for a more general illumination; *the lamp should be so placed that its rays fall on*

the book or paper, and never directly or by reflection upon the eyes of the reader.

For the reasons previously given, also, the ideal method of lighting rooms in private houses is one that imitates, as far as possible, the soft, diffused light of day. I have seen parlors, dining and bedrooms treated in this way, and the effect is soothing and pleasant even to sensitive eyes. Sixteen candle-power incandescent lamps were placed near the ceiling, hidden by the cornice or by a suitable reflector. The electric rays were projected upon a white ceiling, or one painted or papered in light shades, and thence they reached the observer equally from all the illuminating points.

This is not an economical plan, but it is an effective one, and is not open to the accusation of irritating tired eyes or of producing disease.

To return to the subject of printers and their eye troubles, the commandments which the writers of "copy" are usually enjoined to keep might, in these latter days, be summed up in the single injunction to write upon one side of the paper only, and yet in view of the eyesight of the unfortunate copyreader—and his companion in misery the long-suffering compositor—I would add (2) "thou shalt not destroy thy neighbor's optic nerve with pale or colored ink ; (3) thou shalt not blind him with illegible handwriting ; (4) thou shalt not war against his nervous system with such weapons as a lead pencil ; finally, (5) thou shalt not use, to the detriment of thy neighbor's eyes, any sort of paper except that which is opaque and white, and avoid that which is evil, namely the colored, the glazed and the thin."

With some slight modifications these injunctions might be extended to all classes of the community.

I fancy that reforms in the making of type are hardly to be expected. I have talked with many authorities on the subject, and cannot see any rational way out of the difficulty, although I am convinced that it would be better for the eyesight of printers were some indicator provided more easily seen than, for instance, a single nick in the edge of a type.

Turning from external difficulties I have to discuss those that result from errors of refraction (hypermetropia, astigmatism, myopia, etc.), weakness of the eye muscles, and other diseases of the eye itself. I have already discussed this subject pretty freely in the preliminary chapter on first principles. I must again emphasize what I there said about the advisability of having all optical

errors corrected, muscles strengthened and other ocular ailments properly attended to before pursuing any calling that makes constant demands upon the ocular, nervous and muscular energy. It must be remembered that hypermetropia and astigmatism are chiefly responsible for most of the cases of chronic inflammation of the lids, pain in the eyeballs, red eyes, headaches and nervous troubles that are found among near workers.

I have not referred to all the difficulties (any more than I have spoken of all their remedies) that occur to me in connection with the illumination of public and private buildings. There is, however, a matter which, in closing, seems to call for a passing mention. During my visits to various establishments of the city, I was struck by the differences in the provisions made for ventilating the working rooms—from the proprietors' offices to the engine room. Some were abundantly and scientifically supplied both with exits for the hot and foul air as well as with entrances for a cool and fresh supply. Some, on the other hand, were painfully deficient in these matters, so that, apart from other and possibly more serious considerations, the man with weak eyes, inflamed lids or congested choroid and retina might continue to remain in that condition if for no other reason than that his imperfectly aerated blood could give only a defective supply of nourishment to the diseased organs as long as he attempted to use them in a room foul with carbonic dioxide and rebreathed air.

I do not know that the use of tobacco and alcohol is any more common among those habitually following a sedentary occupation than among other classes in the community—doctors, for instance—but there cannot be the least doubt but that it is, in all its forms, not a good thing for the eyes. Especially in rooms which are incompletely ventilated, tobacco smoke adds greatly to the irritant qualities of foul air. In consequence, eyelids smart, an undue flow of tears obscures the vision, and incipient inflammations of all parts of the eye are encouraged to burst out in full force and compel the sufferer to abandon work. Indirectly, too, tobacco-chewing and alcohol add to ocular troubles by their dulling effect upon the nervous system. After forty-five, both these narcotics are liable to bring on disease of optic nerve, and produce a form of blindness that may persist long after whisky and tobacco have been abandoned.

It appears to me that a recital of a few cases of eye disease, directly and indirectly resulting from certain abnormal conditions under which many persons who use their eyes much do their work,

might be of interest in view of the fact that they illustrate and may emphasize, possibly, what I have been insisting upon in my previous articles. They are not hypothetical instances, but are all taken from my case books, and I know that similar cases come under almost the daily notice of other oculists.

A. R., aged twenty-four, has always had excellent vision, both in the distance and near at hand. He has been engaged in proof-reading for two years. Noticed a week ago that the print became confused and indistinct after an hour's reading, and if persisted in the eyes fill with tears. In the evening his eyes ache, and in the morning there is sometimes smarting of the lids. An examination revealed the fact that this patient had a marked degree of hyperopic astigmatism, which when corrected with proper glasses (for use during working hours) gave him entire relief from his annoying symptoms.

W. C., fifty-two years of age, has been a compositor of twenty years' standing, and although his vision in the distance has never been very good since he went to school as a boy, he has always been able, until quite recently, to read and see close at hand without glasses. Now he finds that types "blur," and that he can see the more distant types more easily than the near—just the opposite condition from that which obtained in earlier years. This proved to be an ordinary case of myopia, and with suitable glasses (which I advised him to wear constantly) Mr. C. can do his work and see as efficiently as ever.

I. G., aged seventeen, came to me on the advice of his father, to get my opinion as to whether his eyes are sufficiently strong to allow him to learn and practise the compositor's art. He has always had trouble with his eyes, especially when attempting to study. He discovered a year ago that there is a considerable visual difference between them—one eye having one-fourth normal vision and the other one-half only. An examination showed that the defective vision was due to a congenital deficiency, and was consequently incurable. He was accordingly advised not to engage in a business that would require such perfect vision as composing.

A short time ago I was asked to prescribe for a very intelligent printer, whose eyes were quite hypermetropic and astigmatic. He was wearing glasses prescribed by another oculist, which, in my opinion, were correct, but owing to the strain upon his visual organs they gave him continual trouble. Acting on my advice, he abandoned typesetting, and engaged in the work of a reporter, and since

that time has been comparatively free from eye strain and its attendant worries. I have no doubt but that many a compositor or proof-reader suffering from weak eyes will find the only permanent cure of their troubles to lie in a change of occupation.

G. P. R., forty-seven years of age, consulted me for a gradual loss of sight. He had only one-sixth normal vision in either eye, could read only the coarsest print, and was naturally much alarmed about his condition. He had tried all sorts of glasses without getting much help. A fog seemed to have settled down over his eyes, and both distant and close vision was "misty." On testing him I also found that he was color blind. He was an incessant smoker and took daily drinks of whisky, although, as he informed me, he was never "the worse of liquor." He also suffered from insomnia and loss of appetite. His was a well-marked case of tobacco-alcohol amblyopia, and, after a month's abstinence from these poisons, and other appropriate treatment, recovered his vision and was able to resume work.

E. C. C., twenty-seven years of age, came to me complaining of almost incessant headache, sometimes with and sometimes without pain in the eyes. The pain often started above his eyes and spread over the forehead and temples. He had never complained of defective distant vision, and his eyes appeared quite healthy until after an attack of typhoid fever a few months before. Now the pain sets in an hour or so after beginning his work as a compositor. Finding that one of his eyes was astigmatic and the other hypermetropic, I ordered him to remain away from work for a time, after which, provided with suitable spectacles, and bearing in mind my injunctions about the proper arrangement of light, etc., he was able to resume work with only an occasional return of his headache.

The last case I shall refer to is, in my experience, not uncommon among all classes of near workers. A young lady, copy-reader, consulted a physician friend of mine about her eyes. The lids were inflamed and painful; they smarted and burned after a few hours' work. Although not an oculist, the doctor was a man of sound judgment and good common sense, and at once made inquiry regarding the ventilation of the room in which she worked and the sort of light she did her reading by. He became convinced from her answers that neither of these was what it ought to be. He called upon the proprietor of the establishment where the lady worked, and was able to convince him that radical changes in these

particulars were necessary, not only for the health of his own patient, but for the sake of his other employes. Her troubles shortly disappeared as a result of these changes, and I was able, subsequently, to bear witness to the correctness of the doctor's diagnosis, for on examining his patient's eyes I found them in every respect normal.

A PLAIN TALK ON THE TREATMENT OF CONSUMPTION.

By A. D. STEVENS, M.D., DUNHAM, QUE.

Such is the mortality from phthisis in all the civilized nations with which I am acquainted, and such is the depth of the interest and attention that is being given to its prevention and treatment, that anyone who has anything to say, any contribution to our literature upon the subject, whether clinical or otherwise, any light that can be let in upon it, no matter how feeble the effort or humble the source, should be, and *is* given a hearing and a welcome. At all events, such thoughts and meditations as these furnish the cover or excuse I have to render for presuming to tread in the over-worn paths of the many who have preceded me—suggest, I repeat, the apology I have to make for attempting to follow, if not to lead, where men of better opportunities have had to acknowledge disaster and defeat—to rise again, it may be, with a renewal of energy, to beat back somehow, somewhere, or some time, the matchless destroyer.

Having said thus much in justification of a doubtful position, or, better perhaps, as a sort of preliminary skirmishing, I will endeavor to get down to work—to turn back some of the pages of my “book of remembrances” in treating consumption, such as they are.

Early in my professional career—it was in my first year—I was a witness to the treatment of a couple of cases of phthisis that made a lasting impression upon my mind. The one I was called to attend professionally, the other I saw simply as a spectator, but each was attended by a medical man of more than ordinary natural ability,—in fact, there were none who stood higher in the estimation of the public than the two medical gentlemen I refer to. Well nigh a generation and a half has since passed, and Time, the great leveller, has wrought its work, its changes in men,

as well as in things. It is true, the laboratory was silent—the pathology, the real, essential and initial features of tuberculosis were not as well sifted or determined as they are now ; but what would the younger men of to-day say if they were to see, as I did, a couple of patients suffering from advanced phthisis whose food was chiefly sweets and dainties, and who had been, and were still thoroughly ptyalized by mercury—ptyalized *secondem artem* ? I shall not undertake to answer for them ; I will only say, that I was at the time fresh from the school and the hospital, and had been taught, as I then thought, and still think, the better way. This locality is a comparatively healthy one, with favorable soil, air, drainage and water ; but there was in the days of our innocence and want of knowledge, as there is now, all too many evidences of the fact that the disease was at home among us, and that the death rate was anything but encouraging, as one may well infer.

Whether it was from the vision of two patients just alluded to, or from some natural, instinctive or constitutional tendency or fondness for tubercular disease, or both, I do not pretend to say, but I have all along contested every inch of ground for the cases that have been entrusted to my care to the best of my ability and with interest and feeling ; and although I am not by any means a specialist, I think I can safely say that as many cases of consumption have passed through my hands during the last four decades as have fallen under the care of any *one* of my neighbors.

It is not necessary—certainly not my intention—to give particulars or statistics of any kind, and I could not do so if I would. What I have to say must be accepted in a general way, and not supported by details or statistics, whatever may be the value your readers place upon them. The outlines or plan of treatment I have from the first been in the habit of following, if not the ideal one, according to some, has proved as satisfactory in my hands as any whose account has reached me, and yet there is nothing really new or startling about it. It is verily the old, old story once more repeated. It may be said to consist in strengthening the native forces, or fortifying the citadel at all points of exposure, sustaining and raising the vitality or capacity for resistance, by all and every means in our power, in the hope, so to speak, of forcing or crowding out the offending bacillus. There is not much room for doubt that the disease is one of mal-nutrition or mal-assimilation and defective elimination, and that, acknowledged,

it is of supreme importance, in the first place, to see that the appetite is good, or made good, and the digestive and eliminative organs able and willing to do their best work. This done, the way is made clear to get on to more solid ground—to supplement the work thus performed with what are known to be tissue-building foods, our most strengthening medicines, and all the pure air, exercise, cleanliness and sunshine that can be procured and endured. In other words, all, everything to exalt, to aid, to sustain, and nothing to oppose the processes of construction or reconstruction and repair. If both science and experience are agreed that it is essential to the well-being of the average man in health, that his food should contain all the elements in perfection that go to make up a healthy body and mind, it is of paramount concern that we insist upon something of the kind for the consumptive. Of all the signs that have a right to inspire us with confidence in ultimate success, there is not one, it occurs to me, that possesses greater significance, that gives more hope, than the one we have when the patient eats, digests and assimilates satisfactorily—clearly, neither drugs nor anything else can take the place of substantial food in such a wasting disease; the man who, in other words, eats and digests well has the key to the situation; he is in possession of the greatest factor in the whole field. And among the best of the tissue repairers and constructors upon the bill of fare must be placed beef; it stands at the head of the list. This is closely followed by milk and fresh animal foods of nearly all kinds, in fact, the whole proteid or highly nitrogenized class is a close competitor, and must be drawn upon—eggs, cheese, fresh fish, game, poultry; almost any kind that the appetite craves and the digestive organs can manage are in demand and should be prescribed. These, in view of the danger of tiring the stomach and perverting the sense of taste, as well as for other reasons, should be re-enforced by the best of the vegetables; but pastry and other delicacies, with the exception of fresh, ripe fruits, are better, perhaps, held in reserve for a man of more robust health.

If there is any prescription at all approaching a specific for tubercular phthisis—and I know of none—it is the old-fashioned tinct. ferri perchlor. with a dash of quinine in it,—say, fifteen or twenty drops of the former to one-half grain of the latter, to be taken in one-fourth tumbler water before or after meals. Whatever may be thought of this, a variety, a change of prescription, once a fortnight or so, is good practice, but, in the meantime,

violence is not to be done to the tonic basis or principle of treatment. No one kind of tonic should be given continuously, and, of these, there is happily a large number to choose from. There is the citrate of iron and quinine, strychnine and iron, or iron, quinine and strychnine. Then, there is phosphorus, nux vomica and iron. A very efficient change may be found in phosphoric acid, tinct. ferri perchlor., tinctures of columbæ and nux vomica diluted with water, or, preferably, with glycerine, syrup of orange and water. The sulphate of iron and quinine often do very well, and so does a prescription of arsenic, quinine, strychnine, gentian and iron, and some others of a similar character, which will readily suggest themselves. If the patient is of a well marked bilious temperament and in possession of a fair amount of vigor, the syrup of the iodide of iron will, for short intervals, do good work.

When, as sometimes happens, one has been forcing things for a long time and desires to call a halt—to give his patient a well earned rest, the compound syrup of the hypophosphites supply the want; but, after all, one's eyes in these modifications are the most reliable guide to reach a conclusion. Of cod liver oil, what shall I say? I know I am treading upon sensitive ground when I question its time-honored utility or application, and I almost fear to trust myself with a reply. I have so often noticed that its use was unfriendly to digestion that that fact alone negatives some of its supposed advantages. In any case, it seems to act more as a food than anything else, and, when it agrees with the patient, is of undoubted value as such, given immediately after meals in not larger quantities than he can well take care of. Pepsine and other digestive agents taken with meals are not to be lightly looked upon. The preparations of malt may also be useful to the same end. If constipation exists, a pill made of cascara, aloin, strychnine and belladonna, taken at night, meets the difficulty. Hardly have I met with a case that required either an astringent or an intestinal antiseptic to control diarrhœa. Owing to the stuffing process going on, the liver requires close watching, and, when it does get torpid, a pill made of podophylin, leptandrin and colocynth, to which may be added extract of belladonna or hyoscyamus, or both, will be found equal to the emergency.

Who has always been satisfied with the effect of cough medicines? My experience with those containing morphia, ipecac, squills, cherry and the like leads me to believe that they often do

more harm than good in more ways than one. The cough, like the night sweats, is only an effect—the smoke that escapes from the chimney and not the fire. If, however, a cough mixture seems necessary, a pill or a mixture made of hyoscyamus, valerian and camphor answers fairly well, and has the further advantage of not interfering with the digestion. Then, there are those who appear to cough more than is necessary to expel the secretions, and these may be *taught* to control the act to a certain extent.

The treatment by beechwood creosote, which has found favor for some little time past with some very good men, may be all right theoretically, but is it all right practically? I think not. If it is given, as I suppose, as a germicide; if its object is to attack directly the arch enemy at all points — “to carry the war into Africa,” or, in other words, to destroy all the micro-organisms by a continuous attack of much force, I should be afraid the patient himself would be the first victim. For the pyrexia and the night sweats, many more remedies have been suggested than have borne fruit—many more than, I think, can be successfully defended, and looking upon these, as I do, as merely symptoms or indications of weakness or adynamia, I prefer to put my trust in a well devised, all around tonic and hygienic treatment, rather than in any one or all of them.

When hemorrhage of much account occurs, there is no better way of arresting it than to give ergot freely, and cooling drinks, to be followed by twenty drops of tinct. ferri mur. in water every four hours. The danger of recurrence being past, we may feel our way back to the position we were occupying previous to the attack. Residence in certain elevated situations, such as those found among the foot hills of the Rocky and Adirondack Mountains, where the air is supposed to be abundantly rarified,—in fact, a change almost anywhere from a damp to a dry soil and atmosphere is often thought to be of advantage; but the man who lives much of his time out of doors in almost any dry locality—and if at home all the better—will derive as much help as can be expected from environment anywhere. And in addition to all this, if at home, he will be in a better position to observe the necessary hygienic conditions, and let us not forget that much of the secret of success in these cases lies very near here.

When at all convenient, it seems a good precautionary rule, if nothing more, to disinfect the house, both during and after treatment; to destroy, by burning or otherwise, the sputa, and to cleanse,

antiseptically, all dishes and other articles the patient is or has been in contact with. Long before the science of bacteriology was born, or, at all events, before it was much more than a respectable mist, a haze, a dream, men who have had much to do with pulmonary phthisis must, like myself, have noticed that it was and is in some way infectious—that there was and is a mysterious entity or something (now well understood to be the bacillus tuberculosis) which was the pathogenic cause, and through and *by* which it is transmissible and passed around, to perform its deadly work.

Of Dr. Koch and his methods I know nothing beyond what I have read. There is a unanimity of opinion, I think, that his tuberculin has proved a good friend to the veterinary surgeon, if not to ourselves, and let us not be afraid to entertain the hope, that time and perseverance in the researches and theories his name stands for will open out a brighter future for mankind ; that finally he who stilleth the storm and openeth the eyes of the blind will, in the good time to come, show us how to deliver the race from one of its most dangerous and daring foes,—consumption. The procedure advanced by him failing, isolation seems to offer about the only alternative ; but is it practical ? Until something more is revealed than has yet appeared above the surface, we may as well possess our souls in patience—make up our minds that we will be able to cure as large a percentage of cases by adopting some such practice as is herein indicated as by any other agencies now known. At any rate, I have very good reasons for believing that many cases *are* curable in this good, old-fashioned way.

Selected Articles.

THE INFLUENCE OF THE BACILLARY THEORY OF TUBERCULOSIS ON THE TREATMENT OF PHTHISIS.*

By J. EDWARD SQUIRE, M.D., M.R.C.P., D.P.H.,
Physician to the North London Hospital for Consumption, etc.

Within the last few years all sorts of antiseptics have been recommended in phthisis : some as medicines ; others of subcutaneous injection ; others, again, for use as inhalations, or even to be injected *per rectum*. Injections direct into the lung tissue were also practised. Some of the drugs employed had long been used in the treatment of phthisis, and had already gained a certain repute. Of these, creasote and iodine may be taken as examples.

Creasote and its derivative, guaiacol—both used in the form of the carbonate—are now, perhaps, the most fashionable. Theoretically, the attempt to kill or to prevent the growth of the bacillus tuberculosis within the body, by means of antiseptic or germicidal substances introduced direct to the affected part or carried there by the blood stream, is admissible. But the practical carrying out of this object is attended with great, and apparently insuperable, difficulty. No doubt if creasote, guaiacol, or corrosive sublimate (and many other substances) could be made to reach the bacilli in sufficient quantity, the result would be the destruction of the micro-organisms and the arrest of the disease. This, however, would be at the expense of lowered vitality of all the tissues and a consequent predisposition of the individual—a matter of some importance to those undergoing treatment in a special hospital for consumptive patients.

The quantity of any germicide required to make the fluids of the body antiseptic is a bar to complete success. Estimating the amount of the blood at one-thirteenth of the body weight, this would give for a man weighing 9 stone nearly 10 lbs. of blood. To make a 5 per cent. solution, about half an ounce of the antiseptic must be dissolved in the blood, and this quantity must be maintained in spite of rapid excretion. Hölscher showed that we cannot effect this, although both he and Cornet succeeded in rendering guinea-pigs partially immune against tubercle infection by injections of creasote.

But supposing we can get sufficient antiseptic dissolved in the blood, will it reach the bacilli? The pathological changes which

* Read in the Section of Medicinæ at the Annual Meeting of the British Medical Association held in London, July-August, 1895.

occur in the immediate vicinity of these organisms result in early obliteration of the blood vessels of the part, and the consequent cutting off of the blood stream from the disease focus. This necessarily prevents any blood-borne antiseptic reaching the bacilli in the tuberculous centre. True, the margin of the tuberculous area still receives its blood supply, and extension of the mischief might presumably be checked. But the bacilli in the centre of this area, secure from flushing by an antiseptic blood stream, thrive and multiply; and when, in the natural course, the bloodless mass softens and breaks down, myriads of bacilli are suddenly let loose to be carried to other parts. Were it possible to have the whole body so impregnated with antiseptics as to ensure the immediate destruction of these micro-organisms, wherever they may be carried, we should soon clear the body of the bacilli. But how would the living cells of the body thrive on such an antiseptic liquid? These living cells are our natural protectors against the attacks of pathogenic organisms, and we want to promote their vigor and not to poison them with antiseptics.

We must be content with a less strongly antiseptic fluid in the blood vessels, and at the best the bacilli will be "scotched, not killed." Antiseptic remedies cannot be relied upon as curative agents in pulmonary tuberculosis. Nevertheless, these drugs have a certain value in the treatment of consumption; and one object of this paper is to assign to these remedies their proper position, so that they may not be entirely discarded when the inevitable reaction against the antiseptic treatment of phthisis sets in.

Several observers have recorded beneficial results from certain of these antiseptic remedies, and this may in part be due to their possessing some action in destroying and nullifying the effects of secondary products of the growth of the bacilli, thus restraining the noxious agents which produce septicæmia. In this way they may prevent hectic, and the distressing symptoms which accompany high temperature. But perhaps the two great uses of antiseptics in phthisis are to prevent secondary infection by the air passages, and to destroy bacilli which have been expelled from the body. The latter object is attained by disinfecting the sputa; the former is, to a certain extent, possible by using antiseptic inhalations. In my opinion, inhalations are better for this purpose than antiseptic medicines which are excreted by the lungs; for, with the latter, in order to affect one organ, we flood the whole body with antiseptics.

The best means we have for destroying the tubercle bacillus within the body exist in the action of the living cells and fluids of the body—the natural safeguards against deleterious germs. If we drench the tissues with antiseptics, we may diminish the vitality of the bacilli, but at the same time we impair the vitality of the "phagocytic" cells, and this not only at the disease centres, but throughout the body. We are then interfering with the natural means of cure, not assisting Nature; and whenever medicine is opposed to the natural process of cure, it is likely to do more harm

than good. I have at different times given a fair trial to most of the special drugs which have been found successful by others; but in looking through my hospital records, I have not found one that gave results which justified expectations held out by their advocates.

The hospital to which I am attached is surrounded with pure air, of which we encourage the patients to take full advantage; a dietary is provided which is so generous that it is the despair of the Finance Committee; and as much comfort and cleanliness are maintained as is possible with the class of patients admitted. With such hygienic advantages, medicines are chiefly required to help the patients to get the full benefit of these, to stimulate appetite, to aid digestion, and to ease cough—especially so as to give a fair chance of a night's rest. In the ordinary case, a simple tonic (acid and bitter), an expectorant when needed, perhaps cod-liver oil, and an antiseptic inhalation from an oro-nasal respirator worn for an hour twice or three times a day, give better results than any of the antiseptic drugs which we have tried.

The good effects recorded by so many observers from the use of creasote, guaiacol, and other antiseptics prove that these remedies are beneficial in some cases. But there is hardly a drug which has not been used in phthisis with more or less success. There is much significance in the following remark of one who records his success with creasote carbonate. Dr. Chaumier writes: "Those of my patients who obtained fresh air to the largest extent, and who tired themselves least, derived the greatest benefit from my treatment with creasote carbonate. With those, however, who lived in bad hygienic surroundings, and, in spite of the disease, were obliged to work the whole day, the condition remained the same, or became worse." The lines would, I believe, apply equally well to any drug treatment of phthisis.

Hygienic means furnish the most reliable treatment for phthisis, and the medicines employed should help the patient to derive the fullest benefit from these. The essential importance of strengthening the resisting power of the tissues may be overlooked in attempts to kill the tubercle bacillus by antiseptics.

It is impossible here to quote cases in support of the views I have expressed. These views are, however, the outcome of careful observation of several hundreds of cases, and of a dozen years of special hospital experience.—*British Medical Journal*, Jan. 25, 1896.

THE TREATMENT OF CHRONIC PROGRESSIVE RHEUMATISM.

This condition, commonly known as rheumatic gout, arthritis deformans, and rheumatoid arthritis, is far more distressing to the patient than it is interesting to the physician. As a potent cause of many kinds of suffering, however, it is raised of necessity to a position of dignity, and one worthy of careful study. A little

paper by Cantagrel, *Médecine Moderne*, October 16, 1895, emphasizes the importance of certain well known facts, and brings into view others less generally recognized. Rheumatic gout or chronic progressive rheumatism is a disease of general nutrition, and thus differs widely from acute articular rheumatism, now believed to be an infectious process. It occurs at all ages, in all climates, though its most marked influence appears between forty and sixty. Women suffer more often than men. Heredity, direct or indirect, is a powerful factor in its production. It is found in families where there has been gout, phthisis, or Bright's disease, and is called into activity by damp and cold, by exposure and hardships, by overwork and strain. The first necessity is perfect hygiene: warm clothing, flannel next the skin, woollen sheets, and possibly a change of residence and also of climate. Diet must be arranged to suit special requirements. Above all, the patient must not be forgotten in the study of the disease. Massage and rubbings with alcohol are of service.

Of remedies, cod-liver oil is the best, together with iron, arsenic, and the iodo-tannic wine of Nourry. For pain,—antipyrin, salol, salophen, and colchicum are of chief reliance. Charcot gave large doses of alkalies combined with quinine—thirty or forty grammes daily of bicarbonate of soda for weeks at a time. Between the intervals of acute painful attacks, general nutrition should be improved by means of iodides and arsenic. This is the only real treatment, this improvement and modification of nutrition, and it should be begun early and continued late for a very long time, indefinitely. The iodo-tannic wine of Nourry possesses special advantages. Tannin acts as a powerful tonic, and enables the stomach to assimilate readily the dose of iodine. Arsenic does not always give such good results, for it sometimes increases the pain. To obviate this difficulty, M. G. de Mussy has devised a plan of arsenical baths to be used upon the subsidence of acute symptoms. One to eight grammes of arseniate of soda and one hundred or one hundred and fifty grammes of bicarbonate of soda are dissolved for each bath. At the same time, tonics are administered—quinine, iodide of potassium, or vin de Nourry. Baths seem to be of benefit because of their heat; hot mud baths are equally serviceable. The writer Cantagrel considers that this very hopeless disease is not without hope: iodide inwardly, arsenical baths outwardly. Pain may be made to disappear at the end of two or three weeks. Deformity and stiffness under the influence of the internal iodide and the external arsenic, together with the prudent use of massage and rhythmical movements, cannot be expected to show much improvement earlier than three or four months. It must be remembered that rheumatic gout (chronic progressive rheumatism) is a condition that is partly degenerative and partly inflammatory. It is possible to arrest it and prevent acute attacks.

—*Medical Record.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

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NIGHT TERRORS (PAVOR NOCTURNUS).

J. A. Coutts, M.B. Cantab, M.R.C.P., in the *American Journal of the Medical Sciences*, February, 1896, writes an article on this affection.

This subject, he states, has received but scant notice from English writers, more from those in French; it has had still more attention from German writers, and some able articles have been written on it by physicians in the United States.

A great divergence of opinion exists as to the nature of the affection: it has been attributed to digestive troubles, naso-pharyngeal affections, others suppose them to be of the nature of somnambulism and nocturnal incontinence, others link them with epilepsy, hysteria, rheumatism, etc.,—these causes ranging themselves in two classes: those due to interference, with respiration, and those due to central brain disturbance, having the common symptom of fright in the early part of the night. The author distinguishes two classes of cases: In one, the most frequent, the cause is reflex and due to abdominal or nasal trouble, and of little import; in the other,—rarer, and more various,—the cause is in the central cerebral nervous system. He suggests the name of nightmare for the first group, and night-terrors for the second, corresponding to Silberman's divisions into symptomatic and idiopathic. The distinction between the two affections are, in night-terrors, the patients "see visions," in nightmare, they "dream dreams". In the first, the attacks occur mostly between the age of 2 and 8 years; no such limits in nightmare. In night-terrors there is a history of neuroses, such as epilepsy, hysteria or chorea, in the other members of the family, none in nightmare. Infantile convulsions are not infrequent in night-terrors, and the attack comes on suddenly in a healthy child, and one attack only occurs in the night. In nightmare the child has chronic digestion or nasal troubles, and there may be several attacks during the night. A typical attack of night-terrors is thus described:

“The first thing that calls attention to the child is almost invariably a sudden, agonizing scream of terror. On entering the room, he is found, seemingly wide awake, sitting up in bed or crouching in a corner. With flushed face, and in a state of wild excitement, he converses with, or vehemently protests against, some imaginary person or thing that he sees close to him. The vision is always something of a threatening or terrifying nature, such as a horrible negro, a black statue, and the like. I have been much struck, too, with the large part the color red plays in these hallucinations, and Gowers has pointed out the same fact in the visual auras of epilepsy, and soldiers, blood, and fire figure prominently in the accounts furnished to me by parents. Whatever be the nature of the vision, it is repeated again and again of exactly the same feature in each attack, even after the passage of months in the interval between them. Although seemingly wide-awake in the attack, the child cannot be made sensible of his surroundings, and generally after being laid down goes off into a deep sleep without recognizing those about him. In the morning he has usually no recollection of what occurred during his sleep. Care has to be exercised in ascertaining this point, as children are apt to appropriate as their own experience occurrences that are often talked of before them, and are ready to detail them with parrot-like precision when questioned.

“It is not, of course, essential that all these characteristics should be present before determining as to whether a given attack was one of night-terrors or not. I have, however, thought it well to give in detail the lines that are useful for guidance in this direction.

“Contrasting nightmare with night-terrors, I think important differences are not hard to find. In the former the sleep is often disturbed from the outset, and the attack is merely a culmination of the state of unrest. On going to the child on his crying out, he is found wide awake, and not merely seemingly so. He generally complains of some vague terror, the result of his awaking alone in the dark. If he complain of persons or things being in the room, it will be found that his fancies are merely the remnants of a troubled dream, and he does not see them in the presence of a light. The objects of apprehension, too, are generally such as a has come across in his waking moments. It is perfectly common for a child that has been terrified by a person or some animal in the daytime to have such terrors repeated in his dreams at night. In contra-distinction to night-terrors, the same objects of dread are not presented with unchanging fidelity, but may vary with each separate attack. Although the child may be almost demented from extreme terror, and it may take some time to soothe him from it, yet he is from the first aware of the presence of those in the room with him. When his fears are allayed, he so dreads the return of them that hours of wakefulness may be the result of the attack. In the morning he has usually a perfect recollection of the occurrences of the night.”

The similarity of the attacks of night terrors to epilepsy is then pointed out, and a number of authorities quoted, who regard them in the light or as the proclimant of the neurotic temperament, and often followed by hysteria, migraine, chorea, insanity, somnambulism, etc., as well as epilepsy.

In regard to the treatment of night-terrors, general principles must be applied, and the avoidance of undue mental or nervous strain; in severe cases bromide of potash will control the attacks.

THE "DIAPHRAGM PHENOMENA" AND ITS IMPORTANCE IN CLINICAL MEDICINE.

By MORITZ LITTEN, M.D.,
Professor in the University of Berlin.
Medical Record, Dec., 1895.

Dr. Moritz in this article adds a new method in physical diagnosis. He made the discovery of this diaphragm phenomena in 1891, and has found it since in every case examined, unless some abnormal condition is present. He defines it as "the visible expression of the gradual detachment, during its inspiratory descent, of the diaphragm, from the walls of the thorax, and its gradual apposition to the thoracic walls while it rises during expiration." This alternate apposition and separation is plainly marked on the thoracic wall by the regular rising and falling of a peculiar shadowy line caused by the motion of the diaphragm, and denoting its momentary position; excursions of the diaphragm are seen as a horizontal, wavy undulation, starting on either side at about the sixth intercostal space, extending from the axillary line to the margin of the sternum, and descending several interspaces, sometimes as far as the costal margin during a deep inspiration. The medium distance of the excursions being about 2 2-5 to 2 4-5 inches, best seen when patient is lying on his back or in the kneelbow position, with a good light, the observer being about 3 or 4 feet away. The organs above and below the diaphragm move up and down, to the same extent as the movement of the latter hence the expansion of the lungs; their vital capacity can thus be gauged, and interference by diseased conditions recognized. The organs below, by palpation, are seen to move in accordance with the visible movement of the diaphragm. Its use as a sign is best observed in unilateral disease, when there is dullness in the lower part of the chest and the phenomena still visible above it, and the liver and spleen not affected. We have good evidence of subphrenic abscess. It is present low down in mediastinal and pulmonary tissues, and higher up in tumors of spleen and liver. It is absent in ascites, diffuse peritonitis, or ileus with meteorism and in pneumothorax or unilateral paralysis of the phrenic nerve. Dr. Moritz claims his method to be of great service in judging of the action of the lungs, after pleuritic effusions and injuries.

THE USE OF ANTITOXIN SERUM FOR THE PREVENTION OF DIPHTHERIA.

By HERMANN M. BIGGS, M.D.,
New York.

Dr. Biggs in the *Medical News*, Nov. 30th, 1895, states that the antitoxin produced by the New York City Health Department has been employed for the immunization of a large number of children, both in public institutions and private families, to control outbreaks and to protect inmates when there was evidence of possible or previous exposure to diphtheria. 50 to 600 antitoxin units were used, according to the age, and the protection lasts from 3 to 4 weeks.

In the New York Infant Asylum having about 400 inmates, an epidemic of diphtheria lasting some nine months was progressing, unchecked by the usual means; the inmates received their immunization doses of Behring's antitoxin, with immediate arrest of the epidemic. A few cases appearing during the next six weeks, 245 children again received a somewhat larger dose each. A few mild cases appeared, when the epidemic was totally stamped out.

A similar result was obtained in four other institutions. In the House of Reception of the New York Catholic Protectors, where the children of destitute parents are kept for three weeks, special observations were made. It was found that when the injection was given in the morning, towards evening there was an elevation of temperature of from $\frac{1}{2}^{\circ}$ to 1° . In 32 cases, 1 had traces of albumin before injection, none after; four, none before, but from a trace to 16 per cent. after; 1 had 30 per cent. before, 60 per cent. after; in all, the albumin had disappeared two days later. In families where a case of diphtheria occurred, the immunizing injections prevented the disease occurring in other members, even in cases where Loeffler's bacillus was found in the throat when treated. In no instance has there been any serious result from this application of antitoxin serum.

THE PREVENTIVE TREATMENT OF SEA SICKNESS.

Dr. A. D. Rockwell of New York, in the *Medical Record* of 25th January, 1896, has a paper on this subject. He endorses the theory that seasickness is dependent upon a functional disturbance of the central nervous system, consequent upon the constant series of mild concussions of the brain that are attendant upon the rolling, pitching and tremor of the ship. Hence a remedy that will obtund the sensorium, rendering it in a measure anæsthetic and unsusceptible to slight molecular change, is indicated. He claims satisfactory results from the use of the bromides first

suggested by the late Fordyce Barker ; they are capable of preventing even a suggestion of seasickness, and are successful in the great majority of cases when properly used. These results, however, depend on its proper administration. Bromization is necessary for 3 or 4 days before sailing, and to be kept up for several days after. The bromide of sodium is to be given in from 20 to 40 grain doses three times daily. He found it successful in his own case, and in a number of other instances related in the paper. No undesirable effects are produced by this quantity of bromide, and sleep on board was rendered more sound and refreshing.

THE BACTERIOLOGY OF EMPYEMA IN CHILDREN.

Henry Koplik, M.D., of New York, in *Archives of Pediatrics*, February, 1896, states that the advance in our knowledge of the nature of the pleuritic exudates is due almost entirely to studies in their bacteriology. The source of the infection may be the lungs, a simple tonsillitis, or retro-pharyngeal abscess, from tubercular foci and intestinal sepsis. The infections are either pure or mixed. The metapneumonic empyemas are more frequent in children here, the pneumococcus has invaded the pleura either in the first instance or from the pulmonary infection. Netter found this cause in 53.6 per cent. of his cases, and the author in 60 per cent. Metapneumonic pleurisies have a mortality of 2.3 per 100 (Netter) as compared to empyema from other causes 25 per 100. The effusion in a second group contains either the staphylococcus pyogenes or the streptococcus, or both combined. The majority of these cases are not infected from the lungs, but from amygdalitis, retro-pharyngeal abscess, osteomyelitic processes, and occurs especially with la grippe, also with scarlatina and other septic affections of children.

The tubercle bacillus is the cause in a third group, it is usually difficult to find in the exudate. There is great thickening of the pleura in these cases, and is less frequent than the other varieties ; only a few cases finally recover. The putrid empyemas constitute the fourth group, and either follow staphylococcus or streptococcus empyema, and in the foetid pus is found a bacillus resembling the communis coli, or lactis aerogenis, or it is a primary tubercular empyema which has been further infected. Some cases are on record where the typhoid bacillus or the bacillus communis coli were causative agents. Compared with adults, it is found that in the latter only 17.3 per cent. of empyemas are metapneumonic as compared to 53.6 in children, and while in the adult 53 per cent. of cases give the streptococcus, it is found only in 17.6 per cent. in children ; but many of the streptococcus empyemas in adults are tubercular. It is said that 68.5 per cent. (Netter) of adult pleurisies are tubercular, while 2-3rds of pleurisies in children are metapneumonic, and these are mostly purulent.

SURGERY.

IN CHARGE OF

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THE MURPHY BUTTON.

Dr. A. Vander Veer, in a paper read before the Southern Surgical Gynæcological Association, at Washington, D.C., in November, 1895, reports seven cases of abdominal surgery, in which the Murphy Button was employed. The results obtained were very satisfactory. Dr. Veer says: "It is difficult to understand some of the unfavorable reports made by English and German surgeons, when we contrast the very successful results obtained by so many American surgeons in the application in a practical way of this mechanical contrivance."

He points out that in cases of abdominal surgery where intestinal anastomosis is called for, the patient is not infrequently in a serious condition as regards strength, and all things being equal, that method which gives the most rapid and safe manner of procedure is the one that is to claim our attention. Time alone in some cases is the one great desideratum, which cannot be secured by some of the other methods.

His series of cases cover a wide range of pathological conditions. In two cases the long drainage-tube-button was employed to attach the gall bladder to the parietes.

One case of gastro-enterostomy, attaching the greater curvature of the stomach to the jejunum for carcinoma of the pylorus. Three cases of intestinal resection, where a number of inches of the intestine were excised, end to end anastomosis. One case of cholecystenterostomy for obstruction of the ductus communis choledochus. In the case of gastro-enterostomy, the patient, though comfortable after the operation, died on the third day from exhaustion. On examination, the button was found in excellent position, union quite pronounced, and all surroundings favorable. Dr. Veer is not favorable to any operation in these desperate cases when not taken in an early stage before the patient is cachectic, weak and emaciated.—(*Mathew's Medical Quarterly*, January.)

ERYSIPELAS INOCULATIONS FOR LUPUS.

M. Hallopeau presented a case before the Société Française de Dermatologie et Syphilographie, showing the curative effect of erysipelas in lupus. The patient was a woman who had been cured of grave lupus of the face six years previously, after an attack of erysipelas, and who had presented no sign of relapse

since that time. The inoculation of erysipelas is perhaps a daring treatment, but in such a terrible disease every promising measure should be tried. Hallopeau suggested opening an isolation clinic for the treatment of lupus by inoculations of benign erysipelas, only intervening in case the erysipelas appeared to be taking a serious form, either by the use of inoculations of erysipelas toxins or by applications of ichthyol.—(*Bull. Médical*, December, 1895.)

HYDROCELE.

On the ground of seventy cases of hydrocele treated at Krœnlein's clinic at Zurich, by various methods during the past fourteen years, Dr. Sparing (*Beitr. z. Klin. Chirurg*, XII) concludes: That the method of treating hydrocele by injection of iodine, is, as a rule, preferable to incision, in spite of rather frequent recurrence, inasmuch as recovery is more rapid, while it is free from certain inconveniences such as the persistence of fistulæ. Incision should, therefore, not be resorted to, except in cases of hydrocele with complications, or recurring after injection of iodine.

RECTAL STRICTURE.

Dr. Matthews' observations have been that benign rectal stricture is very seldom met with. When found, it is simply an annular constriction of the mucous membrane, which is easily dissipated and does not require excision. When the surgeon introduces his finger into the rectum and finds a stricture, it betokens one of three serious diseases—syphilis, tuberculosis, or carcinoma—and the patient should not be turned aside with a jesting remark that he has a rectal stricture. Dr. Matthews maintains that sixty per cent. of the cases of stricture of the rectum arise from syphilis, or are the result of it. He had asked his professional friends to investigate this matter, and make known their investigations. The responses he had received were nearly all in the affirmative. He regards syphilitic stricture of the rectum as more frequent than either carcinoma or tuberculosis.—*Med. News*.

COLECTOMY.

Mr. Mayo Robson (*Brit. Med. Jour.*, Oct. 19, 1895) reports five cases of colectomy—three for malignant tumors and two for fecal fistulæ due to stricture—with four recoveries. He states that after using and seeing used all the methods and contrivances for establishing anastomosis, he has returned, in enterectomy, to the use of the decalcified bone bobbin, which he prefers on account of its simplicity and safety, and because it can be employed quickly, secures an immediate patent channel, leaves no foreign body permanently in the passage, avoids stricture by securing continuity of mucous surface, and can be adapted to any of the operations on the intestinal canal.

RENAL SURGERY.

Dr. J. M. Jackson concludes: Marked pathological conditions of the kidneys may exist without any of the usual diagnostic symptoms, and without serious physical results until late in the case. Exploratory incision becomes, therefore, a necessary procedure. The abdominal incision gives good access to kidney for inspection, and permits easy removal without danger of stretching and rupturing either ureter or vessels.—*Med. Fortnightly*.

SURGERY OF THE URETER.

After briefly reviewing the progress made in the last few years in the surgery of the ureter, Dr. Harvey Reed draws the following conclusions:—

1. That, where it is possible, a traumatism of the ureter should be repaired by a plastic operation which has for its object the union of the distal and proximal ends of the ureter.

2. Where it is possible to reach the superior portion of the bladder, it is advisable to implant the proximal end of the ureter into the bladder.

3. Where it is impossible to either unite the distal or proximal end, or implant the proximal end into the bladder, we would advise, as a matter of choice, the implantation of the ureter into the alimentary canal, rather than into the vagina, or the making of a fistulous opening through the skin.—*Columbus Med. Journal*.

OBSTETRICS.

IN CHARGE OF

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Abstract of a Paper entitled

THE PROPHYLACTIC TREATMENT OF ECLAMPSIA GRAVIDARUM.*

By H. W. LONGYEAR, M.D.
DETROIT, Mich.

The author recognizes two varieties that may occur as a result of the pregnant or puerperal condition, viz.: first, those of a purely nervous character, which usually occur in women of neurotic habit, and those who are predisposed to epileptic attacks; and second, convulsions which occur as a result of some change in the blood and tissues of the patient, due to renal disease, as specially indicated

* Read before the Amer. Soc. of Obstet. & Gynec., Sept., 1895.

by the presence of albumen in the urine. Cases of the first class are comparatively rare, and when occurring the prognosis is generally good. Such, however, is not the case with the second class. Here we have a definite and uniform pathological lesion, which indicates clearly the direction at least of the course of treatment. Early diagnosis is of the utmost importance to the success of any preventive treatment, and to insure this the urine of every pregnant woman should be systematically examined by the physician at least every two weeks after the 6th month. The percentage of albumen present in the urine should not be considered the only test as to the patient's danger from eclampsia, as many patients have considerable quantities of albumen, and still are in no danger if the constituents of the urine otherwise indicate good renal functionation.

On the other hand, a very small percentage of albumen—often only a trace—may be present in scanty urine of low specific gravity, which condition, if at all persistent, portends serious trouble for the patients. The prophylactic treatment may be divided into dietetic, medicinal and operative, the latter to be adopted as a last resort in case of failure of the others. In simple cases of albuminuria without scanty urine, an exclusive milk diet may tide the patient along to safe confinement without medication. If the urine is scanty, diuretics should be used, also baths and repeated purgations, also more tonics given. The patient's mind should be kept tranquil. In strong plethoric patients, venesection should be promptly used as soon as any eclamptic symptoms appear. For the iron tonic, Basham's Mixture is recommended. Where the urine is scanty and the medicinal treatment fails, if the child is viable, premature labor should be induced. During parturition the accoucheur should watch closely the progress of labor, and do all in his power to prevent or modify the various causes of dystocia. It will be necessary, as far as possible, to keep the pains regular and normal in type, and allay, as far as possible, pain and irritability of the nerve centres by the use of such remedies as chloroform, chloral, warm baths, venesection; and, finally, if pains are weak, finish the labor with forceps. Keep the uterus contracted by pressure of the hand after the placenta is delivered, to prevent large clots forming on the uterus, as their expulsion might set up convulsions.

Prof. Parvin says eclampsia, occurring in a pregnant woman before labor, is fatal in about fifty per cent. of the cases, while if it occurs after labor it is fatal only in about eight per cent. of the cases.

*Abstract of a paper on***A NEW POSTURAL METHOD OF TREATING PRO-
LAPSUS OF THE UMBILICAL CORD.**

By A. BROTHERS, B.S., M.D.

NEW YORK.

Prolapsus of the funis is a serious complication of labor, chiefly because of the increased dangers to the child. The mortality is placed at 37.6 per cent. by Hecker, 53 per cent. by Scanzoni and Churchill, and 79 per cent. by Charpentier, 28 per cent. by the New York Bureau of Vital Statistics. The nature of the presentation, the shape of the pelvis and duration of labor are modifying prognostic circumstances. The early discovery of the prolapsed cord before the rupture of the membranes offers a far better prognosis for the child than the case in which a considerable portion of the cord is found prolapsed after the waters have escaped. The greatest danger to the child is offered by a prolapsed cord and a vertex presentation. The genu-pectoral posturæ method was first suggested by Thomas. This position causes the cord by gravity to sink down towards the fundus. But this position is an arduous one for a woman in labor, especially if kept up for any length of time. The author suggested over a year ago the Trendelenberg position.

The author has tried it successfully since that time on three cases. He places the patient in the Trendelenberg position, replaces the cord, and keeps it back with a sponge that has been boiled, turns, which is much more easily done in this position, and rapidly delivers.

**SUGAR IN THE TREATMENT OF UTERINE
INERTIA DURING LABOR.**

It remained for Mr. Bossi, of Genes (*Rev. Illustr. Polytechnique Médicale*), to make practical application of a theory propounded by Drs. Paoletti and Mosso, that sugar taken internally might be found to exhibit as stimulating an effect upon the group of uterine muscles as it has on voluntary muscles. Bossi administered a dose corresponding to an ounce of sugar in about eight ounces of water. A most excellent effect was observed after the dose in all but one of the cases, the ecboolic action showing itself in from twenty to forty minutes; and nearly always lasting till the birth of the child. In the other case, a second dose had to be given. The contractions were always quite regular and free from any tetanic tendency.

STRYCHNINE IN PREGNANCY.

Olenyn (Protocol of the Medical Society of Tombow for 1894) has successfully used strychnine in sixteen cases, for the correction of weak labor pains, in doses of $\frac{1}{32}$ to $\frac{1}{16}$ grain twice daily, at intervals, during the last 6 or 8 weeks of pregnancy. Four of these cases were anæmic, Ipara from 19 to 32 years of age with weak muscles; three multipara under 30 with habitual weak labor-pains; the others had chronic metritis; small uterine fibroid; flabby uterus and relaxed abdominal wall; tertiary syphilis; general debility; diseased appendages with hysteria. In two of the cases forceps had to be used, and in one the child was dead; but in all the other cases delivery was rapid and regular, and the children lived. The third stage lasted ten to twenty minutes, and post-partum contraction of the uterus was excellent.

DELAYED PUERPERAL INFECTION.

Doleris (in *Nouv. Arch. d'Obstet. et Gyn. Nov.*) points to the established fact that the bacilli of infection may be temporarily innocuous until some incident arouses their former virulence. Thus an infection may lie latent for weeks or even months, and then suddenly flares up and produces serious symptoms of puerperal infection. Thus also an infection may occur some time after labor, and still have a puerperal character, owing to the sexual organs possessing a special morbid receptivity from want of involution having occurred. Treatment would be in accord with antiseptic principles.

THE RESULT OF VERSION AFTER SYMPHYSEOTOMY.

Spaeth (in *Monats für Geburt und Gyn Bd. H.5*), reports a case in which he failed to deliver a child with the axis traction forceps after symphyseotomy, and succeeded by version. He finds that 9.5 p.c. of children are lost by version and 21 p.c. with forceps. He disagrees with Schauta that version is likely to cause laceration of the sacro-iliac synchondrosis.

BACTERIAL ORIGIN OF ECLAMPSIA.

Leusden (in *Virchow's Archiv. Bd. CXL III H.1*), after examining the various organs of two cases in which eclampsia occurred, says: "I have found nothing which indicates the infectious (bacterial) origin of puerperal eclampsia. The probability is that a toxic substance circulating in the blood is the cause of the eclamptic attacks. The changes in the kidneys are the principal organic

lesions. The embolism in the lungs of the placental giant cells is only an accidental coincidence. There are no emboli containing liver cells. The minute necrotic changes in the parenchyma of the liver in both cases could not be connected with the cause of eclampsia. The hyaline (fibrous) thrombi of the lung and liver capillaries are the result of secondary uræmic changes, and are independent of the eclampsia.

PATHOLOGY.

IN CHARGE OF

ANDREW MACPHAIL, B.A., M.D., M.R.C.S., Eng., L.R.C.P., Lond.

Professor of Pathology, University of Bishop's College.

PATHOLOGY.

Attention has been called in many quarters to the work in Surgical Pathology and Therapeutics, by John Collins Warren, of Harvard University, the first of its kind published in this country, of the same scope and much resembling in this respect the work of Billroth which bears the same name. It is not the present purpose to refer to its many excellences, either as a text-book or as a summary of the best that is known upon the subject, but rather to deal with one small portion, the section devoted to shock. Yet one must observe its high literary quality, and how singularly free it is from that embellishment of words which is commonly believed to constitute what is called style.

This discussion of shock is the more timely, since not many works on Pathology deal with the subject at all. The term has been used to cover a wide group of cases, including those in which there has been an actual concussion of the body, as in a railway accident, to those in which the affection follows a profound mental impression with attendant symptoms of neurasthenia or of hysteria. Laying such cases aside, the term shock should be applied to those cases in which death ensues upon injuries of parts not essential to life and unattended by hemorrhage, as was pointed out by G. Travers in 1828. It is not a little singular that a condition so grave and so common should have excited so scant attention. Up to the time of Billroth and Neudorfer it passed unnoticed in Germany. The terms "traumatic stupor," "prostration without reaction," "collapse," and "neuro-paralysis" were then introduced, but have now generally given way to the expressive English word.

Dr. Warren admirably discusses the prevalent views as to the production of this condition. They fall into two classes: the one concerns the vascular, the other the nervous system. Fischer takes the ground that the heart is paralyzed as in the case of Goltz's dog, with a loss of tonicity in the abdominal vessels, so that the great mass of the blood stagnates there. This, he thinks, would

explain the anæmia, coldness and loss of sensation. He holds with Goltz that there is a general vaso-motor paralysis. Experiment shows that muscles deprived of their blood are rigid and unable to perform their function, and cerebral anæmia would explain the mental phenomena, the nausea and vomiting. Schneider with Falk and Somenburg adopt the theory of a reflex paralysis on the analogy with the cause of death after burns, and Mansell-Moullin elaborates it into something as follows: Shock is an example of reflex paralysis, probably in the majority of cases generally affecting all the functions of the nervous system and not limited to the heart and blood vessels only.

Gross, Eulenburg and Schede adopt a similar view. Now, Goltz himself refers to this vaso-motor paralysis rather as syncope or fainting, explaining the circulatory symptoms, but not those of sensation and motion. Ligation of the abdominal aorta does not produce the symptoms of shock, nor does the application of an Esmarch bandage cause anæsthesia, and anæmia of the brain is associated with syncope not with shock. Indeed, in animals dying from shock, the abdominal vessels are found empty, and many claim that an animal cannot be bled to death into its own veins. Even division of the splanchnic nerves does not produce the characteristic symptoms of shock. Surgeons have never observed in cases of shock that the vessels of the abdomen were unusually full. Again, many pathologists, amongst them Savory, hold that the heart is powerfully affected through the nervous system, and its action is arrested. Upon these lines Blum explains the functional disturbance of the heart by the action of the pneumo-gastric nerve similar to that caused by experimental irritation. But this theory does not account for the diminished blood pressure, the weakness of muscular action and the affection of sensibility.

Besides, irritation of the pneumo-gastric nerve causes arrest of the heart in diastole, while in death from shock the heart is often found contracted and empty. It is interesting to note that Billroth assigns as the cause a molecular disturbance of certain parts of the brain, and Brown-Sequard attributes it to an irritation of the cervical cord, the medulla and the neighboring central structures.

The leading advocate of the nervous theory of the origin of shock is Grœnigen. He holds it is due to a condition of fatigue or exhaustion of the nerve centres induced by over-irritation. In this connection the observations of Hodge are suggestive. After microscopic study of the changes in the nerve cell due to functional activity, he claims that he has found alterations comparable with those seen in the cells of a gland performing its function. They both conclude that there is a profound functional disturbance, which does not gradually disappear after an interval of rest. The view which the author himself takes is that a single, sudden maximum irritation produces a degree of exhaustion in the nerve centres from which there is no recovery. He then at-

tempts to distinguish several varieties of shock: "the torpid form of shock," "prostration with excitement," "delayed shock," "insidious shock," and the "local shock of Pirogoff." He next deals with those injuries, which are peculiarly liable to be followed by this condition, and the operations which have so often proved fatal from this cause.

Again, the influence of shock upon infectious diseases has always excited interest. But it is probable that here one must differentiate between powerful mental impressions and the effect of shock. Galeazzi has obtained valuable experimental evidence, showing that the condition of shock lessens the liability to infective processes. The abdominal cavities of guinea pigs were opened, and by the use of cold sponges to the intestinal coils, a condition of collapse was induced. Inoculations were then performed with the bacilli of anthrax and diphtheria and with the bacterium coli commune. In all cases the reaction was much less than the normal. The same results were observed after poisonous injections of strychnine. From all of which it would appear that the toxins do not readily pass from the blood into the tissues in a condition of shock.

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF

GEO. TILLERIE ROSS, M.D.

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Laryngologist Western Hospital.

Parachlorphenol in a 10 p. c. glycerine solution sprayed on laryngeal tuberculous ulcers is claimed to cure them, whether superficial or deep, as well as cause absorption of tuberculous infiltration—(*Archives des Sciences Biologiques*.) The drug is said to have an advantage over lactic acid and curetting, in that it may be employed up to the last hours of life in all stages of laryngeal tubercle.

Bar (Nice) relates a case of grave complications following operation for extirpation of adenoid vegetations. The most rigorous aseptic and antiseptic precautions were followed both before and after the operation which caused these results. The author thought the unfortunate case only confirmed anew the theory of Brieger and himself regarding the uselessness of antiseptic washes in these regions.

Beverley Robinson finds that a gouty or lithæmic condition underlies many laryngeal affections, showing the importance of studying the general condition of the patient, a thing which many laryngologists ignore. He attributes many coughs, the origin of

which is obscure, to such causes as an engorged lingual tonsil, a distended lymphoid mass between the epiglottis and base of tongue, or a lingual varix. The correction of these morbid states and a due regard paid to any necessary constitutional indication has been found sufficient to relieve an otherwise stubborn cough.

Anæsthesia by guaiacolated oil in ear, nose and throat diseases is discussed in January number of *Annales de l'Orcille, du Larynx, etc.*, by Laurens, referring first to the excellent results obtained in general minor surgery by the hypodermic injection of this substance. Olive oil, extremely pure, is first treated with chloride of zinc to eliminate resinous or coloring matters, washed afterwards with alcohol, to separate formed fatty acids, and finally maintained at a temperature of 100 °. The resulting product is very pure. Solution of one in twenty was found to give satisfactory anæsthesia, in several cases of paracentesis for acute purulent otitis media, and seven cautery applications to nose of a child 8 years old. This substance is not so readily applicable to the pharynx as cocaine, and has also the objection that it takes longer time than cocaine to produce anæsthetic effect, owing to slower absorption, from 15 to 20 minutes being required, as compared to 8 or 10 for cocaine. It is thought the choice of another vehicle will overcome this slow action. On the other hand, the great safety of this anæsthetic makes its selection preferable to cocaine, cases of poisoning through use of the latter being not infrequently recorded. The author does not pretend that this analgesic will supplant cocaine, but his experience, though limited, has demonstrated its value in throat and nose cases. Apropos of cocaine Dr. de Havilland Hall uses and recommends a solution containing 10 p. c. resorcin and 20 p. c. cocaine. The toxic effect of cocaine is diminished by this combination while its anæsthetic effect is increased. The antiseptic action of resorcin is valuable. He disapproves of spraying nose with cocaine, as nearly all cases of poisoning by this drug have occurred after spraying. The writer's experience confirms this statement. The solution should be applied with cotton wool. One should always keep ammonia (aromat. spts.) and nitrate of amyl on hand, which are the reliable antidotes for cocaine poisoning.

Farlow of Boston records a few cases of polypoid lipoma of larynx and cheek, referring to their uncommonness and to deaths from hæmorrhage and suffocation where they are allowed to attain large size. From the larynx they are best removed with galvano cautery snare, in the mouth, if pedunculated, their removal is simple, but they may grow into the cheek, becoming large, and may be mistaken for tumors of the parotid, which they resemble. The writer's only experience with these growths was one which he removed 6 months ago from the cheek of a lady fifty-five years old.

Journal American Medical Association states, regarding nasal catarrh, that the original condition of the mucous membrane in chronic inflammation cannot be restored by any course of treatment, but that by treatment from time to time the serious difficulties that would result therefrom may be prevented, and the patient made comfortable through life. More they cannot procure by any line of treatment, and they usually will be contented with this statement unless promised a radical and permanent cure. The following conclusions are given : Surgical work must be done in certain cases ; constitutional treatment is necessary in some ; local applications in all ; the remedy should reach all parts affected, and be in itself and the means by which it is applied non-irritating, and that it is useless to prescribe a spray producer for a patient without first teaching him how to use it.

Frendenthal says if we want to cure a post nasal or similar catarrh of the respiratory organs, it is not sufficient to prescribe a gargle or spray, we must treat the whole body, as every cold, every noxiousness of the skin, works back on the mucous membranes. Our general mode of living makes us susceptible to the influence of weather, and therefore we must harden our bodies by daily living and moving a certain time, not too short, in the open air, and this we should be capable of doing with benefit, rain or shine. Weltz has shown that bacteria in the air decrease in winter and rainy weather, and increase towards the warmer season, so rain should not be an obstacle to judicious outing. The barefooted condition of children is advocated while they are in the country in summer as being one means of preventing catarrh in winter. Cold baths and washings are dwelt upon as helpful, with light underclothing in winter, heavy weight being considered objectionable.

THE CANADA MEDICAL RECORD

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Editorial.

THE DENTAL PROFESSION AND BISHOP'S COLLEGE.

Many of the Medical profession in the Province of Quebec are aware that the University of Bishop's College has for some years been repeatedly approached by a number of Dentists, with a view to establishing a Faculty of Dentistry in connection with its Medical Faculty. In 1893, it decided to do so, and arrangements were made whereby lectures were delivered during the session 1893-94. This action was largely brought about by the Dental Association establishing the Dental College of the Province of Quebec, and its attempts to affiliate that College to McGill and Laval Universities for conferring the degree of D.D.S. Although there was not any question as to the right of Bishop's University to teach Dentistry and confer degrees,—yet, as the law stood, graduates would have to present themselves for examination before the Board of Examiners of the Dental Association before receiving a license. The re-examination of their Medical graduates before the Medical Licensing body of this Province has always been successfully opposed by Bishop's, McGill and Laval, and Bishop's felt that its opposition to a Central Board of Examiners must extend to its Dental as well as to its Medical graduates. With this object in view, it presented to the Quebec Legislature, in December, 1894, a bill, which was absolutely identical with the present Quebec Medical Act, and giving the same rights to McGill, Bishop's and Laval. The title of the Dental degree recognizable was not mentioned—the possession of a Dental degree from one of the

three Universities in this Province was all that was necessary to obtain the benefits of the Act. It secured to graduates the granting of the License without further examination—the Board of Examiners exercising its function through assessors named by it, being present at the examinations. This Bill was very favorably received by the Legislative Assembly, which passed it by a large majority. In the Legislative Council it met with severe defeat, the committee to whom it was referred, reporting against it. In November, 1895, the Bill was again brought forward by being first introduced into the Council. This time Laval gave a certain amount of aid by writing a letter—stating that “it would view with pleasure the passing of a law which would give to Universities the right to confer degrees in Dental Art, upon the same terms and conditions as they are now conferred in Medicine.” McGill held aloof, having in the meantime offered to give a degree to be called G.D.S., and which the Dentists had the good sense to refuse. The Dental College representative opposed the Bill again before the Council, and the Dean and Vice-Dean of Bishop’s, with several dentists, supported it. The fight was very keen, neither side being prepared to give way. The Hon. Dr. Ross, who was chairman of the Council Committee to which the Bill had been referred, took a deep interest in the whole question. He studied it carefully, and then telegraphed to the Dean of Bishop’s, that he thought a compromise, honorable to both, might be arranged. Both sides met at Quebec on December 4th, Bishop’s College being represented by Dr. F. W. Campbell, Dean; Dr. J. B. McConnell, Vice-Dean; Dr. Vosburgh, one of the teachers in the Dental Department; and Mr. J. L. Lavery (of the firm of Casgrain & Lavery), their attorney. The Dental College was represented by its Dean, Dr. W. G. Beers; and the Dental Association by its President, S. Globensky; Dr. Lovejoy, its secretary; and A. Globensky, their attorney. A free discussion took place—the result being that the following compromise Bill was drafted and presented to the special committee to whom the previous Bill had been referred by the Legislative Council. After it had been discussed clause by clause, it received the unanimous endorsement of the Committee.

(COUNCIL BILL C.)

An Act to further amend the law respecting Dentists.

HER MAJESTY, by and with the advice and consent of the Legislature of Quebec, enacts as follows:

1. Paragraph 2 of Article 4055 of the Revised Statutes, as replaced by the Act 55-56 Victoria, chapter 32, section 1, is amended by adding thereto the following words: "but, in addition thereto, each of the universities in the Province of Quebec granting the degree of Doctor of Dental Surgery, and to which the Dental College of the Province of Quebec is affiliated, and also the said Dental College of the Province of Quebec, shall be entitled to appoint a member of the said board, and such member shall also be a member of the Dental Association of the Province of Quebec, and in such case the total number of members of the Board shall be increased by the number of members so appointed."

2. The following article is added after Article 4055*a* of the said Revised Statutes, as enacted by the Act 55-56 Victoria, chapter 32, section 2:

4055*b*. Any person shall, however, without further examination as to his dental knowledge or skill, be entitled to receive from the Dental Association of the Province of Quebec, a license to practise dentistry in this Province, and the title of "Licentiate of Dental Surgery," upon fulfilment of the following requirements:

1. He shall have obtained the degree of Doctor of Dental Surgery from any university to which the Dental College of the Province of Quebec is affiliated; provided that such degree shall have only been given after three years of study of dentistry in any of the said universities, from the date of his having passed the examination required by the Board of Examiners of the Dental Association of the Province of Quebec, of candidates for admission to the study of dentistry, and according to the curriculum of study prescribed by said board of examiners;

2. He shall, at least one month before any of the regular sittings of the said board, referred to in Article 4059, have paid, into the hands of the treasurer of the said Dental Association, the fees required from candidates for admission to the practice of dentistry, and shall have enclosed and delivered to the secretary of the said association the treasurer's receipt for the same, together with evidence satisfactory to the said board of his integrity and good morals;

3. He shall have studied during three years with a licensed dentist of this Province, in accordance with the provisions of paragraphs 2 and 3 of Article 4058.

3. The following Articles are added after Article 4061 of the said Revised Statutes, as enacted by the Act 52 Victoria, chapter 40, section 1:—

"**4061*a*.** The board of examiners of the said Dental Association shall appoint two or more assessors, either outside its own body or from amongst the members of the said dental association, to attend the dental examinations of the universities to which the Dental College of the Province of Quebec is affiliated, mentioned in Article 4055*b*, and to report to the said board of examiners upon

the character of such examination ; but such assessors shall not be chosen from amongst any of the teachers in the said college.

“ If the report should be unfavorable to some of the candidates, the Dental Association may refuse to grant the admission, license and title mentioned in the said article to those candidates whose qualifications have so been deemed insufficient.

“ It shall be the duty of the college to notify the secretary of the Dental Association of the time and place at which their examinations in dentistry shall be held, at least one month previous to such examinations.

“ **4031b.** The Dental College of the Province of Quebec, as established by the Board of Examiners of the Dental Association of the Province of Quebec, is declared to have a legal existence, and the board of examiners aforesaid shall have, in relation to the universities granting the degree of Doctor of Dental Surgery, and to which the Dental College of the Province of Quebec is affiliated, all the rights and privileges mentioned in section 2 of the Act 55-56 Victoria, chapter 32.”

Before the above Bill had time to reach the Council, the Medical Faculty of McGill discovered that their new-born Dental degree of G.D.S. had not been arranged for. In other words—having failed to give Bishop's College assistance when they could have done so, and legitimately secured recognition to their new degree, the affiliation of the Dental College with Bishop's had left them out in the cold. Here was a condition of things the McGill Faculty of Medicine had not counted on. The result was that the Dean, Dr. Craik, and Dr. Ruttan hurried to Quebec, and arrived just in time to prevent its consideration by the Council. They secured the Bill being referred back to the Committee, where they met the representatives of Bishop's and the Dental College. With a resignation which was most commendable, considering what they had already been subjected to, the Committee heard both sides, and again recommended the Bill in the same form as it had previously met with their approval. When, a day later, it came before the Legislative Council, it passed its third reading by a unanimous vote. In the Legislative Assembly, owing to the unavoidable absence of Mr. F. E. Panneton, M.P.P. for Sherbrooke, who last year so successfully carried the original Bill through that house, the compromise Bill of this session was taken charge of by Dr. Cartier, M.P.P. How thoroughly the house recognized that the compromise was a sensible and judicious act, is proved by the fact that, in spite of a renewed attempt made by McGill to get recognition of its proposed G. D. S., the Bill passed its three readings in one day, in every way just as it came from the Council.

A most unusual thing, it was not referred to any Committee. Thus has terminated a struggle of several years' duration between the Dental College and the Faculty of Medicine of Bishop's College. It would be untruthful to say that the fight was not a bitter one. Each side worked earnestly and hard for what it believed was right. Amid all the heat of discussion—and the licence of a Committee room gives ample opportunity for irritating remarks—we are pleased to know that not a word was said on either side which can leave behind an open wound.

After a full consideration of the situation, we are free to confess that it was wise for both sides to cease the struggle, and make amicable terms, honorable alike to both. We believe that Dentistry in Canada is fully equal to that found anywhere, while its practitioners are among our very best citizens. To-day Canada stands in the front rank of countries where a sound medical education can be obtained—and, above all, an honest examination had. The result is seen in the yearly increasing number of students enrolling themselves at our Medical Colleges. Now that united action will result from the affiliation of the Dental College with the University of Bishop's College, we may confidently look forward to a similar condition resulting as regards Dentistry. There is in this Dominion a wide field for the practice of Dentistry, for we believe there are large sections of country where the nearest dentist is fifty and even a hundred miles or more away. The field from which to attract students embraces not only the various Provinces of the Dominion, but all the border States of the American Union, and we fully believe that the near future will see the city of Montreal the centre of Dental education in Canada, as it is to-day of Medicine.

SIR WILLIAM HINGSTON.

The appointment by the Bowell Government of Sir William Hingston to a seat in the Senate has been received, not only by his professional brethren all over the Dominion, but by the general public, with great favor. His ability is by no means confined to his profession—for he has always evinced a warm interest in everything which tends to promote the well-being of the public. In his new position he will bring to the benefit of his country a mind well stored with information, and we are satisfied that his political life will redound as much to his credit as has his pro-

fessional life. This is, we believe, the first time in the history of the Dominion that the Medical Profession of Montreal has been thus honored, but we trust that it will not be the last. The Medical profession of the Canadian metropolis has always stood high. It has always had among its number some who have stood prominently forward in advancing interests which are beneficial to the city and country. They have doubtless had their reward in the consciousness of work well done; but elevation to a sphere where larger opportunities may be seized is a reward which we think might be legitimately looked forward to by them. To the Local Legislature, Montreal has recently sent one of its popular Medical men, by a majority so large as to prove the popularity of the profession. Have we not some who would adorn the Upper Chamber?

THE ELECTRICAL WORLD.

Published by the W. J. Johnston Co., 253 Broadway, New York.

The first issue of this illustrated weekly for 1896 is a huge number, having 136 pages; it is the 27th vol.; has the largest circulation of any electrical journal, and is an able exponent of the progress of every department of electrical science.

CLEVELAND JOURNAL OF MEDICINE,

The official organ of the Cleveland Medical Society, is the title of a new medical journal, edited by Henry S. Upson, M.D., and P. Maxwell Foshay, M.D., with six associate editors. It is the successor of the *Western Reserve Medical Journal*. In the editorial bow there is a reference to the prosperity and growth of Cleveland, in regard to its population, business, shipbuilding and steel manufacturing interests and educational matters, showing that a new era of progress and enterprise has begun in this hitherto somewhat slow city.

This journal will represent the work of the Cleveland Medical Society founded in 1893, and having now a membership of 300, and which claims to be the most progressive medical organization in the United States, having adopted methods and features novel to such organizations, one of which is said to be of signal benefit in arousing an interest in the society, and greatly extending its membership, viz., the bringing of medical teachers and investigators of national renown several times during the year to address its mem-

bers. Progress is noted in regard to new hospitals and additional teaching facilities. A Medical Literary Association was established about a year ago, with now a membership of 108, and a productive endowment of \$6000.00 and over 2,000 volumes. The founding of this journal is another step in the evolution to an advanced position of the medical profession in Cleveland; it is to be entirely independent, and aims at the purest medical journalism. It will publish but few extracts, aiming to contain only original matter. This the first number is an exceedingly creditable one in every respect, the scientific tone of the contents auguring well for its recognition as a high class Medical journal.

PEDIATRICS.

This is the title of a new semi-monthly illustrated journal, devoted to the prevention and study of the diseases of children; owner, Dillon Brown, M.D., New York; and edited by Geo. A. Carpenter, M.D., London. Published by the Van Publishing Co., 1432 Broadway, cor. 40th street, New York, and 85-89 Great Litchfield street West, London.* \$2.00 a year.

The appearance and character of the two first numbers of this special journal give promise of its being classed among those qualified by scientific and practical aims. The editorial staff contains the names of men eminent in this specialty in England, the United States and Germany. There are eleven departments, each in charge of one or two collaborators, who are leaders in the department they represent, and who each contribute original articles, editorials and retrospects. A prominent and valuable feature is the illustrating by photogravures of many of the articles. It will also contain full reports of the meeting of the British Orthopædic Society, the American Pediatric Society, the Pediatric Section of the New York Academy of Medicine, the Ohio State Pediatric Society, the American Orthopædic Association, and all of the English and Continental societies devoted to diseases of children. It is very neatly printed and gotten up generally, the cover being in heavy black combination of oak-tree branches and leaves, and owls, on white, which, although somewhat funereal, is up to date in the cover line.

We wish the new comer every success.

Personal.

Dr. F. Benoit (M.D., Bishop's, 1875) has removed from Mattawa to Montreal, where we wish him every success.

Dr. (Miss) Cunin (M.D., Bishop's, 1895) has successfully passed her examination in Edinburgh for the diploma of the Royal College of Physicians, Royal College of Surgeons, Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow. We are informed that Dr. Cunin stood very high on the list of successful candidates.

Dr. Richer (M.D., Bishop's, 1892) has just left Berlin for Paris, where he will pass the next six months, returning then to Canada. Dr. Richer has been two years in Europe, and has been a faithful and diligent worker.

Dr. S. J. McNally (M.D., Bishop's, 1893) is doing well at Campbell's Bay, P.Q. He has visited the Western Hospital and College several times lately.

Dr. O. C. Edwards, of Ottawa, was in Montreal, and read a most interesting and valuable paper on "Inebriety as a Disease and its Treatment," before the Medico-Chirurgical Society, on the 9th of January last.

Dr. Anthony, of the Montreal General Hospital House Staff, left for Neilhart, Montana, on the 27th of January, having secured the position of Assistant to Dr. Vidal (Bishop's, 1892). In connection with this appointment there is an interesting story. Dr. F. W. Campbell announced that such a position was open for candidates, and two Richmonds entered the field—one contented herself by writing Dr. Vidal—the other, Dr. Anthony, made use of the telegraph, and secured the appointment in less than twenty-four hours.

Dr. Boucher has again returned from his home in Peterboro, to act as a *locum tenens* in the Montreal General Hospital, where he has formerly done excellent work.

Sir William Hingston, M.D., has been called to the Senate by the Howell Government. That Chamber possesses no more courtly gentleman or wise legislator than the recently created knight.

Deputy Surgeon General Neilson, R.C.A., and Deputy Surgeon General F. W. Campbell, R.R.C.I., were in Quebec at the end of January on official duty, and were the guests of the officers of the R.C.A. at the Citadel.

Book Reviews.

The American Year Book of Medicine and Surgery, being a yearly digest of scientific progress and authoritative opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Corrected and arranged with critical editorial comments by the following eminent American specialists and teachers: General Medicine.—William Pepper, M.D., Philadelphia, Pa.; Alfred Stengel, M.D., Philadelphia, Pa. Surgery.—William W. Keen, M.D., Philadelphia, Pa.; J. Chalmers, Dacosta, M.D., Philadelphia, Pa. Obstetrics.—Barton Cooke Hurst, M.D., Philadelphia, Pa.; W. A. N. Dorland, M.D., Philadelphia, Pa. Gynæcology.—J. M. Baldy, M.D., Philadelphia, Pa.; W. A. N. Dorland, M.D., Philadelphia, Pa. Diseases of Children.—Louis Starr, M.D., Philadelphia, Pa.; Thompson S. Westcott, M.D., Philadelphia, Pa. Nervous and Mental Diseases.—Archibald Church, M.D., Chicago, Ill.; Hugh J. Patrick, M.D., Chicago, Ill. Dermatology.—William A. Hardaway, M.D., St. Louis, Mo.; C. Finley Hersman, M.D., St. Louis, Mo. Orthopædics.—Virgil P. Gibney, M.D., New York City; Homer W. Gibney, M.D., New York City. Ophthalmology.—Howard F. Hansell, M.D., Philadelphia, Pa.; Charles F. Clark, M.D., Columbus, Ohio. Otolaryngology.—Charles H. Burnett, M.D., Philadelphia, Pa. Rhinology and Laryngology.—E. Fletcher Ingals, M.D., Chicago, Ill.; T. Melville Hardie, B.A., M.B., Chicago, Ill. Pathology and Bacteriology.—John Guitéras, M.D., Philadelphia, Pa.; David Riesman, M.D., Philadelphia, Pa. *Materia Medica*, Experimental Therapeutics and Pharmacology.—Henry A. Griffin, M.D., New York City; Van Horne Norrie, M.D., New York City. Anatomy and Physiology.—C. A. Hamann, M.D., Cleveland, Ohio; G. N. Stewart, M.D., Cleveland, Ohio. Hygiene, Physiology and Chemistry.—Henry Leffmann, M.D., Philadelphia, Pa. The whole under the editorial charge of George M. Gould, M.D., in one Royal 8 vo. volume of about 1000 pages, uniform in size with the American text-book series. Profusely illustrated. Cloth, \$6.50; half morocco, \$7.50. Published by W. B. Saunders, Philadelphia, 925 Walnut street.

We have in the November issue of the RECORD referred to this book, and stated what was to be its character and scope. We can now say that the complete work more than fulfills our expectations. It is got up in the same style and size as the American text-book series of W. B. Saunders'. The collaborators are recognized specialists in the departments of medicine and surgery under their charge, and hence are more competent to give a correct summary of progress without presenting anything which would only epitomize knowledge already in our possession. "Without being too dogmatic, it has been the aim of the departmental editors to pronounce such needed judgment upon new suggestions or upon matters in dispute." The book is profusely illustrated throughout. The journals referred to are noted at the bottom of each page; the articles are quoted from the journals of all countries, and we have here the cream of all the principal papers published during the year, and an epitome of the advancement of

every branch of medical science. The selection of articles and their cutting down has been very creditably done, the reader will find little but what is deeply interesting, and one cannot read a page without adding practical points to his knowledge, and not the least interesting and useful are the frequent comments of the editors. The publishers of this work—which will appear annually—have thus placed within reach of all, at a moderate sum, the means of keeping abreast of the world's medical progress without going beyond its covers, and we trust that the immense labor and expense in illustrating, to which the publishers have gone, will be appreciated by the profession at large by a practical endorsement of this effort in their behalf.

An American Text-Book of Obstetrics for Practitioners and Students. By James C. Cameron, M.D. ; Edward P. Davis, M.D. ; Robert L. Dickinson, M.D. ; Charles Warrington Earle, M.D. ; James H. Etheridge, M.D. ; Henry J. Garriguer, M.D. ; Barton Cooke Hirst, M.D. ; Charles Jewett, M.D. ; Howard A. Kelly, M.D. ; Richard C. Norris, M.D. ; Chauncey D. Raliner, M.D. ; Theophilus Rarvin, M.D. ; George A. Peersol, M.D. ; Edward Reynolds, M.D. ; Henry Schwartz, M.D. ; Richard C. Norris, M.D., Editor ; Robert L. Dickinson, M.D., Art Editor. With nearly 900 colored and half-tone illustrations. Published by W. B. Saunders, 925 Walnut street, Philadelphia.

This is a massive imperial octavo volume of over one thousand pages, written by the above prominent obstetricians, all of whom are also teachers of this branch of medicine, and are authorities on the subjects they treat of. It is a companion volume to the Text-Books of Medicine, of Diseases of Children, Gynæcology, and of Surgery, recently issued by W. B. Saunders, all of which are monuments of the perfection of American medical literature, and need only to be examined to impart the conviction that they are the most complete works on the subjects they treat of published in any country. Similar volumes are promised in Applied Therapeutics, Physiology and Nursing.

It would be futile to attempt, in the space allotted, to convey an adequate impression of the excellencies of this work. It is most profusely illustrated, having nearly as many cuts as pages, many beautifully colored and full page in size. The illustrations have mostly been specially prepared for the book, most of the borrowed cuts having been re-drawn, and many have been made from photographs from pathological specimens at the Army Medical Museum, Washington, the New York Hospital Cabinet, and from many other sources. One point which is original in the book is that a uniform scale has been adopted for the figures, which are usually one-third or one-sixth life-size, and in sagittal sections the left half is always shown.

The anatomy of the pelvis and female generative organs, and the physiology of the latter, is first considered. These subjects can be studied here, as they could not be in any of the general text-books of anatomy or physiology, owing to the large number of new special cuts introduced for illustration, many in colors and having the names of the parts placed directly on them instead of, as in some of the others, at the bottom of the page and indicated by letters or figures. The plates illustrating the growth of the human embryo in the next section on the physiology of pregnancy are numerous and exceedingly fine, as are also the two full-page colored diagrams of the foetal circulation, and the same after birth.

The articles on the diagnosis of pregnancy and its hygiene and management then follow.

The pathology of pregnancy is considered under eight heads. In the last the disease of the foetus in utero are very fully considered; the effects of la grippe, cholera, diphtheria, typhoid and malarial fever, erysipelas, etc., upon the course of pregnancy, and the influence on the child in utero, and subsequently of malaria, the eruptive diseases, tuberculosis and syphilis, with the diagnosis and treatment of the latter, are fully considered. Intra-uterine strangulations, amputations, fractures and luxations, congenital tumors, deformities, malformations. Both sides of the question of maternal impression are discussed. The writer of the article has yet no very sound views upon the matter, stating in the same paragraphs that it is usually only a coincidence; and a little further on, "exceptionally very profound emotion can and does, in some unknown manner, influence the growth and development of the foetus."

Bidder's disease, Schmidt's, and Müller's are then discussed; then the various affections of the skin; and, finally, the causes of the death of the foetus; some 300 pages are then devoted to labor—its conduct, mechanism, and the various dystocia. A number of fine cuts illustrate the methods in detail of diagnosing the foetal presentation and positions, pelvimetry, the regulating of the birth of the head, repairing of perinæum, etc.

The various causes of dystocia are abundantly illustrated.

The physiology, diagnosis, management and pathology of the puerperium are then considered, then the physiology and pathology of the newborn infant, and finally some 100 pages are devoted to obstetric surgery. The technique of the various operations is made clear by explicit directions and numerous illustrations, rendering this one of the most useful sections of the book.

This is certainly the finest book on Obstetrics ever published, the great abundance of illustrations and the clear descriptive text will enable any student or practitioner without any great effort to master every detail of this important branch of medicine, and we heartily commend it to every reader interested in obstetrics, and wishing to be fully abreast of our present knowledge upon the subject.

The Climate and Baths of Great Britain, being the report of a Committee of the Royal Medical & Chirurgical Society of London: W. M. Ord, M.D., Chairman; A. E. Garrod, M.D., Hon.-Sec. Vol. I. The Climates of the south of England the chief Medicinal springs of Great Britain. Contributors—Robert Barns, M.D.; J. Mitchell Bruce, M.D.; W. Howship Dickinson, M.D.; William Ewart, M.D.; A. E. Garrod, M.D.; W. Lazarus-Barlow, M.D.; Malcolm Morris, F.R.C.S.E.; W. M. Ord, M.D.; F. Rinrose, M.D.; Frederick Roberts, M.D.; I. Syms; Thompson, M.D. Published by MacMillan & Co., London and New York. Agents, The Copp Clark Co.; Ltd., Publishers, 9 Front street West, Toronto.

This volume represents the work of the Committee appointed in May 1889, by the Council of the Royal Medical & Chirurgical Society, for the purpose of investigating a question of importance in reference to the Climatology and Balneology of Great Britain and Ireland, in regard to the south of England. The contributors are among the leading physicians of Britain, and suggest at once the character of the reports here presented. The results were obtained by personal observations and circular letters sent to the medical men practising at the various health resorts and bath places. The letters inquired for information in regard to the prevalence of disease among the permanent residents and visitors, a list of the dis

eases on which a report is required is given, the climatological outline required, the general physical characters of the district, geological formation and soil, dryness and humidity, effects of trees, and ocean currents, general description of climate, drainage, water supply, therapeutic effects of the climate.

In regard to baths, information was asked for as to the advantage of the waters on various pathological conditions, how employed, contra-indications, etc. The book is neatly bound and printed, having a map and numerous tables and charts, and outlines what can be done in this line of investigation, and what should be done in all countries, and especially our own, where there is much to be learned and worthy of careful study.

Handbook of the Diagnosis and Treatment of Skin Diseases. By Arthur Van Harlingen, Ph.B. (Yale), M.D., Emeritus, professor of Dermatology in the Philadelphia Polyclinic, Dermatologist to the Howard Hospital. Third edition enlarged and revised, with sixty illustrations, some in colors. Published by P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

The book contains nearly 600 pages, and differs from previous editions in having numerous foot-notes and references, descriptions of some of the rarer skin affections, a number of new illustrations, changes in the text called for by recent additions to our knowledge in the department of Bacteriology, the article on tuberculosis entirely rewritten, and a number of new methods of treatment. The book is intended for the wants of the general practitioner, and is full in diagnosis and treatment. Numerous formulæ are given for the different varieties of skin affections, and minute details given for their management. The author does not touch on the pathological anatomy, and little is said in regard to etiology. The diseases are considered alphabetically, the idea of the book being to serve as a ready reference for diagnosis and treatment to the busy practitioner, and as such it can be highly recommended.

Practical Christian Sociology. By Rev. Wilbur F. Crafts, Ph.D. Funk Wagnalls Company, New York.

This is a book of some five hundred pages, written by one of the leading reformers of the United States, author of "The Temperance Century," "Successful Men of To-day, etc.," Editor of *The Christian Statesman*, and founder of the "National Bureau of Reforms at Washington." The book is a classical representation of what is now accepted by modern reformers as the desirable solution of some two hundred social problems in ethics and society, such as: State and national federation of Church for social reform; the family the sociological unit; divorce; hygienic education for girls; woman suffrage; colleges as centre of reform influence; justice in wages, prices and work; relation of low wages to low morals; government ownership of railroads; municipal reform; laws needed to purifying citizenship, to protect the purity of elections, to guard the purity of public office, referendum, etc. One-half the book is of the nature of a text-book, on these two hundred and more subjects, the other half being an appendix in smaller type, and containing reference notes on the lectures; there is a brief outline and chart of universal history. About one hundred pages on the Chronological data of human progress. A proposed method of celebrating the transition from the nineteenth to the twentieth century. Dr. Carroll and Dr. Wright, both on Divorce. Notes on purity. How workingmen live. The form of ballot for a plebiscite on current reforms is given, and the

result of a vote on the 167 reforms by fifty students of Oberlin in 1890. Finally, a list of standard books is given for those wishing to study the subject in detail.

It is a mine of information on all subjects pertaining to social, municipal and political reform, and should be in the possession of all engaged in or interested in the promotion of the moral and physical welfare of humanity.

The Principles and Practicæ of Medicine. Designed for the use of Practitioners and Students of Medicine. By William Osler, M. D., Fellow of the Royal College of Physicians, London ; Prof. in Medicine in the Johns Hopkins University ; Physician in chief to the Johns Hopkins Hospital, Baltimore ; formerly Prof. of Institutes of Medicine, McGill University, Montreal ; and Prof. of Clinical Medicine in the University of Pennsylvania, Philadelphia. Second edition, published by D. Appleton & Co., New York ; Canada Agency, Geo. N. Murang, 63 Young street, Toronto.

No medical work of modern times has met with such a general appreciative reception as did the first edition of the above work in 1892, and the encomiums which it deservedly received at the hands of the whole medical press of America, as well as across the Atlantic, may still more appropriately be applied to the improved edition now before us. The characteristic features of the book are the terse and complete manner in which each subject is considered ; there is no padding, but we have here in each article a condensed review of all that is known up to date on the subject. Dr. Osler has been an industrious student, and his book represents the results of years of active labor in original research, more especially from the pathological aspect of medicine, and many of the problems of modern medicine have been not inconsiderably removed from the sphere of perplexity, and received confirmation through his investigations. Hence in perusing the articles in this book, in which the pithy aphoristic style obtains, one feels that they are not collaborations, but represent the personal experiences and researches of the author.

In this edition the sections have all been carefully corrected, and many important details added. Many of the articles have been almost entirely rewritten, such as those on typhoid, malarial fever, diphtheria, septicæmia pyæmia and appendicitis, and important additions have been made on the articles on cholera, syphilis, tuberculosis, gout, diabetes, angina pectoris, anæmia, leukæmia, Addison's disease, exophthalmic goitre, myxœdema, etc. Among the new articles are those on Bubonic plague, foot and mouth diseases, infantile scurvy, and the hemorrhagic diseases of the new-born, eczema of the tongue, leucoplakia, a new section on affections of the mesentery, dislocations and deformities of the liver, subphrenic peritonitis, anuria, parasitic infusoria, etc.

A new introductory on diseases of the nervous system is given, with a number of new colored plates, which, if thoroughly mastered, will make the reading and study of the section on diseases of the nervous system more easy of comprehension.

While etiology, morbid anatomy and symptoms in the various articles are full and complete, the portion on treatment, while representing what really can be done, shows that the author does not advocate the drenching of the system with promiscuous combinations of drugs of doubtful utility.

The latter disposition is characteristic of the novice and the

inexperienced, and is usually not found associated with a sound knowledge of physiology and pathology, and in the experience of all progressive physicians lessens as they advance in years.

A full résumé of the antitoxin treatment for diphtheria is given, and while a large number of local remedies are suggested, no mention is made as to the frequency of their application. We regard it as the most essential point in local treatment, that it should be applied in the beginning at least every 30 minutes, or more often, and preferably with an atomizer. In tuberculosis, he has not recognized any remedy as having any specific action, and conservatism and caution are shown in there being no reference to nuclein or the antitoxin of tuberculosis, offered and advocated by some. In the paragraph on creosote, no reference is made to the carbonates of creosote and guaiacol, which can be given in much larger doses, and are so well borne. The section on nervous diseases is exceedingly comprehensive; in the 233 pages devoted to it, one can become thoroughly acquainted with the intricacies of this interesting group of affections. Every physician should possess this book, and especially all Canadian physicians, as the author is a Canadian and one of Canada's most noted medical graduates, and his arduous work while in Montreal appears in frequent references throughout the book. It is undoubtedly the best book in the practice of medicine now available, containing as it does all the genuine modern advancement in this subject up to the date of its issue. The printing and binding are beyond criticism, and reflect credit on the publishers.

Pamphlets Received.

- Climates and Baths of Great Britain.** MacMillan & Co., London and New York; The Copp Clark Co., Ltd., Toronto.
- The Structure of Man.** By Dr. R. Wiedersheim. MacMillan & Co., London and New York; The Copp Clark Co., Ltd., Toronto.
- A Manual of Syphilis.** By J. N. Hyde, A.M., M.D., and F. H. Montgomery, M.D. W. B. Saunders, publisher, Philadelphia.
- Handbook of Skin Diseases.** By Van Harlingen. P. Blakiston, Son & Co. Philadelphia.
- Consumption, its Nature, Cause and Prevention.** By Dr. E. Playter. Published by Wm. Briggs, Toronto.
- Practical Christian Sociology.** By Rev. Wilbur F. Crafts, Ph.D. Published by Funk & Wagnell Co., New York, London and Toronto.
- Practical Examination of Urine.** By Tyson. P. Blackiston, Son & Co., Philadelphia.
- An American Text-Book of Obstetrics.** Publisher, W. B. Saunders, Philadelphia.
- Experimental Cachexia Strumipriva.** By Wesley Mills, M.A., M.D. The Bryant Press, Toronto.
- Craniectomy, an Improved Technique.** By A. H. Meisenbach, M.D. American Medical Association Press, Chicago.
- Ventrofixation and Alexander's Operation Compared.** A. Laphorn Smith, B.A., M.D., M.R.C.S.E. Wm. Wood & Co., New York.
- Recto-Vaginal Fistulae, and Fistulae about the Anus in Women.** By A. Laphorn Smith, B.A., M.D., M.R.C.S.E. From *Matthew's Medical Quarterly*.