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CANADA
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Original Communications.

THE TREATMENT OF WOUNDS AND TUBERCULOUS JOINTS—ACUTE DILATATION OF THE HEART.

(From our Special Correspondent.)

VIENNA, Dec. 15, 1882.

The great pressing question of the hour in the surgical world here, as elsewhere, appears to be the treatment of wounds. It is not whether this treatment should be conducted antiseptically or not, but rather what kind of antiseptic should be used. Here, at any rate, there is no doubt of the value of antiseptic surgery. All are agreed that the grand principles laid down by Lister are sound. The method of carrying out these principles will change, but the foundation on which they are laid will stand secure. Not until we have discovered a better antiseptic than any we have at present, shall we be in a position to say whether the spray can be dispensed with or not. There certainly is no trustworthy evidence as yet that we can dispense with it in operations where the presence or absence of *septicity* means the death or recovery of the patient.

During the last year, irrigation has been used in Billroth's and Albert's wards in place of the spray. The method of carrying it out does appear to be quite as troublesome as the spray. Carbolic acid, 1 to 30, is the strength of the solution always employed. The parts to be operated on are first thoroughly washed with a solution of the above strength, and are kept constantly irrigated up to the time of using the knife. If it is an

amputation, the flaps are thoroughly irrigated for two or three minutes before they are brought together; and even after the parts are adapted, the cavity of the stump is again washed through the drainage tubes previously introduced, care being taken to squeeze out any superfluous acid. No matter what the subsequent antiseptic that is used in the dressings, the one used in the irrigation is always carbolic acid.

Iodoform, salicylic acid, peroxide of hydrogen, and naphthalin are all in use here at present, especially the first mentioned. Each of these agents is considered by their respective users to be the most trustworthy antiseptic known. It is difficult to arrive at the truth where there is so much contradiction.

Iodoform is always used in the form of what is called *iodoform gauze*, which is made in the following manner. The ordinary gauze cloth is drawn through an alcoholic solution of resin, to which has been added half the quantity of glycerine; the iodoform is then dusted on as long as it will adhere. An ounce of iodoform is sufficient for 30 yards of the cloth. Gauze prepared in the above way is used in nearly all operation cases, but especially in those about the mouth and throat. In these cases particularly it is considered to have a great advantage over carbolic and all other forms of antiseptic gauze. Billroth considers that in these cases especially it is the direct means of saving many lives. It is a well known fact that after operations on the mouth, death often follows from pneumonia and general septicæmia. The former complication is especially dreaded on account of its great fatality. This form of pneumonia runs its short and lethal course in a very insidious manner, and if the patient is not carefully examined, it may escape the surgeon's notice altogether. There is no doubt whatever about the high antiseptic qualities of iodoform. The following case, which was a severe test, is a proof of this: A man, aged 40, received on the 29th of October a severe compound and comminuted fracture of both bones of the right leg. The soft parts were extensively lacerated. On his admission into hospital a few hours afterwards, several pieces of bone, which were loose, were removed, and the wounded surfaces thoroughly irrigated with a 1 to 30 solution of carbolic

acid. All the cavities were then packed with iodoform gauze, and over this were placed several layers of Brun's cotton wool, the whole being secured by means of an ordinary gauze bandage. The whole limb was then securely bound in an iron splint by means of an organdin bandage. This dressing was left undisturbed for five days on account of the patient being free from both pain and fever. When changed at the end of the fifth day, the discharge, which had not been very copious, had no more than soaked through the layers of iodoform gauze. The discharge was sweet. There was no sign of an inflammatory disturbance in the wound or neighboring parts. A similar dressing was reapplied and left on for fourteen days. Again the wound was found aseptic. The third dressing was removed on the 29th day, with the same result. On the 40th day, the wound was superficial and aseptic.

This single case proves a great deal; it shows conclusively that iodoform, even in a very small quantity, is sufficient to keep a wound, which has been rendered aseptic, in the same condition. Billroth goes further than this, for he says that there is no antiseptic, including carbolic acid, that is so trustworthy in making a foul wound sweet. The reason that carbolic acid is used is owing, he says, more to its convenience and cheapness than to any superior virtues.

Great stress is laid on the so-called anti-tuberculous properties of iodoform. This is especially insisted on by Mosetig-Morrhof. He considers that it has peculiar powers in destroying the tuberculous granules and setting up in their place healthy granulations. In looking over the literature of the treatment of tuberculous joints by scraping and iodoform, it will often be found that the history of the case terminates with the following expression: "the patient left the hospital cured, with the exception of a small fistula." Months afterwards these patients return, saying that "their joint is much worse," and in many of these cases amputation is necessary in order to save life. In young subjects, however, it will be found that a thorough scraping away of the diseased articular surfaces and packing the cavity with iodoform gauze will lead to a fairly useful joint. Billroth has in his wards

at present a case of tuberculosis of the right elbow joint in a girl aged 15, which he treated in this manner six weeks ago, and which promises to lead to a very useful joint. It is extremely doubtful whether the iodoform does more in these cases than simply keep the wound aseptic. If the tuberculous infiltration is completely removed by the scraper, then, and then only, is it probable that we will have no recurrence of the disease. This view is further strengthened by the fact that the local treatment of tuberculous ulcers on the larynx by iodoform is valueless, at least as far as curing the disease is concerned.

When a case of tuberculosis of a joint is seen early, that is, before the articular surfaces become infiltrated, the success following the above treatment is very gratifying. Tubercle is nearly always deposited a short distance from the articular extremity of a long bone. This is particularly the case in the knee, ankle and elbow joints. To-day, I saw a section of an amputated leg where there was disorganization of the ankle to such an extent as demanded the removal of the limb. The starting-point of the disease—the caseous nodule—was plainly to be seen in the lower part of the fibula, about three-quarters of an inch from its articular extremity. Here the primary disease could have been easily removed without opening the joint if the patient had been seen earlier.

Since the above was written, a very animated discussion was held in the Medical Society of this place on the treatment of tuberculous ulcers of the larynx by iodoform. Prof. Schnitzler, who opened the discussion, said that he had seen a number of cases cured, when treated by blowing iodoform over the surface of the ulcer daily. Prof. Schrötter, who had seen "many thousand cases of tuberculous ulceration of the larynx," replied that he never once noticed any favorable influence exerted by iodoform. He had seen four or five recoveries, but iodoform was not used in any of them. The Society intend appointing a commission to investigate the subject.

Peroxide of hydrogen is used by one eminent surgeon connected with the Vienna school. It is both styptic and antiseptic. I had the privilege of following the after treatment of a case of

amputation above the ankle joint, where it was the antiseptic used. During the first few days the wound was aseptic, but it afterwards became septic; this change was due to carelessness in applying the dressings, and not to any failure of the peroxide as an antiseptic. In a case of elbow excision in a boy, I saw, during the operation, its styptic properties tested, and in the subsequent dressings, its antiseptic qualities. It withstood both tests. It is a good dressing for syphilitic ulcerations. The method of employing it is simply to apply cotton wool, holding it in suspension to the wounded surface, and over this a layer of dry wool. I believe that the ophthalmic surgeons find it an excellent remedy for all forms of purulent conjunctivitis.

Acute Dilatation of the Heart.—It has only recently been recognized that during the often slow progress of organic disease of the heart, one or all of its cavities may become suddenly dilated. That this may happen even in those cases where the patient was previously unaware of any cardiac trouble, the following case shows. A woman, aged 23, was admitted into Schrötter's wards, on the 13th of November, complaining of violent palpitation of the heart. With the exception of being pale-faced, and troubled with slight palpitation on exertion, she enjoyed good health until fourteen days ago, when her heart commenced to beat with great rapidity. When examined on Nov. 14th, a pulsation visible at a distance of several feet, was noticed. It extended from the 3rd to the 6th ribs. The apex beat was half an inch to the outside of the nipple, and well marked. A distinct presystolic thrill could be plainly felt on laying the hand over the heart. The vertical dullness extended from the lower border of the 2nd rib, and the transverse from the right edge of the sternum to just outside the nipple line. Two murmurs were audible at the apex, differing greatly in acoustic properties—one presystolic, being soft and musical; the other systolic, loud and rough. In addition, there was heard in the aortic area two independent murmurs, one systolic and the other diastolic. The 2nd pulmonary sound was accentuated. Forty-eight hours after the above examination, another was made, and it was found that the cardiac dullness was less by two finger-

breadth's, both in its transverse and vertical diameters. Ten days later the heart's dullness was considered to be but slightly above the normal, and all the murmurs, with the exception of the presystolic at the apex, had disappeared. After a stay of three weeks, she left the hospital, feeling as well as she ever did.

It is to Dr. Heitler that we are mainly indebted for pointing out the nature of such a case as the above. It is very important that this condition should be before a physician's mind when examining cases of sudden heart failure, for otherwise he will be led into grave errors of diagnosis and prognosis. If acute dilatation should happen in a previously healthy heart, we have a temporary mitral insufficiency which may be readily mistaken for an acute endocarditis or an old organic lesion of the valve, or, if during the course of an acute endocarditis, an acute dilatation of the cavities sets in, the condition may be mistaken for an old disease or an exudation into the pericardial sac. The acute dilatation may be limited to the left ventricle or left auricle alone. Sometimes it commences in one cavity and spreads gradually to the remainder, its progress being in this case easily detected by daily physical examinations. It may disappear as quickly as it came on, leaving the muscular structure, however, no doubt in such a state as will readily yield again to any exciting cause. It may lead, in the first instance, and does eventually in nearly all cases, to paralysis of the heart. It is not uncommon during the progress of typhoid and pneumonia. It is seen during the course of chronic Bright's disease, not only in those cases where there are cardiac complications, but also in those where no such change can be detected. Typical examples of it are often seen in the contracted kidney, with hypertrophy and dilatation of the heart. Attendant upon and due to the acute dilatation of the heart are the following symptoms when it reaches an extreme degree: Small pulse, a weak and at times an absent second aortic sound; cyanosis, and pulsation in the jugulars if the right ventricle is the seat of the change. Enlargement of the liver, albumen in the urine, and œdema of the lower extremities, come and go with this change also.

The best way to treat this condition is by absolute rest in bed

and digitalis. In the case here reported, convallaria (*lily of the valley*) was given, but it is very doubtful whether it was useful or not. In ordinary cases of heart failure, it has proved unsuccessful.

CASE OF INTRA-UTERINE SARCOMA WITH (PROBABLY CONGENITAL) ATRESIA OF THE CERVIX.

By WILLIAM GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

(*Read before the Canada Medical Association, at the meeting in Toronto, September*, 1882.)

I was called on the 24th May, 1882, by my friend and former pupil, Dr. J. Smiley, then of Rawdon, P.Q., to see a patient with the following history and symptoms: Miss G., æt 30, unmarried; had never menstruated; was a very tall, spare person, who had never been very strong, but had always enjoyed good health till April, 1881, eleven months previous to my visit. At the time mentioned she suffered from nausea and vomiting with lumbar pain. During the year following this, she had indifferent health. Appetite was defective, occasionally she vomited, and had diarrhœa alternating with constipation. In April, 1882, Dr. Smiley was consulted for dyspeptic symptoms, loss of appetite and weakness which were not relieved by treatment. On May 2nd, and following days, the doctor saw her at her lodgings. She felt very ill; had pain in the left iliac region, vomiting and constipation, with difficulty and pain in defecation and micturition. On examination he found the local conditions now to be described. At the time of my visit the temperature was 102°, pulse 112, the tongue coated, yellow and dry, she was unable to take anything but milk and beef tea. There was no pain, and but slight tenderness of the abdomen. The breasts were nil, the pubic hair present in normal quantity, slight pigmentation of the linea alba from the umbilicus to the pubes, and enlargement of the abdomen of the form and to the extent of pregnancy of 5½ months. The tumor was firm, elastic, rounded, smooth, and but slightly sensitive.

On vagnial examination the passage was found to be narrow (at Dr. Smiley's first examination the hymen was intact), short and encroached upon in all parts of its roof by the same firm, elastic, distinctly moveable body felt through the abdominal wall. A small nipple-like soft prominence with a depression on its centre felt on the vaginal roof was proved by the speculum and sound to be a rudimentary vaginal portion of the cervix with closure of the os. The diagnosis made by the physician in charge was retention of the menses from atresia of the cervix. In this diagnosis I was disposed to concur, although there was an absence of some important signs, such as periodically recurring menstrual molimen and gradually increasing abdominal enlargement. We decided to open and evacuate the uterus. The patient being etherized and a small-sized Sims' speculum introduced to the vagina, the vaginal portion was fixed with a tenaculum and a small slender knife, bent at an oblique angle on the flat introduced through the depression, cutting through about $\frac{3}{4}$ of an inch of tissue before it entered the uterine cavity. A small quantity of dark red fluid blood, mixed with flakes resembling in color and consistence little bits of broken-down brain substance, escaped. The opening was dilated first with an Ellinger dilator, and subsequently with the finger. We then found that the uterus contained not only blood, but a very much larger quantity of the brain-like substance already spoken of attached to the fundus and posterior wall. About 15 ozs. of blood escaped, and more than twice this quantity by measure of the brain-like substance was easily broken down and removed. The uterus was emptied as nearly as possible. It was much reduced in size, but it did not appear to possess much contractility. The patient speedily rallied, and when she regained consciousness, was quite cheerful. The after-treatment consisted of frequent carbolized intra-uterine injections administered by means of Chamberlain's glass tube and a fountain syringe. During the six weeks which she survived the operation, there was a constant fever, varying but never exceeding 103°F. The vaginal discharge contained blood and varying quantities of the same substance as removed at the operation. This discharge became

very fætid at the end of five days, and so continued. On the 14th day there was a tendency to chilliness, an increase of pain, and the development of a solid hard swelling in the region of the left ovary, to be felt by both the abdomen and vagina. There were occasional hemorrhages, but these were never excessive. On the 21st June temperature was 103° F., pulse 133, tongue dry, brown and cracked; the uterus large and hard, as before the operation; the uterine walls could not be made to collapse. A large quantity of new growth could be felt with the finger in the os uteri. From this time till the 11th July, the date of death, she gradually sank, suffering at times severe pain. For the notes of the progress of the case subsequent to the operation, I am indebted to Dr. Smiley, as I did not again see the patient. No autopsy could be obtained. The portions of tumor removed were examined by my friend, Dr. Osler, pathologist to the Montreal General Hospital, and by him pronounced to be a round-celled sarcoma.

Such a case as I have just related must be, if not unique, at least exceedingly rare. Atresia of the cervix uteri, it is true, is not exceedingly rare, and has been found to exist at all ages; before and after puberty; causing retention of the menses; during pregnancy, leading to dystocia, and especially after the menopause, when it is much more frequent, causing occasionally hæmatometra, pyometra, hydrometra, or physometra. A case of atresia of the cervix of the gravid uterus at full term occurred in my own practice a few years ago. In this instance the patient had already borne a child, having been delivered with forceps. The atresia must, of course, have occurred during the second pregnancy. Another similar case was discovered in a woman in labor at full term in the University Lying-in-Hospital of this city. The cause in these latter cases is usually adhesive cervical endometritis. The condition of atresia of the cervix may exist, and Mayrhofer asserts that it does so not rarely at birth, and then may be said in strict sense to be congenital from a defect, or as Müller believes, an excess of development; or it may be the result of cervical endometritis occurring during the later months of fœtal life after the for-

mation of the uterine cavity. That such an inflammation occurs in fœtal life is amply proved by the frequent existence of a copious secretion of mucus, and extensive proliferation of the epithelium of the body and cervix uteri filling up this organ, and also the vagina. I have already expressed the opinion that in the case here recorded the atresia was congenital; nothing more than an opinion can be expressed on the point. The fluid contents of the uterus had not the characters of long-retained menstrual blood, and were probably rather the result of hemorrhage from the soft rapidly-growiug tumor, into the cavity of the uterus. Any information from facts as to the presence or absence of the ovaries and Fallopian tubes was not available, as no autopsy was obtained. The complete absence in the history of the case of any symptoms of periodical menstrual molimen would seem to confirm these opinions.

(914 Dorchester St., Montreal.)

A BRIEF ACCOUNT OF THE RECENT LONGUE POINTE MURDER CASE.

By T. G. RODDICK, M.D.,

Professor of Clinical Surgery, McGill University; Surgeon to Montreal General Hospital.

On the morning of the 19th January, of this year, I was called to Longue Pointe (a village about 7 miles from Montreal), to attend William Nesbitt, a young farmer, who, it was alleged, had been shot in the neck by a discharged servant. My friend Dr. Mount had also been summoned to the case, and was awaiting my arrival before making an examination. We learnt that the unfortunate fellow had been shot about three hours previous while stooping over a milk pail in his stable, the man who fired standing within three feet of him. He had sufficient strength immediately after to close with and throw the murderer, a man about his own weight, but on reaching his house, a few yards distant, fainted. He soon rallied, however, and with the assistance of his wife, harnessed a horse and drove to a neighbor's house, a distance of over two miles, and here it was that I first saw him.

We found him sitting in a chair, looking anxious, but not pale.

He stated that he had been spitting blood ever since the shooting, but by this time the saliva was barely tinged. He complained of no pain. There was slight dilatation of the left pupil. On examination, we discovered on the left side of the neck, opposite the angle of the jaw, a patch of burnt and blackened integument as large as a Mexican dollar. In the centre of this was an opening, behind the posterior border of the sterno-mastoid, which admitted, with the utmost ease, the porcelain point of Nelaton's probe. The edges were distinctly inverted. The probe passed readily in a direction slightly forwards and to the right side for a distance of about two inches, when it met with some obstructing tissue. The hemorrhage from the wound had been very trifling from the first. On examining the throat, we noticed immediately behind the uvula, in the middle line of the pharynx, an opening with blackened and everted edges, through which a probe could be passed for a short distance towards the left. Following the line of the bullet, we discovered a tender, swollen, and slightly emphysematous spot below and behind the angle of the right jaw. The patient stated that his assailant had struck him with the blade of a shovel on the right shoulder, and he thought also the right side of his face. The presence of emphysema, however, led us to believe that the bullet had penetrated the tissues about the angle of the jaw, but whether it was still present there we were unable to decide at the time, as the swelling prevented us from localizing it. To prove that the wounds in the neck and that in the pharynx were openings of *entrance* and *exit*, we injected a carbolized solution, and found that it passed readily into the mouth. We cleansed out the tragé of the bullet in this way thoroughly, and then dressed the external wound with iodoform. The patient had some difficulty in swallowing, and movement of the jaw was painful. He was ordered a gargle of carbolic acid and glycerine, with frozen milk and beef tea internally.

For the first two days the patient did remarkably well, complaining only of great stiffness in the jaw, so that the mouth could not be opened, and soreness in swallowing. The neck was stiff and had to be supported.

Jan. 22nd.—Great difficulty in swallowing; jaws tightly closed; great soreness about right cheek; what is thought to be the ball can be felt near anterior border of masseter muscle; profuse salivation; slight paralysis of seventh nerve on right side; is for the first time depressed and anxious about himself; wound looks well and is beginning to suppurate; is drained thoroughly by rubber tubing; pulse, 90; temperature, 100°.

Jan. 23rd.—Pulse, 100; temperature, 101½°; has had a bad night, being constantly disturbed by the saliva collecting in his mouth; jaws more open than yesterday, but when he attempts to swallow they are noticed to close suddenly, causing the teeth to grind together; the ball can now be felt with the finger in the mouth, lying beneath the mucous membrane, but an attempt to remove it causes such pain and spasm that it is not thought advisable to persevere; paralysis of the seventh nerve more marked, and there is also slight ptosis of right eyelid; he begs for something to clear his throat, and has a constant dread of suffocation; ordered a draught of bromide and chloral.

Jan. 24th.—Condition less favorable; every attempt to swallow is followed by spasm of the muscles of the pharynx, jaw, and face generally, of a tetanic character; taking food by the mouth has become absolutely impossible, so that injections per rectum of beef juice, brandy and milk, egg, &c., are ordered; the wound looks fairly well, discharging pus of a thick mucoid character. Dr. Fenwick saw the patient with me to-day and had an opportunity of witnessing one of the spasmodic attacks, brought on by an attempt to inject the canal. On this occasion we noticed that the nares were also closed, so that no air could enter the lungs, and before the relaxation took place the face had become livid and death from asphyxia seemed to impend. The patient articulates in a peculiar halting fashion, pronouncing each word with fair distinctness, but with a long interval between his words. He explains that this is done to prevent a more frequent occurrence of the spasms. The sterno-mastoid muscles are now in a condition of tonic spasm, this becoming more marked as the convulsion approaches. There has hitherto been no opisthotonos, although towards the conclu-

sion of the seizure the body is thrown forcibly back, with very slight arching, and the limbs become rigid. An attempt to protrude the tongue on one occasion brought on a convulsion. The jaws have, however, been firmly set for some hours. A solution of bromide of potash and chloral is ordered to be given by enema.

The patient died on the following night from exhaustion consequent on the convulsions.

The *autopsy*, at which Drs. Mount, Mousseau and Bell kindly assisted, showed the viscera to be healthy in every respect, the membranes of the brain being only slightly congested.

We found it impossible to make a satisfactory dissection of the parts traversed by the bullet on account of their blackened and sloughy condition, but judging by comparison with the other side we thought that the glosso-pharyngeal nerve must have been wounded just about where it lies on the stylo-pharyngeus muscle. The pharyngeal plexus, likewise, could hardly have escaped. Following the line of the bullet we discovered a piece of the paper wad embedded in the internal pterygoid muscle of the right side, which was also blackened with powder. Here the bullet evidently struck the ramus of the jaw, although there was nothing on the bone to indicate the point of impact. Considering the direction of the wound, however, it must have struck the bone at an angle considerably greater than a right angle, and hence we found it exactly where it had been located, namely, near the anterior border of the masseter muscle. It was a bullet of large size, flattened at one part, and corresponded with those found near the place of assault. Another medico-legal point of some interest, is that the wad, before mentioned, was identical with the paper that surrounded the ammunition.

Thus the symptoms during life, and post mortem appearances, it will be noticed, are easily reconciled. Injury to the glosso-pharyngeal nerve and pharyngeal plexus would account for the remarkable reflex phenomena, the branches of communication being so widely extended. The salivation, which proved so troublesome a symptom, was in all probability due to the near presence of the bullet to Steno's duct.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

Corrosive Sublimate Solution in Antiseptic Midwifery Practice.—In a short paper in the Nov. 1882, number of the *Annales de Gynécologie*, Dr. Ad. Ollivier, *interne* at the Maternité in Paris, speaks of the results of recent experience with corrosive sublimate solutions. It will be remembered that at the London meeting of the International Medical Congress, M. Tarnier described the method by this antiseptic and its advantages over other antiseptics. He then related the results of experiments comparing corrosive sublimate with other antiseptics. It was found to be much more powerful in preventing the development of bacteria than either carbolic acid or boric acid. The solution used at the Maternité is one to a thousand (Liqueur de Van Swieten.) Every person, midwife, interne, or student entering the lying-in room is required immediately to wash the hands in this solution. Salivation has never been noticed. If possible, each patient on entering has a bath, but in any case the whole genital region is most carefully washed with a one to two thousand watery solution, next a tepid solution of the same strength is injected to the vagina, then the vulva is covered with a compress soaked in the same solution. During labour, the vaginal injections are repeated every three hours. After delivery a final injection and toilette of the genitals is performed. The patient is then removed to another ward. If the course of the puerperium is favorable the genitals are bathed three or four times a day, and the vulva kept covered with compresses soaked in a one to eighty carbolic solution. But in instrumental labours, or in cases where there is reason to believe that some remains of membranes have been retained in utero, or if there are lacerations, or especially if the lochia be fœtid, then vaginal injections of the one to two thousand solution, repeated five or six times a day, are given, and compresses soaked in the same

solution kept constantly applied to the vulva. The experience of the method has shown that when there is fœtor of the lochia one or two days suffice to remove it, fever rapidly subsides and involution proceeds more rapidly than usual. The gums were examined carefully every day, but no evidences of ptyalism were observed. A mercurial eruption on the genitals and inner aspects of the thighs was observed in three cases; on suspending the compresses and applying starch powder this soon disappeared. The same results sometimes follow the application of carbolic acid. Since the 29th of June to date 350 women have been thus treated with only one death, and in this case the autopsy revealed traces of former peritonitis which probably predisposed the patient strongly to a recurrence of the disease from which she died. This is a most exceptional shewing of the results of midwifery in hospitals.

Dr. Ribemont, a pupil of M. Tarnier, in a case of septicæmia, gave intra-uterine injections of one to a thousand solution. The woman recovered rapidly and without any symptoms of mercurial poisoning. Similar good results followed in a case of the same kind at the Maternité.

Subinvolution of the Uterus.—Dr. John Williams, assistant obstetric physician to University College, London, read a paper on this subject in the section of obstetric medicine at the last meeting in August of the British Medical Association. The condition, the author said, is very frequent and important in the diseases of women. Involution of the uterus consists of fatty degeneration of the enormously developed fibre-cells of the uterus and their absorption. This is followed by regeneration and growth of new fibres. Subinvolution has been estimated in various ways. 1st, Measuring the height of the uterus above pubis. This is open to fallacy; the uterus may sink in the pelvis. 2nd, Measurements by callipers—one arm on the os in the vagina, the other on the abdomen. 3rd, Daily transverse measurement of uterus at its widest part. This may lead to false conclusions unless the bladder is first emptied. 4th, Daily measurements of the depth of the uterus with sounds or bougies, as performed by Dr. Sinclair of Boston, U.S.

Dr. Williams sums up the causes of subinvolution as follows: General debility; multiparity at advanced ages; post-partum hemorrhage; retention of portions of placenta and membranes; lacerations of the perineum, and pelvic inflammations. Its results are hemorrhage, dysmenorrhœa, and prolapsus. The prevention consists in the removal, to as great an extent as possible, of the causes which lead to it. Some of these are irremovable; but post-partum hemorrhage, laceration of the perineum, pelvic inflammation, retention of portions of placenta and membrane, can in a great degree be prevented. Wounds of the perineum must be immediately and completely closed. There is no doubt that the cases where this is done make better recoveries than those in which it is neglected. Goodell of Philadelphia claims that too long rest in bed favours subinvolution. His plan is getting the patients out of bed daily for a short time during the first four days; after that they get up and dress. The chief advantage claimed for this method is that drainage of the uterus and vagina is secured. Dr. Williams has not practised this latter, but he claims equally good results with Dr. Goodell by an opposite course. Vaginal injections are most valuable in favouring involution. They must be commenced immediately after delivery, be hot, abundant, and contain a disinfectant—three or four pints at a temperature of 110 to 115°F. Dr. Williams concluded his paper by saying: "The prevention of subinvolution means three things—an empty uterus, a well-contracted uterus, and the absence of fever; and I know of no better means of securing the second and third objects than the use of hot disinfecting vaginal injections and closing wounds of the perineum."

In the discussion which followed, Dr. Playfair said that he believed unhealed lacerations of the cervix oftener caused subinvolution than those of the perineum. Dr. Edis of London thought that general debility during pregnancy ought to be removed, as it favoured subinvolution after delivery. Quinine and iron, and the regulation of the nutrition and secretory functions were important. This would lessen the frequency of abortions and protracted delivery. The use of the forceps when neces-

sary should be resorted to, thus lessening danger of post-partum hemorrhage, and lessening the danger of retention of portions of placenta and membranes. Septic fever and inflammation would thus be less frequent. Ergot and the systematic use of the binder favor involution by causing contraction. The avoidance of too stimulating a diet and of alcohol unless indicated is important. He commended the hot antiseptic vaginal injections. He believed that the omission to suckle the child favoured subinvolution by the absence of that stimulus to contraction of the uterus. It was a question, too, whether belladonna, so often used as plaster, lotion or ointment in these cases, to prevent mammary troubles, had not some influence in lessening contraction of the uterus and so retarding involution.—(*Brit. Med. Journal*, Sept. 2, '82.)

The Diagnosis and Treatment of Chronic Inflammation of the Ovary.—This is the title of a paper by Mr. Lawson Tait, published simultaneously in the July number of the *American Journal of Obstetrics* and the *British Medical Journal* for July 29, '82. I will only allude to the questionable propriety of simultaneous publication of an article in two widely circulated English journals. In this paper the author enunciates some rather novel, startling, and original views, entirely at variance with those previously held and accepted with reference to certain diseases and physiological functions. After referring to the impetus given to gynecology by Thomas Keith when he taught us that our traditional fear of the peritoneum was only a bugbear, and that it would serve us as well as any other part of the body, if dealt with fairly, (the mortality of Keith's and Tait's own practice being now as low as three per cent. since renouncing Listerism), the author states that the new practice has had many good results, not the least of which is that it is shedding a whole flood of light on the pathology of pelvic disease, and is even helping us to understand the physiology of the female sexual organs. "Thus my own practice, the detailed results of which will shortly appear in a special work, have convinced me that the usually accepted doctrine of the coincidence of ovulation and menstruation is wholly erroneous. The ovaries have nothing

to do with menstruation; and though I give the opinion with a qualification which may be made necessary by further experience, so far the evidence before me shows that the phenomena of menstruation depend upon the Fallopian tubes, and not in the least upon the ovaries." The other views enunciated by the author in this paper and elsewhere on this subject may be summarized as follows: Many of the bad cases of abnormal menstruation are relievable only by extirpation of the ovaries and tubes. In chronic ovarian disease the Fallopian tubes are chiefly at fault. All the cases heretofore regarded as instances of menstrual recurrent pelvic cellulitis or peritonitis are really tubal dropsy and ovarian disease. For such conditions, if the symptoms are not speedily relieved by the treatment, medicinal or other, adopted, he performs the operation of removal of the ovaries and Fallopian tubes. In perfect health the ovary is an organ of the existence of which the owner is ignorant. It is only when diseased that its existence is indicated. Then, however, it causes great discomfort. Acute inflammation of the ovaries is often fatal, and when not fatal, it is apt to lead to a state which makes life-long misery from the chronic form. Sometimes there is no acute attack, or, at all events, no history of such. Of the acute disease the origin is various,—a simple chill, a hæmatocele, a gonorrhœa, an exanthematic fever, or a labor at full term, or miscarriage. In the treatment, rest is, of course, important, but physiological rest cannot be obtained for the ovaries. They will continue to attempt to perform their function of ovulation, and every month, or oftener, the inflamed organs are temporarily congested by the occurrence of menstruation. Much may be done, however, by absolute rest in bed for the whole menstrual week and absolute abstinence from intercourse. It is very rare, however, that we can persuade patients to carry out this regimen long enough, and hospital patients will not attend to it at all; indeed they cannot. Counter irritation, by blisters or setons, is also indicated. The only drugs of the slightest use are the salts of potash and ergot. After a persistent trial of these measures, if they fail, then Mr. Tait believes that we have only one resource—the operatiou he now proposes, and which he claims to

have performed often enough to enable him to speak with authority. He had, at the time the paper was written, operated by removing the uterine appendages in 35 cases of chronic oöphoritis, with only one death; but he believes that such success can follow only the surgeon who has large and constant practice in abdominal surgery. So much for the primary success. As regards the secondary results, some of Tait's cases are yet incompletely relieved, but by far the great majority of them are absolutely cured.

On the 21st of December, 1882, Dr. T. G. Thomas of New York, at the New York Academy of Medicine, read a paper entitled "A contribution to the subject of the Removal of the Uterine Appendages (Tait's operation) for Recurrent Pelvic Inflammation. In this paper, after summarizing Tait's views as recently advanced, he reported four cases of removal of the uterine appendages—Fallopian tubes, ovaries, and ovarian ligaments. In all four cases, tubal dropsy, with chronic ovaritis, existed. They were all invalids from pelvic pain more or less constant. Three of the patients recovered. They were relieved markedly at the time this paper was presented, but Dr. Thomas did not consider that sufficient time had elapsed to speak with certainty as to cure. The fourth, an unfavorable case, died. This was all the experience he had of the operation. In the paper he wished only to hold up the views of a brilliant and original investigator. After giving Tait's statistics, as summarized above, he remarked on the much better records of laparotomies in Britain than in America, and said "it behooved American operators to look at the matter in a most careful manner, and endeavor, if possible, to determine why the success had been greater there than here." Dr. Emmet, who was present, stated that he had no personal experience of the operation, but had been in England and had seen a number of cases in which it had been performed, and must say that he saw nothing else, when abroad, which interested him so much and puzzled him exceedingly. He was surprised at the success of the operation abroad, and had opportunity to see that the women upon whom it had been performed had been

very much improved by it. The improvement which had followed the operation had been something beyond conception. There seemed to be no question with reference to Tait's success, but with regard to this operation upon the broad ligament, he was not prepared to perform it at present. He wished to wait a little further for additional light upon the subject.—(*American Jour. Obstet.*, Jan. 1, '83.)

There is a mass of testimony to the value of an operation in a class of cases whose wretched condition makes them a curse to their family and a nuisance to the medical man who has them in charge. If further experience confirms the statements of these eminent surgeons, Mr. Tait will indeed have proved himself a benefactor to his race.

On Manganese in the Treatment of Amenorrhœa, by Drs. Sidney Ringer and William Murrell.—This is the title of a paper published in the *Lancet* for January 6, '83. For some time these gentlemen have been using the permanganate of potash in solution or pill in amenorrhœa. The pill form is the best, as the solution is very disagreeable. They have notes of 69 cases, chiefly hospital, but some private. The cases were such as come under the care of the general practitioner as distinguished from the gynecologist. The dose given has been from one to four grains three times a day, beginning with the smaller dose and gradually increasing. The most striking results have been obtained by the larger doses and in young women from 18 to 25, who, from accidental or trivial cause, had caught cold or got wet, and had "missed" once or twice after having been regular. In these latter cases, the administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. The authors often found it to succeed when iron, pulsatilla, aloes, nux vomica, strychnia and nitroglycerine had failed. It even, in some cases, brought it on when arrested in advanced phthisis and in chlorosis, without, however, improving the general condition. The manganate of soda and binoxide of maganese are equally efficacious, showing that it is the manganese and not the potash, which has the desired effect.

Leucorrhœa.—Two important papers on this subject have appeared within the last few months. One is by Dr. Fordyce Barker; the other by Dr. J. B. Hunter of New York. Dr. Barker's paper was read before the last meeting of the American Gynecological Society, and is entitled "Leucorrhœa: its Constitutional Causes and Therapeutics." Dr. Barker is well known to be opposed to what he believes to be the excessive modern development of surgical gynecology. He begins by stating that the fact that leucorrhœa is not a distinct disease, but a symptom of many different and even opposite pathological conditions, had led to a neglect of its study and to a forgetfulness of the fact that it not rarely originates from constitutional causes, and that, when long-continued, it becomes itself a cause of important local and pathological changes. Sir Charles Clark, Drs. Ashwell, Henry Bennet, and Tyler Smith, who wrote from twenty-five to forty years ago, considered fully the affection from this latter point of view. Very few modern writers consider it, except incidentally as a symptom of local disease. Barnes, Stoltz and Courty are exceptions. Modern methods of physical examination had been so perfected as to lead to a careful study of certain organic changes in the pelvic organs and perhaps to a corresponding neglect of certain other equally important points, and consequently associated therapeutics. During many years past the author had seen and treated many patients who had, without doubt, received the best surgical treatment from men whom all regarded as most eminent. Some had had the cervix incised, others had had it sewed up, others had the cavity of the uterus scraped out, etc., and no doubt had been improved for a time, but often the symptoms had returned after a time. These patients were often not very interesting, either as patients or cases. Leucorrhœa is the most constant of all their symptoms, and regarded by them as the cause of all their troubles; and the author believed that there was more of truth in their theory than the profession generally was disposed to admit, for in many but slight evidence of organic disease, either through change of tissue or position, could be found to explain the symptoms. In a number of these, and also in others where there was always

found some pathological condition of the pelvic organs, the symptoms disappeared after constitutional treatment, without any local applications except vaginal injections. For many years Dr. Barker was an entire disbeliever in the opinion of Tyler Smith, that leucorrhœa was in many cases a primary cause of morbid states of the os and cervix, and while now he was not at all disposed to accept the statement that this is the fact in a majority of cases, yet within the last few years he had been convinced that it was true in some. He now believed with Tyler Smith that, in a certain number of cases, long-continued leucorrhœa caused inversion of the canal of the cervix, with increased pain and distress. The author then referred to cases of leucorrhœa which resisted all appropriate local treatment, and were cured by constitutional measures. Many of the constitutional causes, such as atmospheric changes, which induce general catarrhal inflammations; plethora in some; anæmia in others; everything which induces defective nutrition and debility, as prolonged lactation; excessive fatigue from certain employments; the continued standing position for many hours; were all well understood. He thought, however, that the influence of nerve-disturbance as a cause of defective nutrition was perhaps not so generally appreciated, although most practitioners knew the fact that in some patients, strong mental emotion was sure to bring on troublesome leucorrhœa. Leucorrhœa, with its attendant symptoms, is not at all rare in young unmarried ladies, and every year he saw many cases, chiefly from among those who came to the city "to finish their education," as it is termed. The moral depression from "home sickness," and exhaustion of nerve-power, seemed to him to be the most common of the constitutional causes in these cases. The routine prescription of some preparation of iron, under these circumstances, was sure to destroy appetite and produce headache. The object of the paper was not to describe in detail any treatment, but to draw attention anew to facts well enough known, but often forgotten, referring to the constitutional origin of this symptom.—(*Am. Jour. Obst.*, Oct., 1882.)

The title of Dr. Hunter's paper is "Uterine and Vaginal Dis-

charges." It was read in June last before the recently started Practitioners' Society of New York, and appears in the New York *Medical Record.* The author does not pretend to treat of the whole subject of uterine and vaginal discharges, but only to present a few prominent features, with especial reference to certain points of treatment. Leucorrhœa is very common. Physicians are often consulted about it. It is often treated after routine methods, which may do as much harm as good. Dr. H. divides leucorrhœa into three varieties—vaginal, cervical, and uterine. Vaginal leucorrhœa is common, and often temporary in character, from taking cold, exertion, mental excitement, or anxiety. In the unmarried, it is often due to impaired health from any cause, excessive study, irregular hours, or any form of social dissipation. Such persons are pale and anæmic, have small and capricious appetites, and constipated bowels. In such cases, it would be inexcusable to direct our remedies alone against this symptom—leucorrhœa. The general health must be improved. Hot-water vaginal injections, and then a mild astringent. One drachm of carbolic acid to a gallon of water renders it more efficacious. One drachm of tannin to a pint of water makes a good injection. Oak bark injections, as a rule, are too strong. A good injection is the fluid extract of eucalyptus globulus, one drachm to a pint of water. These local remedies and careful attention to general health must first be tried, and then, if they do not succeed, or if these symptoms are associated with pain in the pelvic or lumbar region, then we must examine If a simple vaginitis exist, nitrate of silver 20 grs. to the oz., the fluid extract eucalyptus, and the tincture of iodine, are the best. Injections containing a teaspoonful of bicarbonate of soda, or boracic acid, or common salt, are most valuable.

Cervical leucorrhœa is indicated by glairy intermittent discharge from the cervix. It often requires surgical treatment, which will depend on the condition present. The various measures are glanced at in the paper.

Uterine leucorrhœa from the cavity is often intermittent. It comes "with a gush," as the patient says, and then ceases for a time. It is often purulent, mixed with blood, and greenish.

It is particularly apt to irritate the vagina and urethra; it is worse for two or three days after menstruation, and it is often offensive; sometimes accompanied with pain. The various diseases causing such discharges and the appropriate treatment for each is considered. In some cases all varieties of leucorrhœa exist in the same person at once. Dr. Hunter wishes to emphasize the idea that all the symptoms in each case must be carefully weighed. He wishes to lay stress on the danger of a routine treatment, which may be the danger of doing too much or too little. Astringent injections often do more harm than good, if indiscriminately used. In the unmarried, we can often avoid local treatment by dealing first with the general health and insisting on hygienic surroundings. But in this, as in all others, if the symptoms are such as to cause suspicion of serious disease, then we must convert our suspicions into certainty by an examination, and give our patients the utmost benefit our knowledge will afford.

Reviews and Notices of Books.

The International Encyclopædia of Surgery: A Systematic Treatise on the Theory and Practice of Surgery.—By Authors of various Nations. Edited by JOHN ASHURST, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated by chromo-lithographs and woodcuts. In six volumes. Vol. II. New York: Wm. Wood & Co.

We have perused this volume of the Encyclopœdia with a great deal of pleasure. We consider it superior in many respects to the first. It is, however, decidedly less "international," as all the articles are contributed by English and American surgeons. The chromo-lithographs are excellent, those illustrating "senile, dry, and moist gangrene," being, in our humble opinion, genuine works of art. The woodcuts are, on the whole, good, although two or three, which are intended to illustrate the article on gonorrhœa are, to say the least, amusing. In the case of one of them intended to demonstrate the application of

lint dressing, we are certain that, if taken from life, the subject would never recognize his own penis, so completely is the organ disguised. However, the article itself on the subject, written by Dr. J. W. White, of the University of Pennsylvania, is one of the ablest and most comprehensive it has ever been our pleasure to peruse, and fully makes up for any shortcomings there may be in the mere illustrations.

The first article in this volume is written by Dr. Hunter McGuire on "Contusions." In the case of "black eye" and similar blood extravasations he recommends the withdrawal of the fluid by means of the hypodermic syringe. This sounds very well theoretically, but we question the practical value of such a procedure. In our experience the less extravasated blood is tampered with the better, as in spite of the most thorough precautions, sometimes air will enter and decomposition result. Mr. Bryant contributes the article on "Wounds," and a very valuable monograph it is. Mr. Watson Cheyne has been fortunately selected to write on the "Antiseptic Method of Treating Wounds," and does his work with a conciseness and brevity which do him credit, and which might well be imitated by future contributors. Dr. Packard's article on "Poisoned Wounds" is made very interesting, and will be found useful for reference. Dr. Bill contributes a paper on "Sabre, Bayonet and Arrow Wounds." This is a remarkable production, and coming, as it does, from the pen of an army surgeon skilled in Indian warfare, is of immense value. Dr. Connor, of Cincinnati, writes on "Gunshot Wounds," and Dr. Morton, of Philadelphia, on the "Effects of Heat." We notice with much pleasure that our old and esteemed friend, Dr. Grant, of Ottawa, is the contributor of the next article on the "Effects of Cold." The paper is necessarily short, treating simply of chilblains and frost-bite, but it is ably written and complete. Next come Mr. Howard Marsh on "Abscesses," Dr. J. T. Hogden, of St. Louis, on "Ulcers," and Dr. Moore, of Buffalo, on "Gangrene and Gangrenous Diseases," all complete and adorned with woodcuts and chromos.

Under the head of "Venereal Diseases" we next find a

complete group of remarkable essays by White, Van Harlingen and Wharton, of Philadelphia, and Sturgis, of New York. The chromo lithographs which embellish these articles are as fine as any we have seen, although the colouring is here and there perhaps a little heavy. The section devoted to "Pseudo-venereal Affections" is especially interesting. One of these affections, called the "Disease of St. Paul's Bay" is said to have appeared in Canada in the year 1760. "The disease first manifested itself in pustules on the lips, mouth and tongue; these pustules were filled with a whitish fluid which was very contagious. At a later period the patients suffered from large ulcers, glandular swellings in the groin and throat, and violent nocturnal pains in the osseous tissues, with caries of the nasal, palate, and cranial bones, and sometimes loss of sight and hearing." To our way of thinking the above is a pretty correct clinical picture of syphilis, although Dr. Stratton does not consider them identical, having observed the disease of St. Paul's Bay among the American Indians, in whom it often proved fatal.

Dr. J. C. White, of Harvard University, contributes an article on the "Surgical Diseases of the Skin and its appendages." The subjects are admirably arranged, and dealt with in a manner that will commend the article especially to the general practitioner. Dr. Joseph W. Howe, Clinical Professor of Surgery in Bellevue Hospital Medical College, New York, has been well chosen by the editor of the *Encyclopædia* to supply the next article on the "Diseases of the Cellular Tissue." This is a difficult class of diseases to handle, but Dr. Howe has succeeded in giving us a most judiciously arranged and complete exposition of the subject, and as an article for reference this will be found invaluable. Dr. C. Naucrede, of Philadelphia, contributes the last article in the volume on "Injuries and Diseases of Bursæ," and we only regret that space will not permit us to refer to it at greater length, for in our opinion, while it is the last contribution it is not by any means the least valuable.

The Hospital Treatment of Diseases of the Heart and Lungs. With over three hundred and fifty formulæ and prescriptions, as exemplified in the Hospitals of New York City.—By Charles H. Goodwin, M.A. New York: C. H. Goodwin, M.D.

We have looked through this little book with considerable interest, and have no doubt that a very large number of our readers will possess themselves of it, in order that they may do likewise. It contains information which can hardly be obtained in any other way. The plan on which it is put together tends to make the results one thus gets at very instructive. The leading diseases of the lungs, and of the heart, are classified in order, and under each one is detailed the special methods of treatment systematically adopted for its relief by each of several of the most eminent physicians of the New York hospitals. The reader thus arrives at a good deal of the unwritten experiences of these competent observers and thoughtful men. To a physician, in charge of any serious case, it cannot but prove highly instructive to turn up, in this volume, the corresponding chapter and learn the varying (or in some cases very similar) treatments which have in time recommended themselves to such men as these with ample opportunities of coming to a just conclusion as to their merits. In particular cases, also, special formulæ are given which, to one unaccustomed to prescribing, will often prove extremely useful. As far as we can judge, it gives a very fair and judicious representation of American practice in the department of chest diseases. It is to be hoped that the same author will follow this with similar works devoted to affections of other important organs and functions.

A Clinical Hand-book of the Diseases of Women.—By W. Symington Brown, M.D., Member of the Gynecological Society of Boston; Fellow of the Massachusets Medical Society, &c. New York: Wm. Wood & Co.

The number of works specially devoted to disorders of the female pelvic organs is now very considerable, and in a new hand-book on the same subject one naturally looks for its *raison*

d'être. This, in the present case, it is not altogether easy to discover. It is difficult to compress such an extensive subject into a little over one hundred pages, and yet leave much space for anything original. In spite of this, a very fair summary is given of all the various diseases included under its heading, together with the modern treatment of the same. Its chief claim, however, must be its highly practical character which is never lost sight of. Besides, whenever feasible, the writer introduces cases and observations of his own to illustrate the various points under discussion. It contains a number of illustrations, particularly of recent instruments which will no doubt be found useful.

Suppression of Urine, Clinical Descriptions and Analysis of Symptoms.—By E. P. FOWLER, M.D. Ninety-three clinical cases, with illustrations, tables and diagrams. New York: Wm. Wood & Co.

The above consists of a very excellent paper submitted by Dr. Fowler to the *New York Medico-Chirurgical Society.* It contains the details of a very interesting case of anunia related by the author, and following this, an analysis of a very large number of recorded instances of complete suppression from various causes. The different symptoms are treated of in detail, and carefully-constructed tables show the varying frequency and severity of each of these. To any one interested in the subject, this monograph, which displays a great deal of research, cannot but prove very valuable.

A System of Human Anatomy, including its Medical and Surgical Relations.—By HARRISON ALLEN, M.D., Professor of Physiology in the University of Pennsylvania, &c., &c. Illustrated. Section III. Muscles and fasciæ. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

It may be remembered that, quite recently, we drew attention to the appearance of the two first sections of this work, and expressed a very favorable opinion of its general scheme and

the manner in which it had been carried out. The above forms a continuation of the same. A critical examination of this section will show that it reaches, in every respect, the high standard attained by its predecessors. The large plates are extremely well executed, very clear and plainly lettered. The letter-press is constructed in a fashion to make the study of anatomy much more interesting than when the attempt is made to learn it from the ordinary text-book. It deals with the important matters of nerve-supply and functions of muscles with reference to the various facts of both medicine and surgery in an able and instructive manner and, when complete, it will, as a standard work, be an admirable addition to American medical literature.

Books and Pamphlets Received.

RHEUMATISM, GOUT, AND SOME ALLIED DISORDERS. By Morris Longstreth, M.D. New York: Wm. Wood & Co.

THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA. Sixth Decennial Revision. New York: Wm. Wood & Co.

A TREATISE ON FRACTURES. By Lewis A. Stimson, B.A., M.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

LEGAL MEDICINE. By Charles Meymott Tidy, M.B., F.C.S. Vols. I. and II. New York: Wm. Wood & Co.

THE LAWS OF LIFE AND THEIR RELATION TO DISEASES OF THE SKIN. By J. L. Milton. London: Chatto & Windus.

FOURTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS. Springfield, Ill.

THE RETROSPECT OF MEDICINE. By W. Braithwaite, M.D., and James Braithwaite, M.D. Vol. ixxxvi., July-December, 1882. London: Simpkin, Marshall & Co.

POCKET THERAPEUTICS AND DOSE BOOKS. By Morse Stewart, Jr., B.A., M.D. Third edition. Detroit: Geo. D. Stewart & Co.

EARLY AID IN INJURIES AND ACCIDENTS. By Dr. Friedrich Esmarch. Translated from the German by H.R.H. Princess Christian. Philadelphia: Henry C. Lea's Son & Co.

MANUAL OF GYNECOLOGY. By D. Berry Hart, M.D., F.R.C.P.E., and A. H. Barbour, M.D., B.Sc., M.B., &c. Vol. I. New York: Wm. Wood & Co.

THE COMPEND OF ANATOMY. For use in the Dissecting Room and in preparing for Examinations. By John B. Roberts, A.M., M.D. Third edition. Philadelphia: C. C. Roberts & Co.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, December 15th, 1882.

R. A. KENNEDY, M.D., PRESIDENT, IN THE CHAIR.

Dr. Gurd exhibited a patient in whom the expiratory act was of a peculiar interrupted character, the air being expelled in a series of distinctly audible jerks quite evident to the ear some four or five inches from the mouth. A condition resembling this somewhat has been described by Drummond as a diagnostic sign of thoracic aneurism, and is explained by pulsation on the trachea. The woman is healthy in every respect, and physical examination fails to reveal any condition likely to give rise to the peculiarity observed.

Dr. Mills said that he had heard slight murmurs accompanying the expiratory act very similar to this after exertion, possibly being transmitted through the medium of the trachea acting as a conducting board.

Pathological specimens exhibited by Dr. Osler.

I. *Lungs from a case of Tuberculosis of Pleura and Lungs.*—History: Mrs. McL, aged 27, admitted early in November to General Hospital under Dr. Ross. Hard drinker, early symptoms of cirrhosis of liver. Hemorrhage from bowels, no ascites, intense tenderness over region of liver. Pleurisy on both sides and signs of tuberculosis of lungs. Left lung covered with a thin fibrinous exudation, thickest at base and near the edges. In places the membrane is studded with minute granular bodies resembling tubercules, which are best seen where the exudation is less abundant. The organ is crepitant throughout, a caseous spot is seen at apex, and a narrow fibroid area in the lower lobe. No disseminated tubercles throughout the substance. The right lung presents a similar exudation, less abundant than in the left lung. At the apex is a small caseous mass with a cavity the size of an almond in direct communication with a bronchus. In the neighborhood of this are several small groups of tubercles. The lower lobe also presents

a couple of small caseous bodies, but no scattered tubercles. The costal pleura is thickly lined with false membrane, is congested, and presents small gray bodies scattered through the membrane. Liver weighs 2,200 grammes, is large and pale. Lobules distinct, bile-stained in centre. Organ is both fatty and cirrhotic. Other organs normal.

II. *Specimen of Ulceration in Typhoid Fever.*—Clinical History: I. McI., æt. 35. Attack sudden, onset marked with rigor; admitted to hospital on 7th day. Did well at first, then became delirious, and shewed signs of bronchitis. The "typhoid symptoms" set in and patient died on the 15th day. Lungs are dark-colored, full in volume, crepitate throughout; lower lobes are sodden and very heavy, and crepitate but slightly. On section cut surface shews much blood. Bronchi shew a dark mucous membrane covered with mucus. Spleen enlarged, dark and soft intestines. In the ilium in the upper part one or two small reddish spots a little elevated above the mucous surface. Only one ulcer of any size, this is about 1½ feet from the valve. Several of the Peyer's patches are only injected, and present here and there an isolated swollen follicle. An enlarged patch is next the valve. There are a few solitary glands enlarged and capped with sloughs or presenting small ulcers.

III. *Fibroid Disease extending to the Lung from the Pleura. Cirrhosis of Lungs and Kidneys.*—A. D., æt. 33. In General Hospital under Dr. Ross. Signs of phthisis and dropsy, albumen, casts and pus in urine.

Autopsy.—Anasarca of legs, 1½ pints of fluid in abdomen, turbid effusion in pleura, adhesions on both sides, unusually firm on the right. Heart—Organ is large, especially on the right side. Right ventricle somewhat dilated, walls firm and somewhat increased in thickness. Tricupsid orifice 4¾ in. in circumference. Aortic valves a little opaque and thick, as are also the mitral. Aorta presents a few small patches of fatty change but no atheroma. Left lung crepitant throughout lower lobe heavy and sodden; pleura of upper lobe covered with adhesions. About the middle of upper lobe a small cicatricial

spot extending from the pleura into the substance. In this is the small cavity of a dilated bronchus. Right lung small, especially at the lower part. It is very intimately adherent to the diaphragm, and the diaphragm to that part to the liver. The pleura covering the lower half of the lung is much thickened. In places nearly 1 c.m. thick, averaging about 5 m.m. The diaphragm, pleura and lung form one dense firm mass. On section through the lung the upper lobe is crepitant and healthy looking. The lower lobe presents numerous fibrous bands passing into it from the thickened pleura, constricting the lung and greatly diminishing the volume of the lower lobe. Close to the pleura the tissue is quite fibroid and airless. In the deeper parts the tissue between the fibroid septa still contains air. The organ presents a beautiful example of fibroid disease extending to the lung from the pleura. Spleen a little enlarged; pulp soft; kidneys small; capsule detaches without difficulty; surface irregular, and presents numerous coarse granules and several cysts. On section organs are firm. Cortex much reduced, in some places only 2 m.m. thick. It is pale, and presents a few opaque spots. The pelvis of the left kidney is in a state of inflammation extending into the calices. Liver closely adherent to diaphragm. Presents a small fibroid area at a spot corresponding to the fibroid disease of the lung. Substance pale and a little tough, but presents no marked alteration. Nothing of note in other organs.

Dr. Alloway exhibited *a placenta, removed by the Uterine Curette*, with the following history: Patient aged 41, married 20 years; has had 10 children at full term, and 4 miscarriages (2, 3, 5 and 5 months respectively), 14 pregnancies in all. She is now in her 5th month of pregnancy; has had metrorrhagia for the last five months with occasional pain. On the 10th inst. Dr. Alloway was sent for. Found membranes protruding through the os, with the embryo contained within. The internal os was fairly well dilated, but could not introduce finger beyond it, notwithstanding the use of considerable pressure outside in an endeavor to force the uterus low down in the pelvis. The pain would have been intense without an anæs-

thetic. The embryo was removed. No protruding placenta could be reached with the finger, but concluded it must be firmly attached to the uterine wall. So firm and complete were the adhesions that considerable difficulty was experienced in endeavoring to find a part sufficiently detached to insert the curette. When this point was gained the whole was detached without any further difficulty. During the operation the patient was placed across the bed on her back, with her feet resting on Dr. A.'s knees. No pain whatever was experienced, and the operation occupied about twenty to thirty minutes. The patient was placed on ℞ x Ext. Ergot fld. three times a day. Recovery was complete in ten days. Dr. Alloway remarked that his chief object in exhibiting the specimen was to point out the complete form of the placenta removed and the fibrous condition of its tissues. That the embryo must have been dead seven or eight weeks judging from its size, and the utter impossibility of the uterus being relieved of its contents without the aid of the curette or an anæsthetic. That the use of the tampon and the expectant plan of treatment would have ended in septicemia and probably loss of the patient's life.

Dr. Trenholme urged the great value of the finger, and preferred it to any instrument. By hooking the finger over the inner os, and pressing down over the fundus externally, almost every case could be easily managed; in fact, he had never met with a case where the finger failed to remove any adherent placenta in early abortions. Where the abdomen was difficult to depress, chloroform gave perfect command of the patient. In this connection Dr. Trenholme remarked that he had a case where the dead fœtus was retained as a similar tumour for six or seven months, the woman having monthly hemorrhage until it was removed. This form of hemorrhage during gestation is due to non-union between the *reflex* and *uterine* deciduæ.

Dr. Gardner testified to the value of the vulsellum. In many cases it is very difficult to force the uterus sufficiently low down, and it is much more easily brought within reach by fixing one lip with the vulsellum, and then drawing the uterus down. He had never used the curette. As a rule he can succeed per-

fectly with the finger, which he prefers to the curette, but no doubt cases will occur where the removal of the attached membranes is facilitated by the curette.

Dr. George Ross said that it was most important that an anæsthetic should be administered, after which the uterus can be forced down with comparative ease in many cases where otherwise it would have been quite impossible; he also spoke of his preference for the finger as compared to the curette in these cases.

Dr. Cameron was opposed to Dr. Alloway, who invariably uses ether as an anæsthetic, but thought chloroform was much better, and spoke of a case where, owing to the rigidity of the parts from the former, the removal of the contents of the uterus was rendered impossible until chloroform was used, when it was easily affected.

Dr. F. W. Campbell also spoke of the advantage of the finger over the curette, and of the assistance rendered by the use of the vulsellum.

Dr. Fenwick exhibited the portions of bone removed at an operation for excision of the knee-joint performed by him that day. The patient, aged 21, gave an account of an acute synovitis in the knee-joint twelve years before, following cold or some very indistinct injury, and frequent attacks of more or less severity ever since. On consulting him the joint was swollen, loose and tender, and there were severe starting pains at night. At the inner side of the head of the tibia it was very tender, and possibly the disease commenced in the periosteum at that point. On cutting into the joint, the semilunar cartilages were found destroyed and the cartilages of the femur gone; erosion of the bones, and a fringed condition of the synovial membrane. The usual form of operation was followed, rounding off the end of the femur and hollowing out the tibia; not more than 1¼ inch of bone was removed. Dr. Fenwick remarked that the great advantage in children was to save the epiphysis, and thus benefit by the growth of the bones.

Dr. Mills explained the method of demonstrating the urinary pigments, and exhibited specimens illustrating the different steps

in the process, which latter are as follows: About 50 c.c. of urine suffices to show the reactions clearly. 1. Urine treated with strong solution of acetate of lead and a few drops of ammonia and filtered. 2. Pasty mass remaining on filter treated with strong sulphuric acid and a little alcohol and filtered. 3. To the yellow filtrate is added excess of strong sulphuric acid and boiled. 4. The resulting dark fluid is then diluted with a large excess of water, and allowed to stand; a flaky black precipitate (very soluble in ammonia) deposits. This is diromelamine, a resultant product of the decomposition of urochrome.

Dr Gardner then read a paper on *Cases of Procidentia Uteri*, with the view of giving an account of the experience he had had at the University Dispensary and in private practice of this condition, illustrating its nature and treatment. He included under the head of Procidentia Uteri those cases of elongation of the supra-vaginal cervix, with protrusion or descent of the vaginal wall through the vulva. In a large majority, 10 out of 13 of the cases reported, this condition was present. As to the nature of this elongation, he thought there could be little doubt of its being in the main due to a "tensile elongation," as Matthews Duncan calls it, of the supra-vaginal portion of the cervix through primary descent of the vagina and bladder, and in some cases leading to a remarkably extreme degree of elongation and thinning of this portion of the cervix. Huguier, who was one of the first to call attention to the subject, held it to be a true hypertrophy, "Allongement Hypertrophique du col de l'Uterus," but from facts adduced from the experience of Fritsch, and from the cases cited by the reader of the paper, such a view would seem to be disproved. The great majority of the cases reported occurred in women from six to sixteen years past the menopause, and in whom senile involution, as well as stretching, was a factor in the production of the condition. The opinion that it is a stretching is also borne out from experiments on the cadaver; and, furthermore, on the living subject, when the parts are replaced and retained, and all traction force removed, the stretched cervix in a short time retracts, becomes shorter and thicker. In regard to the treatment of Procidentia Uteri by surgical mea-

sures, Dr. Gardner held that although valuable, as such operations were in certain cases, yet they were often unnecessary and inexpedient, always uncertain in their results, and in some cases positively dangerous; and while thousands of women can be so thoroughly relieved of their symptoms by pessaries, they will not listen to any proposal to perform an operation. Dr. Thomas of New York states that in a certain number of cases where traction of the prolapsed vagina, rectum or bladder is the cause of the uterine displacement, operation should be the chief resource; but if a heavy uterus presses down of its own weight, or is forced down by pressure from above, closing the perineum or contracting the vagina by colporrhaphy is illogical, unnecessary and empirical. In reference to the many forms of pessaries in use to keep the prolapsed uterus within the pelvis, the great principle to be observed is that they fulfil their purpose with as little distension as possible of the vagina. The Gehrung pessary, with which he (Dr. Gardner) has had most experience, was found to answer admirably in a number of cases, and fulfil, in an important way, the above-mentioned general indication in the use of pessaries. It supports the cystocele very effectually, and in this respect has no equal. One objection, however, from which it is not free is that it interferes with marital relations, but that it does not positively prevent coitus is shewn by instances of conception in patients wearing the pessary.

In reply to Dr. Campbell, Dr. Gardner remarked that he used and believed in the utility of tampons soaked in an antiseptic and astringent solution, such as that recommended by Bell of Glasgow in the treatment of recent cases of prolapse of mild degree. Intravaginal pessaries were in many cases quite ineffectual where the object in view might be attained by a pessary with an external support, such as the Cutter cup or ring.

In reply to a remark from Dr. Trenholme, to the effect that he preferred the Hodge to any other pessary, Dr. Gardner said he believed that there were cases in which the Hodge retained the parts, but there were others in which it failed, where the Gehrung pessary succeeded admirably. It fulfilled one important indication, viz., that it supports the cystocele much better than

any Hodge pessary could, without unduly distending the vagina. In reply to questions from Dr. Roddick and others, Dr. Gardner said he would certainly operate in suitable cases, such as those in which pessaries were not borne; when the patient was past the child-bearing period; when the uterus was not inordinately heavy, and therefore likely to again force its way gradually through the narrowed vagina; and when the patient's general health was good enough to warrant reasonable expectation of primary union; and, lastly, when the patient could spare the (sometimes quite considerable) necessary time.

Stated Meeting, December 29th, 1882.

DR. HENRY HOWARD IN THE CHAIR.

Cases in Practice.—Dr. Hingston exhibited a patient suffering from necrosis of the upper jaw, contracted from long exposure to the influence of phosphorus in the match works of Messrs. Eddy & Co., of Hull, Ont. The patient, a middle-aged man, had worked in the factory since six years of age, but the first evidence of infection was only six months ago, since which time the progress of the disease has been rapid. There is now complete necrosis of the alveolar processes of the upper jaw, with absence of the teeth and swelling and tenderness of the right side of the face from local periostitis. The lower jaw is healthy in every respect. Dr. Hingston spoke of the comparative rarity of these cases reported as occuring in the establishment of Messrs. Eddy & Co., and also of the fact of the lower jaw in this case being unimpaired, whilst the disease is generally spoken of as being peculiar to this bone.

Dr. Trenholme mentioned a case of necrosis of half of the lower jaw in a boy addicted to chewing matches.

Dr. Shepherd spoke of a case under the care of Dr. Macdonnell, the cause of which had been ascribed to the habit of burning matches in the mouth by a boy, showing how peculiarly susceptible some were to the influence of phosphorus.

Dr. F. W. Campbell reported a case of pyæmia. The patient, an elderly person, during the past summer was poorly, and

complained of flying pains in his feet, left the city, and returned about six weeks ago; pains continued. At this time the cuticle under the great toe and the heel was slightly raised. On puncturing these points a watery fluid escaped, and the under surface of the big toe and a small portion of the little toe presented a small spot having a decidedly gangrenous appearance. He kept going about, and was actively employed till he had a severe rigor. Matter subsequently formed at the heel, which on evacuation was offensive and fetid. From this time there were repeated rigors. From the gangrenous spot a line of inflammation extended up over the instep and the inner side of the leg to the knee. A gangrenous looking spot at the instep disappeared on the application of poultices, but the condition at the toes remained unaltered, and shewed no tendency to spread. The arteries were hard and atheromatous. Cerebral symptoms soon set in, and the patient rapidly sank.

Dr. Hingston had met with many cases of gangrene, senile gangrene and other forms of the disease. In his opinion senile gangrene (although generally looked upon as fatal) is less dangerous than that of middle life; he had seen toes, and even half the foot, drop off, but in this form a small blush may indicate a fatal termination. He spoke of a case he had been consulted about last summer, in a man of 54 years of age, commencing in gangrene of the small toe, which seemed trifling, only involving the first joint; in consequence of this an operation was postponed. In five or six days the whole toe was dead and half of the next toe; the matter was burrowing. No pulsation was felt in the artery as far up as the popliteal space. Amputation was then performed above the knee, and ½ an inch below the amputated part the artery was brittle like glass, and half way down the leg was blocked by a clot. The patient died from exhaustion in 36 hours. Dr. Hingston said that the gangrene of old age begins without and extends inwards, whereas in that of middle life it shows itself in the skin last. The gravity of the case seems to be in inverse ratio to the age of the patient.

Dr. Howard spoke of the frequency of gangrene in the insane.

In regard to the greater gravity in cases of gangrene occurring in middle life it might be explained by the greater power of absorption in these individuals.

Stated Meeting, January 12th, 1883.

DR. T. G. RODDICK, VICE-PRESIDENT, IN THE CHAIR.

A paper was read by Dr. Osler on *Parasites in the Pork Supply of Montreal.* (This paper appeared in the January number of this JOURNAL.)

Alderman Mooney asked if animals affected with trichinæ showed any appearance to indicate it either before or after slaughter.

Dr. Osler replied that the presence of trichinæ cannot be made out without the use of the microscope. The hog suffers comparatively little when fed with trichinous food, beyond slight fever and slight gastric irritation. No other disturbance is seen.

Dr. Bessey expressed surprise at this, as he believed the general opinion was that such animals are meagre, and do not fatten and give other indications that something is wrong.

Dr. Larocque believed the reason why "trichiniasis" is less common here than in the West, is that here hogs are fed more on grain, whereas in the West they are allowed to roam about.

Alderman Mooney said the Board of Health were doing all in their power to secure rigid inspection in this matter, and had recommended to the Council the appointing of Veterinary Surgeons for this purpose, but owing to the want of means no appropriation had been made. However, they have secured the services of experienced persons who have acted as inspectors, and the result has been very satisfactory so far, and they intend making the inspection still more complete.

Dr. Osler, in reply to Alderman Fairbairn, said it would hardly be worth the expense on the part of the city to insist on microscopic examinations being carried on at the abattoirs, as it would require two inspectors to attend to nothing else. In Germany the hogs, and the specimens examined, are carefully

labelled, and thus the diseased animals are known and can be confiscated. Trichiniasis is less common here, from the fact that the cooking is more thorough. If examinations were made an epidemic might ultimately be averted. In the hog the presence of trichinæ is borne in a remarkable manner, and the cyst walls are never so dense, nor do they become calcified as in man. The symptoms in the hog have been carefully studied, and nothing has been found beyond slight fever and slight gastric disturbance, even in extensively infested animals. Sometimes in very extreme cases there is seen slight stiffness in the joints, but the hog has great powers of resistance, and as a rule very few symptoms are observed.

Mr. Radford, Sanitary Inspector, said great benefits had resulted from the inspection of meat at the abattoirs, but for further powers, which were necessary, an amendment to the city charter would be required.

Mr. Boxer said that after the meeting of the medical deputation in Ottawa, a Sanitary Association was formed, and it is the intention to establish a Sanitary Journal, in which lectures such as this could be published, and prove of great interest to the general public.

Mr. Bickerdike said the specimen of measley pork exhibited was the first he had seen for ten years, although a great many were seen before that time when the animals were allowed to feed at large. The inspections at the abattoir are being carried on in a very satisfactory manner, the inspectors being all practical butchers.

Dr. Trenholme spoke of the practice of driving cattle and killing them while in a heated condition, and also of the practice of killing them by shooting. The meat of animals killed in this way could not be other than injurious.

Mr. Bayard, Inspector at the Montreal Abattoir, mentioned several instances of disease in animals inspected by him. He had that day met with an instance of extensive disease in a cow, and had taken the liver to Dr. Osler for examination.

Dr. Osler said that the specimen was one of extensive tuberculosis, or consumption, and he had brought it for the inspection

of members. An important question was whether the flesh and milk of consumptive animals could communicate the disease to man. Many authorities thought it possible, but the evidence was as yet scarcely conclusive. The public, however, should get the benefit of the doubt, and the flesh of consumptive animals should be confiscated.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

The Use of Tobacco by Children.—Considerable attention is being paid both in the medical and lay press to the subject of tobacco-using among young lads. A well-known female correspondent has made the statement that seventy-five per cent. of school-boys over twelve or thirteen years old smoke cigarettes probably without the knowledge of their parents, but not unknown to the teachers. She says further that the principal of one of the largest private schools in the country assured her of its pronounced evil effects upon his boys, but that he was so convinced of the firm hold the habit had gained upon them that he considered it as time thrown away to remonstrate or interfere with it. The principal of a grammar school in a neighboring city found on investigation that of the boys under his charge, in age from eight to fifteen, four fifths confessed to using tobacco in some form. The deleterious effects of the drug in arresting the development of children are sufficiently known, but perhaps their importance is hardly realized. A correspondent of the *British Medical Journal* describes a case in which arrest of growth in the organs of generation seemed to be due to this cause. He was twenty-five years of age, and five feet nine inches and a half in height. His penis was small and the prepuce rather long, but not in a condition of phimosis. The testicles were remarkably small, neither being larger than a French bean, or, perhaps what more nearly expresses their size and shape, no larger than the testes of a rabbit. The scrotum was not relaxed, nor was there any varicocele. There was short

dark hair on the pubes. The voice was somewhat high pitched, yet not like that of a woman or eunuch. Though twenty-five, he had not a trace of beard, whisker, or mustache; nor was there any hair on the chest or around the nipples. The breasts were flat, yet the contour of the lower extremities and lower part of the trunk resembled that of a woman more than that of a man. In observing this man one could but be struck with the evidence of development on a manly type up to a certain period, aud then of a cessation of further virility. His manly height and musclar development ill accorded with the entire absence of beard and weakness of expression. In these respects he differed from the short, rounded, plump eunuchs produced by robbing children early of their testicles. In searching for a cause of this arrest of development, we ascertained that he had not suffered from mumps, nor from any inflammation of the testes. There appeared, indeed to have been no disease which could have checked the growth of these organs. He, however, stated that he was an inveterate tobacco-chewer, preferring a good "quid" to victuals; and that he commenced this habit at the early age of nine, by stealing from his father's pouch what he could not afford to buy. His mouth, at the time of examination, was occupied by a "plug," and there was further evidence of the habit in the staining of the teeth where the dentine was exposed. In the absence of any other cause to which this condition of generative organs could be referred, the writer was inclined to attribute their arrest of development to the poisonous effects of excessive chewing of tobacco.—*Boston Medical aud Surgical Journal.*

Cosmoline and Petroleum in Diphtheria, Hooping-Cough and Measles.—Dr. Harvey L. Byrd, in the *Medical News*, says: I have been using petroleum locally to the throat for some time past, while administering cosmoline internally, as a remedy in diphtheria. They are both remedies and prophylactics in this terrible scourge. I administer cosmoline alone in alternation with lac sulphuris, or in conjunction with it, in eight to fifteen-grain

doses of each, according to the age of the child, every two or four hours, while petroleum is applied to the throat externally. But while I regard it as the chief factor in producing relief in diphtheria, the gravity of the disease is such that I have refrained from relying upon its internal use to the exclusion of other remedial agents. I recommend the administration of cosmoline twice a day to the well children of a family, as soon as called to a case, with the result of protecting all those from the disease who have taken it. Its action has been highly satisfactory in hooping-cough and measles. Cosmoline will lessen the violence of the paroxysm in hooping-cough, and loosen, as well as lessen, the mucus promptly, and it mitigates the violence of the attack and shortens the general course of the disease.

Treatment of Ringworm of the Scalp.—Dr. Tom Robinson writes as follows concerning the treatment of this usually very intractable affection: "In ringworm of the scalp, I always refuse to treat the case unless the child has the head shaved, believing it to be impossible to bring any remedy into contact with the fungus unless this be done. I then direct the scalp to be well washed with a liquid made by dissolving one drachm of the Pharmacopœia soft soap and half a drachm of carbonate of potash in twelve ounces of orange-flower water. After this is done, I direct my patient to wear a piece of lint covered with oil-skin continually for a week, which lint is saturated every two hours with the following solution:

Hydrarg bichloridi	gr. vi.	
Acidi carbolici	ʒ i.	
Sp. vini rect	ʒ vi.	
Glycerini	ʒ vi.	
Aquæ	ad ℥ xi.	Misce.

"After this has been earnestly carried out, I am sure the disease will but in few instances give further trouble. The rings will probably be scaly for some time afterward; but if the head is kept clean and the nitric oxide of mercury ointment of the Pharmacopœia used at intervals, the normal appearance will be resumed."

Varicose Veins.—The patient was an old man with beautiful examples in both legs. Since in the right leg there existed some phlebitis, it was not operated on, in the hopes that the inflammation might prove sufficient to obliterate the veins. On the right side the operation was done, without an anæsthetic, as follows: A piece of carbolized cat-gut, carried in a large curved needle, was passed through the skin about half an inch from the course of the vein and brought out at an equal distance on the other side. In this stitch the cat-gut passed under the vein. The needle is then re-introduced at the place of its exit and carried backwards between the vein and the skin, and made to emerge as near as possible to the place where it entered. The cat-gut is then firmly tied and the ends cut off, so that if possible the knot shall disappear under the skin. A dull needle is preferred by the operator, as the point is not so likely to emerge at an undesired place. The spray is used and a complete Lister dressing placed over the site of the operation. In this case the veins were tied in four places, one of which was above the knee, and the patient kept quiet in bed for a few days. It is claimed that this method has been very successful and the dangers are far less than by any other operation. It certainly has simplicity and ease of accomplishment to recommend it.—*The St. Louis Med. and Surg. Journal.*

Grunberg on a Case of Obturator Hernia —The subject of this case, reported by Dr. Grünberg of Stralsund (*Deutsche Zeitschrift für Chirurgie*,, Band xvii, Heft 1 and 2), was a woman aged sixty-five, who, during the three days before she came under observation, had suffered from well-marked and very intense symptoms of intestinal strangulation. No swelling could be made out at any of the usual seats of hernia, but on close examination it was found that pressure just below the left groin and over the pectineus muscle caused great pain. A vertical incision, about three inches in length, commencing just below the horizontal ramus of the os pubis, was carried downwards, at a distance of an inch and a quarter from the outer border of the adductor longus. On

exposure of the surface of the pectineus, no swelling nor abnormality was observed; but on raising the outer margin of this muscle, and drawing it inwards, a hernial tumor of the size of a large hazel nut was revealed. After incision of the wall of the sac on a director, a small loop of intestine came to view, which though very lightly constructed, and of a dark blue colour, presented a smooth and shining surface, and had evidently not became gangrenous. For fear of wounding the obturator artery, the pulsations of which could be felt by the finger, the knife was not used for overcoming the stricture. The orifice constricting the neck of the hernia was dilated by the fore-finger being carried along the outer and lower portion of its circumference, and also by breaking down some of the fibres of the obturator membrane. All the symptoms of strangulation ceased immediately after the operation, and on the eighteenth day the patient, though feeble, was regarded as cured. Two days later, however, according to postscript to this report, she died suddenly with symptoms of collapse, in consequence of perforation of intestine. Dr. Grünberg states that it is not clear to him why almost all the writers on obturator hernia have reported its diagnosis as being very difficult. He holds that the diagnosis of a strangulated obturator hernia is not more difficult than that of a strangulated femoral hernia. No tumor, it is true, is to be seen or felt, but then there is always characteristic pain. In some instances there is lancinating pain caused by pressure on the obturator nerve. In Dr. Grünberg's case any attempt at active flexion of the thigh excited very intense pain, and the patient complained of constant painful and pricking sensations extending down the inner side of the thigh. This pain, due to pressure on the nerve, however, is not always felt in cases of obturator hernia, and is frequently complained of by the subjects of uterine disease, and also by hysterical women. The characteristic pain of strangulated obturator hernia, and that by which the diagnosis may be readily and surely established, is the tenderness complained of when pressure is made over the pectineus muscle. This tenderness, the region of which is very limited in extent, is so intense that the patient screams

when it is excited, and, if under the influence of an anæsthetic, shrinks on pressure over this tender part. When this characteristic pain over the locality of the obturator canal can be made out in association with symptoms of intestinal strangulation, Dr. Grünberg holds that one may safely diagnose obturator hernia. On the other hand, in absence of such pain he would decide with equal confidence against the existence of this affection. Notwithstanding the success that attended non-operative treatment in the well-known case reported by Roser in 1845, Dr. Grünberg would not expect much from taxis in any case of strangulated obturator hernia; the hernial tumor is so very small, and reflex contraction of the surrounding muscles is so liable to be set up on manipulation. If not strangulated, the hernia might return spontaneously under the influence of alternating natural contraction and relation of the adductors and flexors of the thigh. The operation for relief of the hernia, when strangulated, if performed early, is free from danger. Dr. Grünberg recommends that in order to avoid bleeding from the muscular vessels, the pectineus, instead of being partially divided, should be raised, and then dragged towards by blunt hooks. Should the hernial tumor be large, so as to necessitate division of the muscle, it is recommended that it be separated at its origin from the ramus of the pubis by the use of a tenotome. The constriction, it is held, may usually be overcome by passing the tip of the fore-finger with a gentle boring movement between the neck of the sac and the membranous portion of the constricting ring, dilatation being effected partly through yielding of the obturator membrane, and partly through the tearing of some of its fibres. Hæmorrhage from the obturator artery will thus be avoided. If the superficial incision be made according to Dr. Grünberg's directions, there is no danger, he says, of wounding the internal saphenous vein. The incision he recommends is one about three inches in length, commencing just below the horizontal ramus of the pubis, at a point about one inch and a quarter to the outer side of the origin of the stretched adductor longus, and carried downwards over the outer margin of the pectineus.—*W. Johnson Smith in London Med. Record.*

The Organisms of Typhoid.—Maragliano of Genoa has published in the *Centralb. fur die Med. Wissenschaft.* an important note on the uniform occurrence of organisms in the blood of patients suffering from typhoid. He has found them in the blood of the spleen as well as in that of the general circulation. The blood was obtained by means of a hypodermic syringe, the needle of which was passed through the abdominal wall into the substance of the spleen. Dr. Sciamano of Rome first showed that blood may be thus obtained from the substance of the spleen during life without any injurious consequences. The blood of the general circulation was taken from the tip of the finger. In each method every precaution was taken to avoid the accidental introduction of organisms. The examination in this way of 15 patients gave the following result. At the height of the disease the blood of the general circulation contains micro-organisms both isolated and grouped. These consist, almost exclusively, of spherical bodies, which have a delicate contour, appear to be homogeneous, and are analagous to micrococci. Some of them are mobile. Similar organisms, again, were seen in the blood of the spleen, and in it, too, were others, rod-shaped, also with delicate outlines, perfectly corresponding to those described by Eberth and Klebs. During convalescence these micro-organisms lessen in number in both the splenic and systemic blood. When quinine was given to the patient in large doses the organisms either disappeared from the blood or were present in it only in small number. The blood from both the finger and the spleen was treated by the method of fractional culture, and a large number of rods were then obtained, similar to those seen in the fresh blood, except that some of them were of greater length. The presence of such organisms in the blood of the spleen after death had been previously established by Sokoloff and Fischel, Maragliano is the first who has demonstrated their presence in the splenic blood during life. He avoids the expression of any opinion as to their relation to the disease.—*Lancet.*

Cardiac and Pericardial Murmurs.—Dr. J. Lynch, before the Medical and Clinical Society of Mary-

land, presented a paper in which he gave a new point in the differential diagnosis of cardiac and pericardial murmurs. He says: "Whenever a friction murmur is produced at or near the heart's apex (the only condition in which there will be any serious difficulty in the diagnosis), if we cause the patient gradually and slowly, but entirely, to inflate the lungs, we will perceive that the friction murmur becomes progressively more intense until the act of insufflation is complete. Now make the patient hold his breath while the lungs are in the state of complete insufflation, and the murmur will be steadily maintained at its maximum intensity. Cause him then to expire in a like slow and gradual manner, and the murmur will be found to decline in intensity, until the minimum will be reached at the completion of the expiratory act, at which it will be maintained until another inspiration increases intensity. The murmur does not entirely disappear, however. It is present at all stages of respiration, but always presenting the variations in its intensity."

Relief of the Pain of Cancer.—M. Angen (*Union Med.*) prescribes a lotion of one part of sulphate of atropia to one thousand parts of distilled water. Compresses wetted with this solution are applied to the painful part and covered with oiled silk or gutta percha, renewing them three or four times daily. They give material relief to pain without causing symptoms of absorption, such as dilatation of pupils or dryness of throat. The action seems to be entirely local, consisting in contraction of the vessels with diminution of sensibility.

The Odor of Iodoform.—Having tried nearly all the devices that have been suggested for mitigating or disguising the odor of iodoform, and found them all of little or no avail, we have lately come nearer to the object by using oil of eucalyptus, according to the following formula: ℞ Pulv. iodoform, ʒ ss.; Ol. eucalypti, f ʒ ss.; Vaselin, ʒ iv.; M., fiat unguentum. We do not remember to have seen any account of the oil having been used for this purpose by others. The ointment thus prepared is not without odor, but the odor is not that of iodoform.—*N. Y. Med. Jour. and Obst. Rev.*

Pulmonic Surgery.—Dr. Koch, of Dorpot, communicates (Deutsche Med. Wochenschr, 1882, No. 32) the results of two cases in Leyden's clinic in which he has operated for chronic putrid bronchitis with bronchiectasis. The first case was that of a man, aged twenty-four, with the physical signs of contraction of the right lung cavities in the right base, and catarrh of the right apex. The sputum indicated gangrene of the lung and was unaffected by treatment. June 30th, part of the right sixth rib was resected, and the two layers of pleura being completely united, the thermo-cautery was gradually pushed through the lung to the mediastinum. It opened a cavity of the size of a child's fist about three fingers breadth from the surface of the lung. The sputum expectorated sank at once from four hundred to one hundred and twenty centimeters daily. June 30th, part of the eighth rib was resected and the thermo-cautery passed through the base of the lung, without, however, entering any considerable cavity. Exploratory puncture with a syringe showed a purulent collection in front of the vertebræ; and on July 11th this was laid open, between the eighth and ninth ribs, below and internal to the angle of the scapula. The condition of the patient at date of publication (Aug. 25th) was not satisfactory, although the expectoration had not quite ceased, and it was proposed to explore still further the base of the lung. The second case, a woman, aged twenty-nine, was brought into the hospital with jaundice, and the putrid expectoration amounting daily to between eight hundred and one thousand cubic centimeters. After a preliminary aspiration of the right thoracic cavity on July 15th, four inches of the sixth rib were resected, and, a hollow needle having been passed through the anterior axillary line, in the direction of the right auricle of the heart, the thermo-cautery was pushed in the same direction. Two inches from the surface of the lung it entered a cavity, about the size of the closed fist; and in pushing it upward and backward from this cavity as guided by exploratory puncture, it entered another cavity, of the size of a child's head, and containing one thousand cubic centimeters of putrid fluid. The

cavities were washed out with thymol solution and three thick drainage tubes inserted. The patient collapsed after the operation, but remained alive for a week, during which time the expectoration was completely absent, and upon post mortem the surfaces were found covered with healthy granulations. The cause of death was less the operation than a phlegmonous inflammation of the portal vein, a lobular broncho-pneumonia of the base of the left lung from the presence of a foreign body, and a chronic septicæmia which had existed for some time. The writer promises a further communication on the subject, in conjunction with Dr. Heller, who is at present making extensive operations in Leyden's clinic. Meanwhile, he considers that operative interference is indicated in cases of single cavities, especially if near the surface, in cases of acute gangrene, and in rare cases of lung tuberculosis.—*Chicago Med. Review.*

Abortive Treatment of Gonorrhœa.—Mr. N. Watson Cheyne, (Lancet, August 12, 1882) sums up the results of investigation of abortive treatment of Gonorrhœa as follows: The use of one or two iodoform and eucalyptus rods, an injection of sulpho-carbolate of zinc, and the internal administration of copaiba—has the effect, in the majority of cases of acute gonorrhœa, of checking the acute symptoms in a day or two, and bringing the disease rapidly to the chronic stage, thus avoiding all the risks dependent on the violence of the inflammation. As injections are not apt to penetrate sufficiently far, and as their effect is only momentary, he combines the above substances with cocoa butter, and makes them up in the form of solid rods about 4 inches or 5 inches in length, and about the thickness of No. 10 catheter. These rods weigh forty grains each, and each contains five grains of iodoform and ten minims of eucalyptus oil. They are dipped into eucalyptus oil, introduced into the urethra, over the orifice of which a pad of boracic lint is applied, and outside this is a large piece of gutta percha tissue, the whole being fastened on by strapping, and retained for four or five hours, if possible. The cocoa butter soon melts, and a solution of iodoform in eucalyptus oil

bathes the mucous membrane for some hours. The discharge at this time is very amenable to treatment, and gets rapidly well under the use of the above. All that he claims for the method, however, is that it cuts short the acute stage in the great majority of cases, and thus the patient escapes the dangers and pains incident to that stage. The essential parts of the method are the use of the bougie and the injection, but the rapidity of cure is much aided by commencing the use of copaiba or sandal oil at once. The method may be employed at any stage of the disease, but in his experience, it is only of use before or during the acute stage, up to (say) the eighth day. The result is the more marked, the more acute the inflammation, the rapid subsidence of the inflammatory symptoms being very striking. The addition of bichloride of mercury, though a powerful antiseptic, to the rod, or its use in the form of an injection, does not seem to be of advantage. It is possible that the combination of counter-irritation with this method may yield even more rapid and satisfactory results.

Treatment of Puerperal Mastitis by Iodide of Lead Ointment.—The breast being thoroughly dried and perfectly cleansed, we smear its surface with the officinal ointment of the iodide of lead, and then gently rub it until a considerable quantity is absorbed. Soak a piece of sheet-lint, of a size sufficient to cover the breast, in the following solution: acetate of lead, from ʒij to ʒss to the pint of a one-to-four solution of alcohol. If we desire a more elegant preparation, eau de cologne may be substituted. If there be much pain, it is often useful to apply an ice-bladder upon the sheet-lint covering the breast. The lint should be frequently dipped in the lead lotion. The following phenomena will present themselves: first, a cessation of pain, fulness and uneasy feeling of distension, which is so annoying. It is common for the patient, who has been exhausted by pain, and consequent loss of sleep, to fall into a refreshing slumber soon after the application is made. In the course of three or four hours, the breasts may be completely emptied by an experienced

hand. The ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice, or thrice, daily, the secretion will be gone in less than one week, as a rule. The pivotal point in the treatment is the use of this ointment; the evaporating lotion, and cold being the only adjuncts. I have proved by repeated trials that, when applied alone, it is capable of exerting an absolute control over the secretion. I believe we here invoke a specific action from the lead iodide. A point of considerable moment is the partial anæsthesia it is capable of inducing, which thus enables us to empty the glands, where before even slight pressure was hardly borne. Its action without doubt extends to the epithelial cells and inhibits their secretory activity, as is seen in its action, in cases like the above, in causing the drying up of the secretion. * * * * A word as to the use of belladonna. I must confess that I have met poor success from its employment. My experience may have been exceptionally unfortunate, but reasoning from it alone, I could not recommend it as capable of accomplishing more than the expectant treatment.—*Dr. Thomas T. Gaunt, in American Journal of Obstetrics*, October, 1882.

Remarkable Surgical Operation.—The Paris Academy of Medicine was yesterday informed by the operator that the young man on whom an operation was performed for the extraction of a spoon from his stomach has completely recovered from the effects of the hazardous operation, and is now enjoying his usual health. Interesting particulars are given of this operation, which was performed by Dr. Felizet. By the use of the Faucher tube introduced through the mouth the stomach was cleansed prior to the novel operation, which prevented the risk of peritonitis. An incision was then made in the epigastric region. In order to render the coat of the stomach easily accessible, M. Felizet employed the following contrivance: To the end projecting from the man's mouth he fitted a spherical vessel containing ether. This he heated by submersion in water of sixty degrees temperature. The ether vapor rushing through the tube filled the stomach, which, be-

coming distended, was brought forward to the wound effected by the operator's knife. The spoon was thus readily found and extracted. It measured over nine inches. It had been accidentally swallowed by the man, a waiter at a café, in the attempt to imitate the feats of the famous sword-swallower.—*Paris Correspondence of the London Standard,* October 7th.

Frequency of Disease of the Sexual Organs in Insane Women.—Dr. Danillo examined 200 insane women, and found that 162, or 80 per cent. were suffering from various diseases of the sexual organs. Out of 140 menstruating women, between 15 and 45 years of age, only 20 were without some uterine anomaly. Out of 60 women who had ceased menstruating, between 42 and 75 years of age, 18 were the subjects of some affection of the genital organs. Acute and chronic endometritis and metritis were most frequently observed; less frequently displacement of the uterus, dysmenorrhœa, acute and chronic ovaritis, and other diseases. The above results show that the complications of psychosis with uterine disease is a frequent occurrence, and of the greatest clinical interest.—*London Med. Record.*

Albumen in the Urine.—Dr. George Johnson, F. R. S., of London, is now using picric acid for the detection of albumen in the urine. This test was suggested to him by his son, Mr. G. Stillingfleet Johnson, who has long labored at chemical research, and believes that the test is free from fallacy. A saturated solution of picric acid has a specific gravity of 1003, and immediately coagulates any trace of albumen which may be present in the urine to which it is added. The delicacy of the test is strikingly demonstrated when slightly albuminous urine is poured on to the surface of nitric acid and the picric acid solution is added on the surface of the urine. An obvious advantage of the test is that the powdered picric acid may be so conveniently and safely carried in the pocket ready for the immediate and efficient examination of any urine suspected of being albuminous. It is only necessary to throw some of the

powder into the suspected urine while it is warm, and to agitate slightly, in order to produce an obvious cloudiness if any albumen be present.

Ovariotomy.—In a paper entitled "Notes on Abdominal Surgery" (*Dublin Jour. Med. Sci.*, Nov., 1882), Mr. Wm. Stokes sums up the following propositions in reference to ovariotomy :—

1. That the mortality of the operation has been and is largely diminished by Listerian antisepticism, which should therefore, in all instances, be employed.

2. That the strength of the carbolic spray should never exceed 1 in 40, and the solution in the steam-spray producer should be warmed previous to use.

3. That, in order to get with greatest facility a warm, even aseptic atmosphere and the least disturbance, the operation should not be undertaken in the operating theatre of an hospital, but in a moderately-sized ward, which should be given up for the time exclusively to the patient and her attendant.

4. That the intra-peritoneal method of securing the pedicle is to be preferred to the clamp.

5. That the "toilet of the peritoneum" should in all instances be carefully carried out.

6. That drainage should be recognized as one of the most essential features in the after treatment of ovariotomy cases.

7. That the existence of extensive peritoneal adhesions does not appear to influence unfavorably the results of the operation.

8. That in forming an estimate of the probable results of ovariotomy, a greater value is to be attached to pulse than temperature curves.

9. That the following precautions, emphasized by Dr. Atthill previous and subsequent to the operation, should be attended to : (*a*) The administration of a mild aperient before the operation ; (*b*) withholding solid food for 24 hours previous to the operation —allowing, however, beef tea, eggs, milk, and subsequent to it ice, milk and soda-water, beef tea ; (*c*) stimulants only to be

given in cases of collapse, or in those of exceptional debility; (*d*) opium, either by the mouth or hypodermically, should be given after the operation. The surgeon must exercise his own discretion as to the amount.

10. That pure ether is the anæsthetic that in most cases will be found to answer best.

Placental Origin of Congenital Heart Disease.—Dr. Von Hoffman records a case of congenital closure of the semilunar valve. The child suffered at birth from cyanosis, atelectasis, and great irregularity of the heart's action, and died from suffocation on the third day. The placenta had been previously examined and was found to be the seat of numerous recent and old extravasations. From these hemorrhagic foci pathological products had been introduced through villous absorption into the fœtal circulation, and had thus given rise to endocarditis. The placental extravasations had been caused by violent fits of coughing, from which the mother had suffered about the sixth month of pregnancy, which date also corresponds to the beginning of the fœtal endocarditis. Von Hoffman advises the careful examination of the placenta in every case of childbirth, and believes that much light might thereby be thrown upon the etiology of diseases of the new-born.—*Transactions of the German Medical Congress*, 1882.

Local Treatment of Erysipelas. — Dr. Rothe recommends the application of the following liquid every two hours to the affected parts:—

℞	Acid carbolic, Alcohol,	āā	1 part.
	Ol. Terebinthinæ,		2 "
	Tr. Iodinii, - -		1 "
	Glycerinæ, - -		5 " M.

This mixture causes no pain. Internally, he recommends quinine and digitalis, and an emetic if indicated.

CANADA

Medical and Surgical Journal.

MONTREAL, FEBRUARY, 1883.

GRAND TRUNK SCHEDULE OF SURGICAL CHARGES.

We are in receipt of several letters from surgeons along the line of the Grand Trunk Railway, complaining that the tariff, which has been drawn up by the Medical Referee of the Company for their guidance, is, in the language of one of the correspondents, "absurdly low." The schedule, which we have been requested to publish, speaks for itself. It puzzles us to know how men with their eyes open can be induced to sign such a tariff, with the understanding that they are to adhere to it. They must either be ignorant of the work before them, or their surgery must be very much of the "trust to luck" variety. To take one item from the schedule—imagine a man performing Syme's amputation, and giving it the after-attention which such an operation demands—all for twenty dollars. Some one has got to suffer, but what odds, says the medical referee, so long as the interests of the Company are secured. We sympathize very much with those surgeons who feel that they cannot conscientiously sign such a tariff, and whose accounts are in consequence subjected to mutilation often beyond all reason.

G. T. R. SCHEDULE OF SURGICAL CHARGES.

Day visit	$1.00
Night visit	2.00
Office consultation	50
Dressing hand or foot first time during day	1.00
" " " " night	2.00
Subsequent dressings	50

The amount placed after the following accidents includes after treatment and medicines:

Amputation of finger	$ 5.00
" " metacapal bones	10.00
" " forearm	20.00
" " arm	20.00
" " toes	5.00
" Heys' Chopart's and Syme's	20.00
" " leg	25.00
" " thigh	50.00
Setting fractures:	
Forearm	10.00
Arm	15.00
Clavicle	8.00
Leg	25.00
Thigh	30.00
Reducing dislocations:	
Elbow	10.00
Shoulder	8.00
Ankle	8.00
Knee	10.00
Thigh	20.00

THE ETIOLOGY OF NEW GROWTHS.

Cohnheim's theory of the origin of tumors, propounded in 1877,* has brought out several elaborate investigations. He holds that there are, in the development of the embryo, certain residual cells not used, and which, under favorable circumstances later on in life, may multiply enormously and form tumors. Facts which appear to support this theory have been adduced by several writers who have transplanted portions of embryonal tissue into adult animals and studied the changes. Lwoff, working at the University of Kasan, has recently recorded the results of eighty experiments on this point. He found that bits of embryonic cartilage and periosteum of the rabbit, transplanted to the anterior chamber of the eye or to the jugular vein of an adult animal, grew and developed, forming true bone. After reaching a certain size, often ten times that of the original piece, the growth ceased, but the masses remained without undergoing

* *Vide* Canada Medical & Surgigal Journal.

other changes for as long as ten months. In the case of bits transplanted to an animal of a different species, a slight proliferation of the cells took place, and the mass was then absorbed.

—We were beginning to think the days of "slashing" reviews had past, but there have been several of late which were quite up to the old standard. The maiden efforts of poor Fancourt Barnes were most cruelly received. The reviews of his translation of "Martin's Atlas of Gynecology," and of his "Dictionary of German Medical Terms," the former in the *Edinburgh Medical Journal* and the latter in the *American Journal Med. Science*, were 'stingers.' For a thorough, old-fashioned *exposé* of chemical, pathological and clinical ignorance of the worst kind, we have not seen anything so good as the review of "Harley on the Liver" in the January number of the *Dublin Journal of Medical Science*. In the concluding paragraphs are such sentences: "We have travelled from Dan to Beersheba, and found nothing but barrenness"; "We have read the twelve hundred pages, and found not one which we can commend to our readers." Unfortunately for the author, the reviewer's points seem all well taken, and his conclusions justifiable.

—New Medical Journals are not uncommon in Germany, but the latest—*Fortschritte der Medicin*, edited by the well-known pathologist, Dr. Friedländer of Berlin—has many good points. The arrangement is somewhat similar to the *London Medical Record*, and we can recommend it to our German reading subscribers as a journal in which good summaries of continental literature will be found. It is published by Theodor Fischer, Dorotheen Strasse, Berlin, bi-monthly; price 20 marks.

—The enterprise of the profession in Toronto is well known, but the *Canadian Practitioner* calls attention to a new development which, under the pleasing title of "The Integrity Medical Aid Fund," is likely to cast all previous efforts in the shade. It is a sort of Co-operative Medico-Chirurgical, Obstetrical, Gynæcological, Pædiatrical Supply Association, consisting of eleven doctors, who, for the sum of 30 cents a months, agree to

attend and provide medicines to any one who becomes a member of the Society. We are quite anxious to see a prospectus containing the names of the directors of this new enterprise.

— In the *Med. News* of Jan. 20th and 27th, Dr. T. M. Sternberg adduces evidence to show that the micrococcus of gonorrhœal pus is not the infective agent of the disease. His conclusions appear based on reliable data. He was able to cultivate it, but failed to produce the disease by introducing the culture fluids into the urethræ of healthy men. The organism appears to be identical with *Micrococcus ureæ*, which produces the alkaline fermentation of urine.

—We see it mentioned in an editorial in the *Lancet* of Jan. 27th, dealing chiefly with medical education in the United States, that the Trinity Medical School, Toronto, has a session of four years and a half. This statement is, we believe, erroneous, and is derived from the report of the Illinois State Board of Health. The only British or Colonial school requiring more than a four years' course is that of Melbourne, Australia, which demands five.

—In an obituary notice of Prof. Friedrich, Virchow states that of all the men who, during over thirty years, had acted as his assistants, only one previous to Dr. Friedrich, Dr. Hoffmann of Basel, had died. In the same number of Virchow's Archiv appears Friedrich's last communication, in which he strongly advises cauterization of the clitoris in certain cases of hysteria.

—Drs. Ringer and Murrell call attention in the *Lancet* (Jan. 6th) to the uses of manganese in various forms of amenorrhœa, given as permanganate of potash, in pill form, beginning with a grain three times a day, and increasing to two grains four times a day. They claim to have had striking results from the drug.

—We regret to see recorded the death of Professor Beneke of Marburg, well known for his researches on Nutrition. His late works on the Physiological Anatomy dealing with the size and proportion of the organs at different ages have been very important.

Obituary.

THE LATE JOSHUA CHAMBERLIN, M.D.

We have to record the death of Joshua Chamberlin, M.D., late of Frelighsburg, County of Missisquoi, a gentleman who has during the past fifty-six years deservedly occupied the most prominent position as a surgeon of eminence in that section of the country. He was born at Richmond, Vermont, on the 1st September, 1799, and thus completed his 83rd year, last September. When very young (in the year 1810) he came to Canada on a visit to his brother-in-law, the late Dr. John B. Chamberlin, who at that early date, was a practising physician at L'Assomption. During his visit he was attacked by smallpox, and after recovery he remained with his relative, and engaged in a preliminary course of study with the view of entering the profession of medicine. Dr. John B. Chamberlin removed West, and young Joshua followed his fortunes and acted as his assistant at Chatham up to the year 1823, when he came east and joined his brother, the late Dr. Brown Chamberlin, who at that time was a practising physician at Dunham. Dr. Brown Chamberlin subsequently removed to Frelighsburg, where he died in 1829. The subject of our notice, ever anxious to acquire a thorough knowledge of his profession, visited Montreal and entered as a student at the medical institution, which was at that time the only medical school in the country. This was about the year 1825 or '26. He attended two winter courses of lectures, and on May 10th, 1827, he passed his examination before the Medical Board of the Province, and obtained his license to practice. After the death of his brother, Brown Chamberlin, in 1829, he continued to practice his profession at Frelighsburg, where he resided up to the time of his death, which occurred on the morning of the 14th of January ult.

Living on the frontier, and much isolated, he was constantly thrown on his own resources, and acquired a reputation specially as a surgeon. His judgment was mature and his experience very large; he was an acute observer and a man of great strength of character. He enjoyed the confidence and friend-

ship of his *confreres* in the neighborhood of his home both in Canada and in the contiguous State of Vermont. In the early days, before railroads were in existence in that section of the country, it was no uncommon thing for him to ride 4 or 50 miles, through what was almost a wilderness, to visit a patient, or give aid to relieve the sufferings of his fellow man. He was possessed of inexhaustible energy, both physical and mental, and although staid and dignified, he was full of merriment, always ready to promote innocent amusement. No child enjoyed fun more freely, and he was ever ready to contribute to the many sports of the little ones. At the bedside, without levity, his pleasant voice and passing joke were often as good tonics as any to be found in the Pharmacopœia. In the year 1852 the Woodstock Medical College conferred on him the honorary degree of Doctor of Medicine.

During the political troubles of 1837 and 1838 he took his place as a staunch Conservative and supporter of British connection. He was a member and office bearer of the "Constitutional Association," and attached to the Militia of the County of Missisquoi. He acted as a combatant officer at the combat at Moore's Corners, and after the fight he attended assiduously to the wounded, among whom there was Mr. R. S. M. Bouchette, one of the leaders of the insurgents, who was severely wounded during the engagement, and who in after years spoke gratefully of the care and attention of the doctor. He was Associate Coroner for the district, and also for many years in the Commission of the Peace. From 1854 to 1858 he was named by the Government as a Commissioner to settle the disputes which had arisen respecting the rights of settlers upon old lands in Bolton, as against non-resident proprietors, and his report led to a satisfactory adjustment of the claims. Again, in 1866, after the Fenian raid of that year, we find him named by the Government as a Commissioner to adjust the claims of those who had suffered by pillage from the marauders. But while he labored outside of medicine, to render his life a useful one, he by no means neglected the interests of his profession. In 1849 we find him elected as one of the Governors of the

College of Physicians and Surgeons of Lower Canada to represent the District of Montreal, this being the first Board constituted under the act of incorporation passed in the year 1847. From this time he continued as a member of the Board of Governors, receiving the unanimous support of the profession as one of its representatives, and in July, 1865, he was chosen President of the College. Dr. Chamberlin continued to serve as one of the Governors after he had filled his term of presidency up to the triennial meeting in 1880, when he requested to be allowed to retire, as his advancing years and failing strength intimated the necessity for relinquishing active work. He died as he had lived, full of years, full of honors, and full of activity. The immediate cause of the fatal attack (Capillary Bronchitis), was brought on by exposure in going to see a person in the vicinity of his residence. He was carried to his grave by the loving hands of six of the members of the profession in the vicinity, and all those professional friends who could attend his funeral, did so to show a last mark of respect to the memory of the Nestor of Medicine.

In 1848 Dr. Chamberlin married Miss Westover, a sister of A. Westover, Esq., who led the farmers of the vicinity in the affair against the Fenians in 1870, the local militia being under the command of his nephew, Col. Chamberlin, of Ottawa. They had but one child, a daughter, who, with her mother, survives the doctor.

Personal.

Robert Logan, M.D. (McGill, '80), has passed the examination for the M.R.C.S., Eng.

We regret exceedingly to hear of the illness of our friend, Dr. John H. Stevenson of London, Ont.

James A. Grant B.A. (Queen's), M.D. (McGill, '82), son of Dr. Grant of Ottawa, has passed the L.R.C.P., Lond.

Assistant Professor Schäfer succeeds Dr. Burdon Sanderson in the Physiology Chair at University College.

Professor Helmholtz of Berlin, the celebrated physiologist and physicist, has been created a noble by the Emperor of Germany.

Louis Robitaille, M.D. (McGill, '60), brother of Dr. Robitaille, Lieutenant-Governor of Quebec, has been appointed a Dominion Senator.

By the death of Dr. Beard of New York, a prominent and widely known specialist has been removed. He was regarded by many as extreme in his views, but was a brilliant writer and investigator.

The Carnival brought many of our professional brethren to town. We were glad to meet Drs. H. P. Bowditch and J. J. Putnam of Boston, Dr. Carleton of Norwich, Conn., Dr. A. A. McDonald of Toronto, Dr. Derby of Rockland, Ont., Dr. Farley of Belleville, Dr. McDonald of Sutton, Que., and several others.

Medical Items.

—"Can it be *true*," said a lady friend to Miss ——, one of the Kingston lady students, "that you have actually dissected a *man?*" "Oh, yes," was the reply, "but it was an *old* man."

THE VACATION OF A SUCCESSFUL PRACTITIONER.—Wife (to a doctor just home from a week's hunting): "Well, James, did you shoot anything?" Doctor (sadly): "No; awfully bad luck; never killed a thing." Wife (who knows him, sweetly): "My dear, you would have done better if you had stayed at home."—*Medical Record.*

THE DANGERS OF A LARGE AND LUCRATIVE PRACTICE.—We make the following extract from the *Evening Post*, which illustrates in a peculiar way one of the dangers of an extensive practice. It will be observed that the action of the court is not less extraordinary than the circumstances leading to domestic infelicity:—An Indiana court has just rendered a decision in a most extraordinary divorce case. The parties were Dr. Mather and his wife, living in the southern part of the State. Dr. Mather is a young, talented, industrious, popular, and prosperous physician. He married a lovely young woman and lived in fine style. His practice was constantly upon the increase, and he was frequently called up at night. The fact did not disturb him, as he

considered it his duty to respond at any time. His wife objected, however, though he frequently got away without awakening her. Finally he had a telephone placed in the house, so as to be able to consult at long range, and avoid going out except in the most urgent cases. He took every precaution to prevent any nervous strain upon his wife. She would not be satisfied. She demanded that he give up his night-practice, even if he lost part of his income. She urged her wealth could supply what might be lacking. To this the doctor made a very emphatic, though kindly denial. She persisted, and applied for a divorce. The husband, although deeply grieved at his wife's resolve, interposed no opposition, merely stipulating that as a matter of justice, to put the exact facts on record and beyond dispute, the trial should take place in open court. This suggestion was carried out, and it is from the sworn testimony the above outline is made. The suit itself was scarcely more singular than the remarks of the presiding judge. He said there could be no doubt, under the laws of Indiana, that Mrs. Mather was entitled to a divorce. He then proceeded to show how the progress of society had necessitated changes in the marriage laws. Indiana, he said, was a progressive State, and the people would never endure laws like those of other States, where couples like this must go on to the end of their days in unhappiness. He regarded this case as an excellent illustration of the beauties of Indiana law. The parties could now seek happiness where it might be found. —*Louisville Med. News.*

—The *New York Medical Record* is responsible for the following description of the sea-side sanitary hotel of the future :— Anxious guest to hall-boy : " Boy, where are the water-closets ?" " Haven't got any, sir ; they breeds fever. Boat goes down the harbor every morning—ladies at nine, gentlemen at ten." " Well, is dinner ready ?" " No, sir ; we always carbolize the dining-room before meals. Now they are spraying the waiters, sir." (Impatiently), " Well, where is your iced water ?" " Don't have drinking-water now, sir ; 'taint healthy. Yonder's our Labarraque mixture, flavored to taste. Have a glass, sir ?" Guest retires and takes a thymolized julep.