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THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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Original Communications.

THE OVERHEAD VENTILATION OF SEWERS.

BY WILLIAM OLDRIGHT, A.M., M.D., TORONTO.

[Read before the American Public Health Association at Detroit, Michigan, Nov. 13-17, 1883.]

The object of the brief paper which I am about to read is to obtain a consideration by this Association of the question whether it is preferable to discharge sewer-gases, as is now done in many of our cities, into our streets on the ground level, amongst wayfarers, who are continually passing over the street ventilators and on all sides of them, or to discharge them at points above the tops of our houses; and in considering it we must bear in mind that in the latter case the gases are to be distributed through a large number of outlets at short distances apart, whereas in the former they are discharged through openings few and far between, and are, therefore, much more concentrated and injurious.

Let us leave out of consideration all side-issues, which, though germane to the subject, have no more bearing on one side than on the other of the particular question proposed. I know some will say: "Attack the main cause of trouble, the existence of decomposing matters in sewers." So we should; but there still remain gases in sewers, and the question now before us is, What shall we do with them? The numerous defects to be met with in house plumbing, and the means for preventing sewer-

gases from passing into our abodes, through the drain-connections, have a very important relation to our subject; but, as these have been fully treated by various members of this Association, and I have recently expressed my views on them in an address reported in the annual report of the State Board of Health of Michigan for 1882, and more fully in the latter half of a pamphlet on "The Disposal of Sewage," published a short time ago by the Provincial Board of Health of Ontario, I do not intend to take them up at the present time, for it will be readily admitted by all that, so far as the interiors of our houses are concerned, the plan which should be adopted is that which will secure the greatest immunity from the presence in drains inside of houses of noxious gases in concentrated form.

Let us then address ourselves to the consideration of the question whether sewer-gases should discharge at the level of the road-bed, or into the air above the roofs of the houses. I do not think it will be necessary to spend time in impressing upon such an assemblage as this the fact that to inhale the gaseous contents of sewers is not conducive to health. Even if a system of sewerage be so well conducted that the sewerage is removed from it (changed) every twenty-four hours, I do not think we can say there is no danger from inhalation of gases from the excrementitious products and washings of persons ill with infectious diseases. I may, however, call to the attention of some who may not have noticed

it, a report by Mr. Sedgwick Saunders, published some time ago in *The Lancet*. He attributes to sewer-gas, arising from the ventilators in the road-bed in some of the narrow streets of London, cases of typhoid fever and sore throat, and he "suggests an abatement of the evil by the closing of the street ventilating gratings entirely and the erection of upright shafts, six inches in diameter, to be carried above the roofs of the adjacent houses." I am sure that it has occurred to many of us to notice the disagreeable odours that sometimes arise from the street gratings or from the unsealed traps of gullies. Sometimes, too, we are more than usually impressed with the reality of the exhalation of sewer-gas by the sight of columns of vapour arising from these gratings and gullies and rendered more visible by the condition of the atmosphere on a cold damp day; but we should bear in mind that gases proceed from the sewers even when they are not apparent to sight or smell, and that they are often accompanied by germs.

Some speak of the placing of charcoal-trays in the ventilators as a sufficient safeguard. Even were the charcoal constantly dry, sewer-gas at times makes its exit too rapidly for the charcoal to exert any action upon it. So that, however useful an adjunct charcoal may be, it cannot be considered a preventive to the injurious effects of sewer-gas.

But even were there no objection to the method of ventilating by gratings in the road-bed it is not to be relied upon in winter time. The gratings become clogged or closed by ice and frozen mud.

Hence, it seems evident to me that the principle which is now being advised and adopted by leading sanitarians and architects for the safety of the individual householder in regard to his house drain ought to be advised and adopted by sanitarians and engineers for the safety of the whole community in regard to the street sewers. A four-inch pipe (C) should be carried from

every house drain to the roof of the house which the drain is intended to serve, and should discharge the sewer-gas at a sufficient distance from all chimneys, windows, doors, or other openings into the house. Between this pipe and the sewer no trap should intervene. It would, in my opinion, be better to have a trap between the pipe and the house, provided that, in addition to the extension upwards from the soil-pipe (A), there is another four-inch pipe (B) forming a counter opening and allowing a current of air to circulate freely through the house-drain and its connections and vents, as described in the pamphlet before referred to and illustrated in the accompanying diagram.

If the health authorities do not wish to risk the odium of thus forcing good health upon the inmates of houses at once, they ought themselves at least to place, at the expense of the corporation, pipes at distances proportionate to the spaces measured off by the sewer-gratings, and might pass a by-law requiring that a pipe shall be connected with every new drain, and every drain that shall require to be reopened, and that within a reasonable time all drains shall be provided with them.

The desirability of some such method of disposing of the gaseous contents of sewers seems so apparent that we feel as though we should call upon municipal authorities to show cause why they do not adopt it (if we may borrow a phrase from the courts of law). Let us examine some of the pleas entered in opposition to the proposed reform.

1. One objection I have heard made by some civil engineers is that, inasmuch as house-drains do not usually enter the sewer at the highest point of the latter, there is a space in the crown of the street sewer that cannot be ventilated through the house-drain when the water in the sewer is higher than the mouth of the drain.

To this I would answer that as there is nobody in the crown of the sewer to be injured it would seem as though nobody

need care whether there is confined air there or not; if the pressure becomes very great the gases will be dislodged and will bubble off at a point higher up the line of sewers, where the drains are not water-locked and where they will find an escape. Most sewers allow for fluctuation of their contents, and it is only at times that the house-drains will be so full as not to allow of counter-currents and through-drafts.

But the ground of this objection furnishes a very strong argument for the overhead ventilation through house-drains; for, when the water closes the mouth of the house-drain, and then rises higher still in the house-drain (as well as in the sewer), what is to become of the gas imprisoned in the drain itself, if there be no vent between the sewer and the traps, the pressure being such as will force the latter? We know that a three-inch seal only offers a resistance of a quarter of a pound for each square inch of surface. The answer to this first objection is partly the answer to the second.

2. The second objection to which I shall refer is that it is not safe to carry sewer-gas through a pipe in such close proximity to the walls of a house, as some of the gas might escape from the pipe.

(a) It is surely safer to have it pass through a pipe outside the house than to have it forced in undiluted form into a pipe inside the house.

(b) It must be remembered that, with the present system of half-clogged and infrequent openings, the contents are much more concentrated.

(c) In further answer to this objection, I would add that the lower part of the pipe, from the drain to a point a few feet above the ground, should be of cast-iron dipped when hot into melted pitch, and above that, of galvanized iron, which, with a good coat of paint, will remain perfectly tight. But, even if a pin-hole had existed here and there, what would that amount to in comparison with the volumes of gas wafted towards the unfortunate houses which

happen to be situated opposite a street grating or untrapped gully?

3. Another objection made is that air will not enter the sewers down the long stand-pipes.

(a) Now, I would again answer that so long as the gas, when it does move, moves off overhead, we need not so very much mind its remaining in the sewer for a while.

(b) But, as a matter of fact, a careful consideration of pneumatic laws and of the forces acting in sewers will show that the objection does not hold. The columns of gas or air on opposite sides of the street, if they are of the same temperature and density, will counterbalance each other; but let the sun shine on one side and immediately an ascensional action begins; or let a cold wind blow on the other, and a cold dense column begins to descend.

(c) Besides, the rising and falling of the liquid in the sewer will cause the gas to be expelled, or the air to be drawn in.

(d) Again, the air will blow up the sewers from their mouths; and, for this reason, flaps should never be placed on the mouths, —free vents being made all along the course of the sewer.

(e) The plea that the gratings are needed for inlets is met by the fact that we so often find them exhaling gases.

So far for objections. I need not refer to the various contrivances for propelling air into sewers and extracting gases from them, such as fans, pumps, steam-jets, and furnace chimneys. They are costly, and, alone, are insufficient and unsatisfactory. When plenty of free vents and good traps exist they are unnecessary, and when these do not exist they are dangerous, inasmuch as such propulsion will force traps, and such extraction will empty them by suction where free vents do not exist.

The true plan seems to be to make plenty of breathing holes, plenty of channels through which currents will continually pass, and which will discharge gases at a safe distance overhead.

I find that, in many of our larger cities, sewer ventilation is quite insufficient and faulty. I find, too, that much apathy—or rather a want of appreciation of correct principles—is found in regard thereto, even among men who are earnest and well versed in matters of sanitation generally. I have therefore thought it a subject which should receive consideration at this meeting.

GUN-SHOT WOUND OF ABDOMEN.

TORONTO GENERAL HOSPITAL, UNDER THE CARE OF DR. ADAM WRIGHT.

REPORTED BY MR. J. W. PATTERSON, M.A.

Robert C. *et.* 27.—Previous history good. Has been very irregular in his habits; has drunk to excess at times. Family history good.

About 4 a.m., Dec. 1st, 1882, he was shot, the weapon used being a revolver. Was brought to the Hospital on same day. There was no hæmorrhage. Position of wound on right side, 8 in. below nipple, 3 in. above level of umbilicus, 5 in. outside median line, $\frac{1}{2}$ in. inside nipple line. The bullet had apparently passed in a direction slightly outward. Wound was dressed with antiseptic precautions, and about 3ss. iodoform put in and about the opening. Patient suffers from intense pain in right shoulder.

Dec. 2nd, and Dec. 4th.—Wound dressed; no discharge. Dec. 6th. slight serous discharge: patient has been delirious for past two days.

Dec. 7th. and 8th.—Delirium gone; no control over sphincters; slight serous discharge from wound.

Dec. 10th.—Considerable pus; probe passed beneath the skin in an outward direction for about 2 in. where an artificial opening was made, and drainage tube inserted. Has regained control of sphincters.

Dec. 15th.—No more pus up to this time; drainage tube removed.

Dec. 20th.—Original wound filled with partially organised blood clot.

Jan. 5th, 1883.—Wound has been dressed regularly: no discharge. Just above crest of the ilium, and 2 in. to right of the spine a spot was found which on examination, appeared to contain fluid. This abscess was opened, a considerable amount of sanious pus discharged, probe was introduced and bullet felt, and the latter extracted by aid of the forceps. Drainage tube left in wound and edges of the latter drawn together with stitches.

Jan. 13th.—Drainage tube and stitches removed. From this time until he left the Hospital, nothing occurred worthy of mention. The original bullet wound did not entirely heal until April 8th, and the wound made in the back until April 30th.

The first two or three days of patient's illness the evening temperature rose to 103° and 104°, after which it scarcely ever went higher than 100½°, and during a great part of the time was normal.

Medical treatment consisted in hypodermic injections of morphia and atropia, quinine to counteract the pyæmic symptoms, and at later stage of the illness tonics.

Probes were never used in attempting to find the location of the bullet. Patient left the Hospital, May 13th, cured.

PERINEPHRIC ABSCESS.

CHAS. M'LELLAN, M.D., TRENTON.

Noticing the case of nephrotomy by Dr. A. H. Wright, in the last issue of the *Canadian Practitioner* I am tempted to relate a case which occurred in my practice some years ago.

J. R., a native of Canada, *et.* 49, had resided several years in California. Shortly after returning to this country, in October, 1873, he was attacked with difficult and painful micturition. On passing a moderate sized catheter for his relief, ragged pieces of pus escaped with the urine, and at the end of a week it was impossible to pass the instrument without giving extreme pain. On examining the perineum a hard tumour of an inch or

more was felt in front of the anus, and an incision was made from which matter similar to that passed in the urine escaped freely. The catheter could now pass readily, and relief was given for some weeks, at the end of which time the urine became scanty, and pain in the back, groin, and leg was complained of.

Dr. Day, of Trenton, saw the case in consultation, and on examination a somewhat discoloured swelling two or three inches in circumference was found over the right kidney. As the friends objected to any operation an unfavourable prognosis was given. On visiting the patient the following morning I was allowed to incise the part deeply, when an enormous discharge of greenish pus escaped to the great relief of the sufferer. This continued for three months. The wound was washed by injections of solution of carbolic acid and nitrate of silver, and healed at the end of that time. The pain in the right leg persisted for a much longer time, and was only tolerable while the sole of the foot rested on a heated brick; his health is now good, although occasional attacks of irritation of the urethra and bladder are complained of. I will not hazard the opinion that the kidney was destroyed by ulceration, but leave the reader to draw his own inference.

TRAUMATIC RE-SECTION OF THE ELBOW JOINT.

REPORTED BY MR. E. E. KING.

A curious and instructive case of the above operation is at present in the Toronto Gaol, and was shown the writer by the Surgeon, Dr. Richardson, by whose kind permission I am enabled to report it.

The history of the case is very simple. John D., *et. 42*, white, formerly a soldier in the 100th Regiment, while stationed at Montreal, fell through the hatchway of a schooner into the hold, breaking his right arm. Admitted to hospital, on the next day, about three inches of the lower end of the humerus and the olecranon process of

the ulna were removed by the surgeon of the regiment. He was put to bed, the arm resting on a pillow; the wound through which the portion of the bone was removed healed kindly. He was discharged from the Regiment and Hospital on October 16th, 1868. He had no pain in the arm for about five years, when he felt a pricking sensation at the stump of the humerus and on examination it was found to be caused by a small splinter of the humerus, which was removed in Brantford; since then he has had no trouble with the arm.

The reason I report the case is, simply to show how good an arm remains after so much of the humerus is removed and if possible to explain the working of the muscles whose origins, have partially, or, completely been removed.

The arm appears to the eye the same as its fellow only somewhat shorter and feels a little colder, the muscles of the arm are flabby and slightly atrophied while the muscles of forearm are very hard. On grasping the arm the forearm hangs like a flail and can be swung around in any direction. There is no union whatever between the bones, still he has almost perfect use of the arm. The comparative measurements of the two arms are: Right—length, 19 in.; length of humerus, $9\frac{1}{4}$ in.; circumference of elbow, 7 in. Left—length, 21 in.; length of humerus, $12\frac{1}{4}$ in.; circumference of elbow, $8\frac{3}{4}$ in.; (which was ascertained by measuring from the acromion process to the styloid process of radius, and to the external condyle in left arm and to the stump in the right) There is a shortening of two inches in arm and a loss of three inches of the humerus. He can pronate, supinate, flex and extend the arm, but cannot abduct without causing the forearm to hang loosely from the arm as there is no elbow joint and consequently no lateral ligaments. When he has flexed the forearm he can supinate it, and it then falls outward lying at right angles to the arm and upon the stump of the humerus.

To flex the forearm, the triceps contracts and draws the forearm upward to the stump and to its inner side, then, having a fixed point as the fulcrum, the forearm is drawn up by the contraction of the biceps, supinator longus, and brachialis anticus. After it is flexed the supinator longus still contracts and having no lateral ligaments to restrain the arm it supinates and drops outward. To bring the forearm back to the natural position, the extensors contract (the origins of which are blended with the triceps) and bring the arm in the usual flexed position and it drops to the fully extended.

Pronation is accomplished principally by the pronator quadratus although the lower head of the pronator radii teres is left and no doubt acts strongly.

Supination.—The supinators are not materially affected, although one head of the supinator brevis is gone.

The patient can lift heavy weights from the ground, but in the act the deltoid is called somewhat into action. He has been employed for some years in a brickyard, working at general work.

Selections : Medicine.

POISONING BY HASCHISCH.

BY DR. GUSTAVE LE BON.

Haschisch has been scientifically studied by various authors, but what has not been noted, as far as I am aware, is the analogy existing in certain effects produced by this substance in large doses, and those caused by artificial somnambulism, notably *le dédoublement de la personnalité*. Every one knows that haschisch is prepared from *cannabis indica*, but it is less commonly known that in the East this extract is mixed with various substances which greatly modify its properties, such as nuxvomica, ginger, cannella, and even cantharides. That which I have bought in the Grand Bazaar, of Cairo, in a store devoted exclusively to its sale, I found under various forms, but chiefly as pastilles and solid confections of various colours. An Arab, who was enviously watching me purchase a large quantity of this substance,

tensely defined to me its effects as follows: "That brings happiness." With it in fact the most miserable fellah can obtain for some hours such enjoyment that he would not change places with the most powerful monarch. (After describing briefly the effects produced by ordinary doses, the author gives the following cases in which quite different symptoms followed large doses.) The subjects of my observation were two ladies who had called at my house to examine some Eastern curiosities and who took by mistake for sweetmeats some confections of haschisch. The dose taken by one lady was seven or eight times the usual quantity. The other lady took four or five times the normal dose. This lady was young and well educated, with a manner usually cold and reserved. A quarter of an hour after taking the haschisch she felt a dull sensation in the head and lay down on the sofa, and during a few minutes had dreams of a very light character. She then got up as if she had been awakened, and walked up and down as she related her dream with a freedom of language quite foreign to her nature; then she sat down on a lounge and began to converse with me with her eyes half closed. I soon found by certain signs that she was in that peculiar state that is often brought about by induced somnambulism. She had lost consciousness of her personality and spoke of herself in the third person as she would have done of a stranger. Her intellect was highly over excited, and the choice of expressions as well as the diction quite remarkable. Although usually rather reserved she replied with the greatest frankness and without hesitation to all questions, even to those relating to facts that she had the greatest interest to conceal. This state lasted half an hour, then she got up, walked about and regained her normal condition; her voice changed, her conversation became less lively, she no longer spoke of herself in the third person, and asked me in astonishment what had happened to her. I then tried to talk of the same subjects as during the sleep, but she stopped me at the first word and became very reserved; after a quarter of an hour she again became unconscious, with excitement and loss of the power of concealing her thoughts. This alternation of the somnambulistie and normal states lasted for three days. On the last, she passed her hand over her

forehead, stopped in the midst of her conversation, and changed entirely in voice, manner and mode of reasoning. From the second day, however, she knew well when she was not in her normal condition, and was conscious of her double personality; one characterized by her being conscious of and obedient to her own will; in the other she was unconscious and not under the control of her will. Nothing could be more curious than this succession of two personalities so different in the same individual.

The second lady, who was the subject of my involuntary experiment, was a phlegmatic Englishwoman of moderate intellect, and possessing in a high degree the British *raideur*. The phenomena observed were at first identical in part to the preceding. I observed at first, a short sleep with pleasant dreams, to which succeeded an apparent awakening, with hyperæsthesia of the intellect, and loss, or, at least at the moment, alteration of personality. Usually, rather reserved, she became bantering and aggressive, with very light language. The slightest pretext caused loud bursts of laughter that I had never observed in the previous case. This state lasted half an hour; then she became unconscious, during which condition she revealed, without the slightest hesitation, her inmost thoughts, and most profound secrets on all the subjects upon which I questioned her. She even kept up as I directed it, a conversation for half an hour with the other lady, and the expressions interchanged between these two unconscious subjects, whose intellects were greatly excited, and who spoke of themselves as strangers, were exceedingly interesting. Unfortunately, the dose of haschisch was much larger than that taken by the former patient, who was besides more robust, and at the expiration of three hours, symptoms of poisoning developed gradually, and soon became of so great a nature, (frequent vomiting, cold extremities, coma, and feebleness of the pulse) that I thought for a moment that the patient would succumb. I was greatly alarmed, and being but imperfectly acquainted with the composition of the haschisch, I could only act according to the symptoms. After producing vomiting, I combatted the tendency to coma by repeated large doses of coffee. But what best counteracted the progressive

chilling of the patient, a chilling of which previous experience had taught me the gravity in many pathological states, was the application of heat. It was only after exposing the patient to a very hot fire that the circulation regained its force, and warmth returned. Feeling much inconvenienced by the fire she requested to be moved away, but in a few minutes the symptoms returned, and it was necessary to keep moving her to and from the fire. After four hours of continued treatment, and the ingestion of eight cups of coffee, she almost entirely recovered, and was able to return home. The next day she was perfectly well, and the psychological phenomena observed for two days in the first case were absent.

* * * * *

In most cases of chilling, hot baths, (50° C), would be fatal; but the application of dry heat has an effect truly marvellous. People nearly drowned, who at first seem to be resuscitated, and then die after twenty four hours, succumb most frequently to a gradual chilling that the physician has not thought of combatting. The author suggests in conclusion that the condition that may be produced by haschisch may be utilized in certain grave medico-legal cases to obtain the truth from persons suspected of some crime, and thus serious judicial mistakes would be avoided.—*Journal de Médecine de Paris*.

THE LESS OBVIOUS SYMPTOMS OF GASTRIC ULCER.—It would not appear necessary in these cases that the complaint of *severe* pain should be made; though much stress should be laid on its more or less definite localization, and time of occurrence in relation to taking food. It would be surprising to those who may not have paid much attention to this subject to learn that in an extremely large number of the very common complaints of pain between the shoulders at a certain definite spot, or, more rarely, of a similar pain at the epigastrium, which are of constant occurrence in the out-patient room, very definite and indubitable histories of considerable vomiting of blood can be obtained, though often this symptom has either been so remote in time, or, if repeated, so slight in degree that the patients do not spontaneously complain of or report it.

It must be remembered that the kind of

complaint under consideration—the definite *interscapular* pain, the “sinking,” etc.—although familiar to those whose work is among the lower orders, is but rarely made by the more well-to-do, whose many and variegated dyspeptic maladies are directly traceable to what and how they eat and drink. Such cases of indigestion, on the other hand, and such troublesome cases—from the point of view of treatment—as are so often met with among the higher classes, occur but rarely among the lower, where, in the few instances taking place outside the circle of tea—and alcohol.dyspepsia, and often in these as well, a cure can generally soon be wrought. But it is by the lower classes, and by women especially, that the definite complaint of interscapular or epigastric pain is so often made; and among them too is admittedly found the greatest incidence of gastric ulcer, as evidenced by unquestionably marked symptoms during life or by examination after death. It may be interesting, perhaps, to remember in this context that the greater frequency of pain between the shoulders than “at the pit of the stomach” may have some connection with the more favourite seat of gastric ulcer on the posterior aspect of the organ, and that the locality of the cause of the pain may be hinted at by the frequently beneficial effect of a sinapism placed *in situ*.

These remarks may be applied as well to cases where no history of hæmatemesis can be obtained, or even where it can be excluded. Many instances of gastric ulcer undoubtedly occur without hæmorrhage, as especially shown by the rapidly perforating ulcers in the anterior wall of the stomach, unchecked in their fatal course by any adhesions to other organs. One practical and additional aid in the diagnosis of the obscurer cases of this affection is the condition of the tongue, which is but rarely coated or furred as it would be were the gastric affection, if accompanied by equal pain, either diffuse inflammation or malignant growth. The reasonable hypothesis of the great clinical frequency of gastric ulcer will often lead to success in treatment after many dietetic changes and many drugs have failed; for it points to as near an approach to *perfect rest* of the stomach as possible—to semi-starvation sometimes for awhile, or even rectal feeding, in cases before any alarm of danger arises. Such

treatment will occasionally work apparent wonders, and may serve also to support the diagnosis in the mind of the doubter, when he finds that on a speedy return to ordinary food the patient's pain may often be long in recurring, or may never be heard of again.—*Louis. Med. News.*

BOWEL-OBSTRUCTION. — Mr. Jonathan Hutchinson says: “When a child becomes suddenly the subject of symptoms of bowel-obstruction, it is probably either intussusception or peritonitis. When an elderly person is the patient, the diagnosis will generally rest between impaction of intestinal contents and malignant disease. In middle life, the causes of obstruction may be various; but intussusception and malignant disease are now very unusual. If repeated attacks of dangerous obstruction have occurred with long intervals of perfect health it may be suspected that the patient is the subject of a chronic diverticulum, or has bands of adhesion, or that some part of the intestine is pouched, and liable to twist. If, in the early part of a case, the abdomen become distended and hard, it is almost certain that there is peritonitis. If the intestines continue to roll about visibly, it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration. The tendency to vomit will usually be relative to three conditions, and proportionate to them. These are, (1) the nearness of the impediment to the stomach; (2) the tightness of the constriction; and (3) the persistence, or otherwise, with which food and medicine have been given by the mouth.”—*Louis. Med. News.*

ENEMATA IN CONSTIPATION. — I am afraid our profession does not adequately appreciate the immense advantages to be derived in the treatment of many of the severer forms of constipation and intestinal obstruction from the efficient use of the enema. In France, I understand the enema is the routine domestic aperient. We do these things better in England. The custom of relieving slight constipation by an immediate resort to an enema has never become popular on this side of the Channel, and it is well it is so. My experience has led me to discountenance decidedly the systematic use of rectal injections in the ordinary domestic treatment of the slighter forms of

faecal sluggishness. Such cases may be treated better, and especially with less tendency to chronicity, by other means. On the other hand, however, in the severer forms of faecal retention, we ought always to use aperient enemata, and we must take care we use them efficiently. In persons past the meridian of life, and especially in persons of sedentary habits, what may be called simple faecal retention is a very frequent form of constipation. In such persons, this form of constipation is relatively very frequent, both as compared with other varieties of constipation, and also as compared with the same form of constipation at other times of life, and in individuals of other habits. In such persons, coprostasis (a good old name for faecal stagnation) is especially apt to produce complete intestinal obstruction. It is in these cases, especially, that life may be saved by enemata. I do not know any form of intestinal obstruction in which enemata can do harm. In most cases, they take a chief place amongst our most potent means of doing good. In many cases which are at first unpromising, and even when the predisposing cause of the obstruction is some organic and incurable disease, we may repeatedly relieve a threatening faecal accumulation, and long keep off a fatal faecal stagnation, by the due use of enemata. It is, perhaps, not too much to say that enemata far surpass any other remedies in curative value in the simple coprostasis of advanced life.—*Brit. Med. Jour.*

OIL IN THE FÆCES AFTER COD LIVER OIL INUNCTIONS.—N. A. Randolph, M.D., and A. E. Roussel, M.D., find from a series of experiments that free oil globules increase in the faeces after the prolonged use of cod liver oil inunctions.

They suggest that the circulating fluids become surcharged with fats, and consequently a certain amount of fat is refused by the absorbent surfaces of the intestine and passed from the body unaltered.

This increase of fat in the stools may be used as a test for the efficiency of the aliptic treatment and the frequency of administration and the amount reduced to a minimum gauged by the increase or decrease of fat globules in the faeces.—*Phil. Med. Times.*

LAXATIVE EFFECTS OF CHLORAL HYDRATE.—Dr. Bonatti (*L'Union Méd.*) has succeeded in producing rapid action of the bowels by the use of hydrate of chloral, two or three grammes dissolved in 100 of infusion of senna. This occurred in chronic rebellious cases, in which drastics as jalap and croton oil had utterly failed. Physiological experience had already shown that the drug produced in animals diarrhoea and intestinal hypersecretion.

CASCARA SAGRADA IN INTERNAL HÆMORRHOIDS.—Dr. John Eifers, of Sugar Branch, Indiana, speaks very highly in the *Therapeutic Gazette*, for January, 1884, of his use of cascara sagrada in internal hæmorrhoids. Among the many cathartics which he has employed in this condition, this one is, *par excellence*, the best, while its protracted use, by relieving the cause to which the hæmorrhoids are largely traceable, contributes to a permanent cure. He strongly recommends the use of this drug in those cases where, either from reluctance on the part of the physician or objection on the part of the patient, operative interference is not resorted to.

HORRIBLE HICCUGH CURED.—Doctor Ruhdorfer, in the *Allgemeine Wiener Medizin. Zeitung*, No. 38, reports a case of hiccough lasting three months, and which morphia, hypodermically, could only check for a few hours or days. It resisted all the usual remedies. The patient dragged on three months under various remedies, morphia being administered whenever an attack lasted beyond eight hours. But at last the attacks became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnoea and cyanosis, and the head was jerked in all directions, the pulse was small and frequent, the neck was distended. Remembering a case in the *Revue Medico-Chirurgicale*, Dr. Ruhdorfer injected a solution of pilocarpine hydrochlorate (three centigrams in a gram of water). The hiccough was at once cured, as if by magic, and has never returned since.—*Louis Med. News.*

TESTS FOR BROMINE AND IODINE IN THE URINE.—Treat the suspected urine, previously acidified, with sulphide of carbon

and hypochlorite of lime. By shaking is obtained an orange yellow colouration sufficiently intense to reveal the presence of bromine.

To recognize a mixture, even very small, of iodine and bromine the same reagent gives excellent results. By adding the hypochlorite of lime in small portions, one obtains first the characteristic violet colouration of iodine. A larger quantity of the reagent decolorizes the iodine and the bromine appears with the orange yellow colouration which distinguishes it.—*Jour. de Méd. de Paris.*

- ITCHING AS A SYMPTOM OF BRIGHT'S DISEASE.—From the *Med. News*, August 4, 1888, we take the following:—

1. During the course of Bright's disease, itching is experienced unconnected with any cutaneous eruption, and sometimes invading every portion of the integument.

2. This symptom may be described as occurring in three different forms—1st, as itching, properly so-called; 2nd, as horripilation; 3rd, as formication.

3. These sensations are a frequent accompaniment of Bright's disease; they are complained of at various periods; they may be felt both at the outset and during the course of the confirmed malady.

4. When met with at the commencement, they rank as an important symptom, and one of great semeiological value; they coincide, at this period, with the pollakiuria, the cramps, the palpitations, the disorders of hearing, the epistaxis, etc., and may precede the appearance of oedema and albuminuria, thus serving, without any other aid, to place the physician on the right diagnostic track.

5. Coming on at a later period, they merely constitute an additional and conjoint symptom of the disease.

6. The pathology of this phenomenon is as yet based upon hypothesis. It represents a disorder of the sensory sphere, due, probably, to the irritation produced at the terminal extremities of the nerves by refuse material retained in the blood through failure in the eliminative functions of the kidneys.—*Jour. of Cutan. and Vener. Diseases*, July, 1883.—*Quart. Comp. Med. Sci.*

QUININE AMAUROSIS.—Von Brunner (*Correspondenzblatt f. Schweizer Aerzte*) records some cases of this condition from very

large doses of quinine. There was mydriasis, and the ophthalmoscope revealed both arterial and venous congestion of the deep structures of the eye. There is also considerable pigmentation or staining in these parts. The prognosis is always good, as he has not yet known of a case in which the sight did not return.

A PLEASANT QUININE MIXTURE.—Dr. J. A. Taylor, of Gridley, Ill., writes to the *Medical and Surgical Reporter*: The following is my prescription for a child three to five years old:—

R Quiniae sul..... gr. xij
Acid. tannic..... gr. vj
Sodii bicarbonat..... gr. x.

Mix.

Syr. simplicis, q s..... ad ʒ ij.
Ol gaultheriæ..... gtts. iij.

M. Sig: Teaspoonful every four hours, followed by a draught of water. Shake well before giving.

To this may be added, when desired, bismuth sub. carb., ipecac., opium, podophyllin, leptandrin, etc., anything that does not contain alcohol, which would immediately restore the bitter taste. The formula for any strength mixture is, twice the number of grains of quinia or cinchonidia to tannic acid, and three-fourths as many of sodium bicarbonate.

A simpler mixture, devoid of bitterness when swallowed, is subjoined. All quinine mixtures are followed sooner or later after ingestion by a bitter taste:—

Sulph. quin..... ʒ i.
Tannic acid gr. xv.
Syrup of tolu..... ʒ iii.

Triturate thoroughly the quinine and tannin together, gradually adding the syrup. L.P.Y.—*Louis. Med. News.*

DR. C. MAGLIERI says: (1). The decoction of lemons in malarial affections gives results equal to and better than quinine. (2). It is not only active, but even after the latter drug ceases to be active. (3). It is not less active in chronic malarial affections. (4). It does not present any of the disadvantageous effects of quinine. (5). Its administration is possible also in catarrhal conditions of the digestive tract. (6). Its cheapness renders it eminently popular.—*Weekly Medical Review.*

NEW METHOD OF SEWER VENTILATION.—The description and drawings of an ingenious contrivance for ventilating sewers and

purifying sewer air have been forwarded to us. The idea seems so good that we regret we have not been able to see it practically applied, though it is stated that successful experiments have been made at Manchester. The apparatus is patented by Mr. T. S. Wilson, F. S. I., and Mr. H. T. Johnson, and is called the Patent Hygienic Furnace. Profiting by the proximity of the gas mains to the sewers, the patentees have constructed a gas furnace to be inserted in the man-holes. The gas is introduced into a little chamber, where it is mixed with a due proportion of air and supplies some Bunsen burners. Immediately above the gas there are some fireclay plates, which soon become heated; while above them are iron divisions. The heat naturally draws the air up from the sewer below; it passes through the Bunsen burners backwards and forwards over the fireclay plates and iron divisions, till at last it finds its exit in the ventilation chamber or man-hole, and hence through the grate into the street. The furnace not only causes a strong current of air from the sewer, but, as it is capable of being heated at from 600° to 700° Fahr., it should destroy all the germ life that travels with the sewer gas. Experiments with sterilized infusions of meat have been made, and whereas ordinary air drawn from the street soon caused the infusions to become turbid with animalcula and fungoid life, no such effect was produced by the sewer air taken after it had passed through this furnace. There is, however, one objection to furnaces when employed to ventilate sewers. They certainly produce a very active suction, but the effect, however energetic, only extends to a short distance. We would therefore suggest, that these ventilating furnaces should be as small and as inexpensive as possible, so that a large number of them might be used, and these at very short intervals.—*Lancet*, September 29, 1883.—*Med. News*.

THE MUTABILITY OF BACTERIA.—The question whether the same germs under different conditions give rise to various diseases has been raised, but not settled. Dr. Carpenter, at the meeting of the British Association, treated the subject from a point of view of natural history. He referred to the facility which the lower forms of life possess of adapting themselves to chang-

ed conditions of existence. He believes that the same germs may under altered circumstances produce various diseases, and these opinions he supported by various arguments. The decrease of the virulence of the small-pox which ravaged Europe in the fifteenth century he attributed to the cultivation of the mildest cases which occurred. A severe attack of any particular disease may so affect the system that a disease arises which can not be recognized as related to that from which it proceeded. Under favourable conditions an ordinary intermittent fever may develop into a virulent form, which is highly contagious. There is, in his opinion, very strong ground for the belief that even the innocent hay bacillus may undergo such an alteration in its type as to become the germ of severe disease.—*N. Y. Med. Jnl.*

EPIDEMIC PNEUMONIA.—Von. A. Seufft (*Berl. Klin. Woch.*) states that in a town of 1,500 inhabitants, located on a high plateau, where no examples of typhus or typhoid fevers had occurred for five years, an epidemic of pneumonia broke out. In twenty-two days there were fifty-nine persons taken ill. Of all the cases twenty were double, twenty-six on the right, and thirteen on the left side. There was pleuritis sicca in two, meningitis in two. In fifteen cases there was diarrhoea. The temperature was remittent, reaching its highest point between five and twelve p. m.; and its lowest point between five and ten a. m.; it sometimes rose as high as 105.8°F. Remissions to the extent of 2.3°F were observed. In no case was the temperature continuous. Five of the fifty-nine were fatal.

MASSAGE IN PHELGMASIA ALBA DOLENS.—Kochman has employed massage with good results in this condition. He places the patient so that the leg is higher than the body. Massage is then carefully performed from the foot upwards to the thigh. In one case, where the leg was very large, the swelling went down one-third in four days, and was completely removed in twelve.—(*Allg. Med. Central-Zeitung*.)

HYDROCYANIC ACID AS AN ANTIDOTE TO STRYCHNINE POISONING.—Dr. C. H. Watts Parkinson thus writes in the *Brit. Med. Jour.*, July 28, 1883:—Some years since, it

became necessary to destroy an old dog. A large dose of strychnine was administered in bread, but the poison did not act very rapidly, and, as the animal's struggles and pains were distressing to watch, some hydrocyanic acid was poured in his mouth to complete the poisoning and hasten the end. To our surprise, the animal at once improved, and eventually recovered. I had forgotten this until the other day, when one of our cats was found dead in the garden, and the other dying, with all the symptoms of strychnine-poisoning; viz., constant tetanic spasms, and dilatation of the pupils, and insensibility to light. The cat was held firmly, and three or four drops of hydrocyanic acid dropped carefully on the tongue. An improvement was shortly visible; the pupils of the eyes became normal, the convulsions became less and less severe, and in a few hours the cat was all right again. I would add that the cat was nursing a kitten, which apparently suffered no inconvenience from the poisoning.—*Quart. Comp. Med. Sci.*

THE DANGERS OF ERGOT IN LOCOMOTOR ATAXIA.—The *Med. Record*, August 4, 1883, says that Dr. J. Grasset relates the case of a patient, thirty-eight years of age, suffering from progressive locomotor ataxia, to whom Charcot gave ergotine in doses gradually increased from four grains to fifteen grains daily. When the dose had reached the latter figure the patient became, with but slight warning, totally paralyzed; sensibility at the same time was markedly diminished. As soon as the drug was stopped the paralysis quickly disappeared, leaving the original trouble slightly increased. The author recalls the investigations of Tuczeck into the changes in the posterior columns in ergotism; those would indicate that ergot will not only not cure ataxia, but can even, under certain circumstances, induce sclerosis of the posterior columns. In any case, great care should be used in the administration of ergot in this disease.—*Quart. Comp. Med. Sci.*

LOCOMOTOR ATAXY NOT TABES DORSALIS. Matters seem to have rapidly reached a height towards which they have for some time been tending. Before recent years it was something to know that locomotor ataxy was associated with, if not caused by, posterior sclerosis. A fresh and important step in advance, for which we are indebted

to Pierret, was made when that able observer declared that the only region sclerosis of which was necessary for the production of the signs of locomotor ataxy was the postero-external column, or "root-zone" of Charcot. Many clinical investigators have shown that the most characteristic symptom of "tabes dorsalis" may be long or even altogether absent—that the awkward gait might never make its appearance. Coetaneously with the propagation of these doctrines—by Buzzard, Gowers, and others—Pierret, and afterwards Déjérine, were upholding the doctrine that most, if not all, the symptoms of "tabes dorsalis" might be due to multiple peripheral neuritis. In a partially successful case of nerve-stretching for locomotor ataxy by Langenbuch, the patient died at a second operation, apparently from the administration of chloroform. It was found that no changes existed in the spinal cord. Though the peripheral nerves do not seem to have been examined, the instance is of importance in the light of the latest researches of Déjérine. Disturbances of sensation and disorders of locomotion, apparently absolutely identical with the signs of classical tabes dorsalis, have now (*La France Médicale*, Oct. 30th) conclusively been shown to have existed in two cases in which the spinal cord, spinal roots, and ganglia were perfectly healthy, but in which the peripheral nerves exhibited the changes ascribed to atraumatic parenchymatous neuritis.—*London Lancet*.

URTICARIA.—McCall Anderson says (*Brit. Med. Jour.*) that when no cause can be made out, or where the supposed cause has been removed, and the eruption continues to crop up, we must treat it empirically * * The medicines from which perhaps, most is to be expected are atropia and bromide of potassium, the former may be administered sub-cutaneously at night, or night and morning, the initial dose for an adult being 1/100 gr.; the latter in doses of ten grains dissolved in water three times a day. In either case the dose should be gradually increased, either until the disease begins to yield, or until the supervention of the usual physiological effects renders it unsafe to push the experiment further.

CORROSIVE CHLORIDE OF MERCURY IN DIPHTHERIA.—Dr. F. C. Herr, of the South-western Hospital, Philadelphia, contributes

to the *Therapeutic Gazette*, for January, 1884, a very interesting article on the subject of the treatment of diphtheria by means of the chloride of mercury. He credits the introduction of the method which he followed in the cases which form the basis of his report to Dr. Linn, of Pennsylvania. This method consists in the administration to children of less than ten years of age, from one-sixteenth to one-twelfth grain doses of the corrosive chloride, every two to four hours. The administration should be continued until evidences of an arrest of the diphtheritic process or of a disappearance of the exudate have manifested themselves. As a rule, however, the betterment appears after a few doses, and Dr. Herr refers approvingly to the opinion of some who have employed this treatment, to the effect that if the remedy do not produce speedy good results it should be discontinued. If ptyalism occur the remedy should be abandoned, but a singular fact in connection with the administration of the bi-chloride in diphtheria, seems to be that as long as there exists any of the diphtheritic virus in the system, salivation is not apt to occur. After a disappearance of the membrane the drug should still be continued for a short time, owing to the liability of its re-appearance on a discontinuance of the mercury. Dr. Herr has found cascara cordial to be an excellent vehicle for the administration of the drug.

SIMPLE INFLAMMATORY TONSILLITIS.—A modification of the guaiac treatment, which consists in the use, as a gargle, of a mixture known in the House Pharmacopœia of the Philadelphia Polyclinic as the *Gargarysma Guaiaci Composita*, is highly recommended in the treatment of this affection by Dr. J. Solis Cohen. Two fluid-drachms each of the ammoniated tincture of guaiac and the compound tincture of cinchona are mixed with six fluid-drachms of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution consisting of eighty grains of chlorate of potassium in sufficient water to make four fluid-ounces is then gradually added, the shaking being continued. Without due care in the preparation of this solution the resin will be precipitated. Gargle with this mixture freely and frequently, at intervals of from one-half to three hours. In some cases a

saline cathartic is first administered. Should any of the guaiac mixture be swallowed it is considered rather beneficial than otherwise, and in some cases it is advised to swallow some of it. Relief is usually experienced in a few hours.

For some time past Henry G. Houston, M. D., (*Atlantic Journal of Medicine*) has been using eucalyptus in cases of quinsy with very gratifying results. Dilute $\bar{3}$ j of the fluid extract with $\bar{3}$ j of warm water, and use as a gargle or spray every twenty minutes. The water must be as warm as the patient can bear it.—*Med. Age.*

EXPERIMENTAL DIPHTHERIA.—A series of valuable experiments and investigations upon the subject of diphtheria have lately been published in *Leipsic* by Dr. O. Heubner, and reviewed in the *Centralblatt für Klinische Medicin*, No. 43, 1883. Following the lines previously traced by Treitz, Oertel, Weigert, and others, who had already succeeded in the artificial production of false membranes upon mucous surfaces, he made a series of experiments with a view of producing such artificial membranes in a manner more resembling the natural processes of disease than had before been attempted. By modifying the blood supply of a portion of the mucous membrane of the bladder he succeeded in producing a form of epithelial necrosis with the formation of a definite membrane in every way corresponding to that found in diphtheria. By occluding a large branch of an artery for several hours, and then restoring the circulation, he found that the following changes were induced: Inflammatory œdema with the detachment and vacuolation of the epithelial cells, the mucous membrane becoming surrounded with an albuminous exudation which speedily coagulated. In about ten hours parts of the tissue thus affected showed signs of necrosis; in forty-eight hours these parts became still further decolorized, and stood out as yellowish-white patches upon the surface of the mucous membrane. On the edges of these patches the surrounding healthy epithelium was observed to be thickly infiltrated with blood corpuscles. This coagulation-necrosis advanced steadily, gradually attacking the whole mucous membrane of the bladder, the hæmorrhagic infiltration advancing with it. It seems more than probable that the production of simple membranous croup in the human

subject may be due to a similar temporary arrest of circulation from spasmodic contraction of vessels. But from Heubner's experiments it must be concluded that the immediate cause of the local affection of the mucous membrane in diphtheria must be temporary arrest and subsequent restoration of the circulation. This, however, is only a small part of the pathology of the disease. By injecting into the circulation portions of genuine diphtheritic membrane, it was found that the poison concentrated itself especially within the artificially produced patches of membrane, and injections made with this latter membrane were found to be far more fatal in their results than were those made with the first membrane, produced by the natural processes. Further, it was found that injections of apparently healthy membrane in the neighbourhood produced no result whatever. That an active poison must be at work in these cases is almost certain; but the question of its nature remains still unsettled. Whether it must be ranked with the class of septic poisons, of which Koch has enumerated a series, or whether a genuine diphtheritic poison exists distinct from these, cannot at present be proved, although Heubner's experiments have fairly opened a way which may eventually lead to its discovery.—*Med. Times and Gaz.*, December 1, 1883.—*Med. News.*

ARTIFICIAL FOOD FOR INFANTS.—Dr. Arthur V. Meigs (according to the *Medical News*) considers the following the best food for infants deprived of their mother's milk:—Two tablespoonfuls of cream, one of milk, two of lime-water, and three of water sweetened with pure milk sugar, to be mixed together and warmed. This amount is generally sufficient during the first few weeks, after which the quantity must be increased. He thinks this food should not be made any stronger until the infant is eight or nine months old. A healthy child, after the first few weeks, or three or four months, may take three pints in twenty-four hours, or sometimes more. He recommends the milk and cream from ordinary cows, not rich Jersey milk.

Over twelve thousand copies of the *British Medical Journal* are now issued weekly.

Surgery.

METHOD OF OPENING PSOAS ABSCESSSES.

BY T. F. CHAVASSE, M. D., EDIN., F. R. C. S. ENG.

The proper method of treating psoas abscesses, depending upon caries of the spinal column, with expectations of relieving the patient and of obtaining a successful issue, is a question on which there is not a unanimous agreement of opinion amongst surgeons at the present time. Some still consider it best to advocate an expectant policy, and, when driven to active measures, believe that frequent aspirations or small valvular openings made as far as possible from the primary seat of the disease, and closed immediately after the escape of the pus, are the measures likely to be most serviceable in these cases. Such shrink from a free incision into the abscess cavity, owing to the practical fact that severe constitutional symptoms will follow the proceeding if undertaken without special precautions. But the teaching of Sir Joseph Lister, and the introduction of antiseptics into our daily practice, have proved that many operations can now be undertaken with safety and success by those who have had adequate training and experience, which a few years ago would have been deemed rash and unwarrantable. With this knowledge, I would urge that a spinal abscess should be regarded in the same light as a collection of pus due to osseous disease in any other region of the body, and that a free incision should be made and efficient drainage established as soon as the diagnosis is complete. The relief to pain which this evacuation affords is very marked, and will frequently at once restore appetite and healthy sleep—matters of much moment to those affected with a condition which, under the most favourable circumstances, runs a course extending over several months. The best position for making the necessary incision and draining orifice in cases of psoas abscess I propose to consider with you to-day.

The patient before you is twenty-eight years of age, and has a very marked angular curvature involving five of the lower dorsal vertebræ. His history is that he was admitted into the hospital on March 10th, 1883, and that for eighteen months before he had experienced darting pains in the

lumbar region of the spine, causing intense suffering, which was aggravated by movement or by lying on the back. In September, 1882, pain was felt in the right groin, and movements of the thigh were accomplished with difficulty. Shortly afterwards, a lump was noticed in this situation, and continued slowly to increase. On admission, this swelling was found to be a collection of pus in the sheath of the psoas muscle.

On March 20th the abscess was opened in the following manner: An incision was made immediately above the crest of the ilium, commencing at the edge of the erector spinæ muscle and carried transversely outwards for four inches towards the anterior superior spine. Having divided its various structures as in colotomy, the anterior edge of the quadratus lumborum muscle was reached. The forefinger was then passed downwards and forwards on the iliacus until the tense and distended psoas sheath was detected. A scalpel introduced by the side of the finger incised the abscess sac, and the opening was subsequently enlarged by the introduction of a pair of dressing forceps. This proceeding gave exit to a pint and a half of pus. Still keeping the forefinger in the wound, two large drainage-tubes were introduced into the abscess cavity and left there.

The patient progressed favourably; in a month the drainage-tubes were no longer necessary, as the matter escaped freely without artificial aid. By July 10th the discharge was so much reduced that a poro-plastic jacket was fitted on over the antiseptic dressings. A fortnight later he was allowed to get up. In August the wound was quite healed, and the patient returned home. He now gains a livelihood for himself and family, to use his own phraseology, "by doing odd jobs."

Another case in which the same plan of treatment was adopted was that of W. E. K—, aged thirty-five, who had a history of back pains of four years' duration, and a distinct angular curvature of one year's existence. Date of admission, Jan. 22nd, 1883. At that time the patient was pale and emaciated, with an exceedingly large antero-posterior curve, involving ten vertebrae, and a psoas abscess pointing below Poupart's ligament. The pain in the back was so great that the man, a chemist by trade, was accustomed to take subcutaneously eight grains of morphia

daily. This was reduced gradually to two grains and a half. On Feb. 14th the abscess was opened from behind, and two pints of pus, together with much thick caseous material, were evacuated. The relief to pain by letting out this pent-up matter was very great. For some days the discharge was excessive, but by the beginning of March it had so materially diminished that on the 9th of that month the drainage-tubes were withdrawn. In May it was necessary only to dress the wound once in five days or a week. In June he left the hospital at his own request, the sinus being unhealed, and his urine containing much albumen.

Mr. F. A. Hallsworth, of Atherstone, who attended the case subsequently, has kindly informed me that death took place on September 30th; that a sinus always remained, through which, without any trouble, the drainage was effected. Amyloid degeneration of various viscera hastened the end.

You will naturally ask, Why open psoas abscesses pointing in the thigh above the iliac crest? The following are the advantages claimed for the procedure I have practised in these two cases:—

1. The abscess is tapped, and the pus escapes at the most dependent point it is possible to obtain, and, as the patient lies on his back, the cavity drains itself without trouble or difficulty.

2. When a sinus is thoroughly established, the drainage-tubes may be omitted at an early date, and any accumulation is unlikely to take place.

3. The drain-hole is very near the diseased bone, so that the three or four inches of abscess cavity below this point becomes obliterated almost immediately after the operation. Hence a diminution of secreting surface.

4. The pus escapes from an orifice removed from the genital organs, and the chance of the wound becoming septic is lessened.

5. The antiseptic dressings can be applied and retained in position more readily than if the drain opening is in the thigh. Moreover, the pus will not so easily reach the edge of the dressing, and consequently it will not be necessary to make changes so frequently.

6. From its situation the patient is less likely to interfere with the dressing than if it be applied anteriorly.

The disadvantages of making the incision in the position indicated are that the operation is slightly more difficult, some muscular fibres are severed, and there will be a little more bleeding than if the abscess be opened where it points on the inner side of the thigh; but all of these objections are trifling as compared with the satisfactory drainage. Even if the pus has burrowed beyond the thigh, and has reached the knee or a lower point in the extremity, the incision should still, in the first instance, be made in the back, and the abscess tapped there. Subsequently an opening may also be made where the pus is pointing to allow the escape of the fluid accumulated below the principal draining orifice; this secondary incision will soon heal. The next best position to open a psoas abscess for anti-septic purposes is above Poupart's ligament, by means of an incision, as though about to ligature the external iliac artery. Having reached the transversalis fascia, by pressure below the pus can be made to bulge, or, failing this being accomplished satisfactorily, an opening large enough to admit a probe may be made in the thigh where the abscess is presenting, which when passed up under Poupart's ligament will indicate the whereabouts for the free incision in the deep textures. After the tubes have been inserted the orifice in the thigh closes. The drainage of the abscess in this position is not so good as by the other method; the opening not being so dependent, the tubes must be retained for a longer time, and more difficulty is experienced in getting a free escape of the pus. In one instance in which I operated by this plan upon a woman with a psoas abscess, the result of disease of the sacro-iliac synchondrosis, the fingers of the patient would wander under the dressings in spite of all protestations and threats, and the result was a septic condition of the wound, and eventually death. It was this case that made me recall the method of posterior incision, which, I believe, Mr. Chiene of Edinburgh was the first to advocate.—*Lond. Lancet.*

MR. KEETLY, (*London Lancet*) read a paper before the West London Medico-Chirurgical Society on thirteen cases of herniotomy, in which he stated that, with one exception, the chief indications of practice of anti-septic ovariologists should be carried out by herniotomists. The exception was the

rule that in case of extravasation of blood or other fluid the abdominal cavity should be thoroughly sponged out and rendered aseptic. It was absolutely essential that all septic contamination of the peritoneal cavity should be prevented. He advocated the practice of tying the neck of the sac high up as soon as the strangulated bowel had been reduced. Sometimes this reduction was difficult and slow. Hæmorrhage, meanwhile, is probably taking place into the peritoneal cavity. In such cases he suggested a second incision into the linea alba, into the peritoneal cavity, just above the pubes, merely large enough to admit two fingers, with the help of which the intestine could be pulled back into the abdomen. When the hernia was known to be quite recent, it would be justifiable to attempt to reduce it by this proceeding alone, with no incision over the hernial aperture.

MR. LAWSON TAIT, in the *British Medical Journal*, writing of the radical cure of exomphalos, concludes by saying that: "I have an impression that the radical cure of hernia, of other kinds than umbilical, will, bye and bye, be undertaken by abdominal section. I am not sure but that it will be extended to operations for strangulated hernia. A few weeks ago I removed an ovarian tumour from a woman with a femoral hernia, in which intestine was adherent. It was a very easy matter to undo the adhesions, and by means of a handled needle and a silk thread to obliterate the ring in a manner which, I am sure, no operation from the outside could have effected. So much can be done through a two inch incision, that if I should be ever called upon again, (as I very rarely am) to operate on a strangulated femoral hernia, I believe I shall proceed by abdominal section and complete the radical cure of the protrusion at the same time that I relieve the obstruction.

A DEATH from ether inhalation is reported from Bellevue Hospital. Nearly a pound of ether was administered. No untoward symptoms were exhibited for nearly an hour, when the heart and breathing suddenly ceased; prolonged but unavailing efforts were immediately made to resuscitate the patient. The post-mortem disclosed no organic lesions sufficient to account for the death.

IDENTIFICATION OF UPPER AND LOWER ENDS OF A PIECE OF SMALL INTESTINE.—R. F. Rand, in *Lond. Lancet*, recommends that the mesentery be used as a guide in determining the position of any portion of the small intestine in abdominal operations. The long axis of the intestine is to be held in the long axis of the body, and the mesentery pulled taut. The hand is then passed down to the spine. If the bowel is held in its true position, the hand passed to the right of the intestine will be guided by the mesentery to the right of the spinal column, and to the left will be conducted to the left of the spinal column. If the bowel is inverted, the hand passed to the right will be conducted by the mesentery to the left of the spine and passed to the left will be conducted to the right of the spine. In either case the hand being passed upwards or downwards to identify the mesenteric attachment.

The operations should be repeated at intervals of from two to four weeks, as experience has taught that too frequent operations at short intervals are unsatisfactory.

SANTONINE IN GLEET.—A writer in the *Lancet* states that he was treating a patient for lumbrici and gave him santonine. The patient returned delighted, saying, "You have not only killed the worms but have cured my gleet." He has since used it with good effects. Five grains each of santonine and sugar of milk to be taken twice daily, fasting.

THE INFLUENCE OF SYPHILIS UPON THE PROGRESS OF CANCER.—Clinic of Prof. Verneuil, Paris, Sept., 1883.—The reciprocal influences of diatheses are not well known yet, from want of attention being drawn in that direction. That of syphilis upon cancer can, in certain cases, be given with precision, of which the following cases are examples:—A woman, whose antecedents are unknown, was taken with a cancerous tumour of the breast, about a year ago. The progress was at first very slow, but she contracted syphilis, eight months since, which is now in the full period of secondary accidents. On investigating how the syphilis had acted on the cancer, the conviction is reached that it has considerably augmented its progress and its generalization. Indeed, the entire left breast and the axillary ganglia have undergone a cancerous degeneration. The subclavian ganglia form a considerable mass, and reach up to the mastoid apophysis. Considering that the first notion of cancer is of one year only, and that it attained its present development in the last few months; that the invasion of the subclavian ganglia is only exceptional, and then it is considered a formal contra-indication of all operative interference, the conclusion is inevitable, that syphilis was the origin of this abnormal process. This case presents another unusual fact. When cancer is largely developed, and the ganglia are affected, pain is always very great, but in this case, the patient does not suffer any pain at all.—*St. Louis Med. and Surg. Jour.*

THE TREATMENT OF ORGANIC STRUCTURE OF THE URETHRA BY ELECTROLYSIS.—First, select a good galvanic battery which gives a steady, smooth, gentle, constant, current, of the strength of from five to fifteen volts. The urethral instruments used for the absorption of the stricture are bougies, made of metal and insulated with rubber, except the point, which is a silver bulb olive-shaped.

Having selected the necessary instruments we can proceed with the operation.

The recumbent position is the best. It is more agreeable to the patient and is to be preferred. To the positive pole a sponge electrode is attached, moistened with water and placed in the patient's hand, or laid on the thigh. To the negative pole the insulated electrode bougie must be attached, and the instrument should always be inserted into the stricture before connections to the battery be made, so as to avoid any shock to the patient. The electrodes in position, connections are now made with one or two cells of the galvanic battery, and gradually increased to the desired strength. It is always advisable to begin the operation with a mild current and increase one cell at a time. Mild currents in the majority of cases give the best results. The bougie must be gently guided, no force should be used, and no pain should be inflicted. The electrolysis alone is to do the work. Care must be exercised to keep the bougie in line, so that the point will not deviate and make a false passage.

MERCURY AND IODINE IN SYPHILIS.—The iodide, in doses of 15 grains to 3ss, effects a cure in about the same time as the Van Swieten's solution, when given in doses of

gr. $\frac{1}{4}$, but the preference must be given to the sublimate when administered in large doses, the more so if the hypodermic injection be employed.

Comparison of the action of each with regard to special symptoms. We must find out if this inferiority in the iodide has not some compensation in other respects.

Primary Sore.—If the iodide be given during this stage, the chances are there will be no secondaries. One seems as efficacious as the other.

Syphilides—erosive, papular-erosive, and hypertrophic—of the vulva and anus. Without cutaneous manifestation it is treated by local application of arg. nit., every third day. Internally, iodide or mercury is given.

Syphilides—vulvar and anal; roseola. The hydrargyrum here has a superiority, especially if injected hypodermically.

The more obstinate cutaneous syphilides, papular, squamous, palmar psoriasis, also plantar, and lichen. The superiority still rests with the mercury.

Syphilides, buccal and pharyngeal. Here we find a difference in favour of the iodide. Mercury has even aggravated such cases, and prevented a cure. Such syphilides in the mouth assume a yellowish aspect, become painful, and exhale a foetid odour, in spite of all local applications; whereas, if the local treatment is accompanied by administration of the iodide, a cure quickly ensues. This is a very important fact to know, and is very generally ignored. Here the iodide takes precedence of any other known mode of treatment.

Manifestations on the larynx.—In these cases we must make a distinction between isolated papules and diffuse and hypertrophic manifestations. In the simple papular eruptions of the larynx, mercury is as efficacious as iodine. It is, however, very different if we have to do with the diffuse appearance of inflammation, perhaps upon the epiglottis, which becomes thickened and implicates the vocal cords, the arytenoid region, etc., to such a degree as to threaten suffocation and asphyxia. Mercury, in such cases, is worse than useless—it is dangerous. The iodide, on the contrary, always gives the best possible results if given in large doses of \mathfrak{ss} , $\mathfrak{3j}$, and even $\mathfrak{3ijss}$, in the 24 hours.

Insomnia, cephalalgia, diffused pains, osseous pains, arthralgia, myosalgia. Here the mercury and iodine are equally specific.

Ulcerating and secreting cutaneous syphilides very rarely seen, aggravated by mercury. Cured easily by the iodide.

Iritis cured by iodine, and by dropping atropia into the eye.

Visceral syphilides, such as pulmonary disease, with phthisical signs, cured by iodide.

Sometimes it (the iodide) produced a loss of appetite and stomach derangement. There is at times gastralgia. Mercury may produce gastralgia, indistinct pains and diarrhoea. Iodide should be given at a meal, very diluted. The hypodermic obtains the most rapid results, but is attended with difficulties not easily overcome. The iodide can produce intoxication or iodism, consisting of coryza, conjunctivitis, pharyngitis, acne, and other eruptions.

With regard to mercury. With the thirty-one cases treated by peptone mercury, eleven were the subjects of intoxication, such as salivation and loosening of the teeth.

Iodide is easier for administration, and the security far greater. The dangers from iodism are far less than those from salivation.

Contraindications against both drugs: chronic gastric affections contraindicate the use of either, and it is advisable to use hypodermic injections of mercury. The state of the stomach and throat will be a powerful agent in the selection of our medicines, and in all cases where the throat element is prominent we shall do well to choose the iodide. The condition of the skin may contraindicate the use of the iodide, and, where cutaneous eruptions exist, mercury will be preferable, although the iodide has been known to act beneficially in such cases.—*Med. News.*

TREATMENT OF LUPUS.—E. Hahn has practised the following treatment for lupus in a considerable number of cases with the best of results. He completely removes the diseased tissue by a process of scraping. When the bleeding has stopped he transplants upon the fresh wound pieces of healthy skin, varying in size from $\frac{1}{2}$ cm. to $\frac{1}{4}$ cm. square. Under iodoform dressing these pieces are usually united firmly to the wound in from five to eight days. In five cases there has been no return of the disease in a period of one year from the operation.—*Centrl. f. Chir.*

A NEW METHOD OF TOOTH DRAWING.—A small square of India-rubber, pierced with a central hole, is pushed over the tooth until the upper part of the root is reached. The rubber gradually contracts, pulls on the root, and the tooth is finally enucleated without causing any pain. Four or five days complete the operation, while very slight bleeding and slight swelling of the gum are the only inconveniences. This procedure is recommended by a dentist of Geneva.—*Med. and Surg. Rep.*

THE LOCAL TREATMENT OF ACNE SIMPLEX AND ROSACEA.—In a recent thesis, an abstract of which we find in the *Journal of Cutaneous and Venereal Diseases*, M. Morin says that this can be satisfactorily carried out only by direct action upon the malady at its original seat. The following is the method devised and recommended by the author: He takes a fine darning-needle, having an eye somewhat longer than that of a sewing-needle. Holding this by the point, he introduces it into the affected gland by a rotary movement which causes some of the sebaceous matter to lodge within the eye of the instrument. The latter is withdrawn, cleansed, and re-introduced, and the operation is repeated once or twice until, the gland being emptied, its floor is touched by the needle, when a slight pricking sensation is experienced. The same needle, or another similar one, held in the same way, is then dipped in an alcoholic solution of iodine, of greater or less strength, but never weaker than that of the French pharmacopœia—and is again passed into the gland, charged with a drop of the iodine tincture, which is thus brought into immediate contact with the focus of the disease. After a few minutes a clear liquid, slightly coloured by the iodine, will exude from the gland, sometimes in a drop as large as a tear. This flow will cease within an hour. Twenty-four hours later, in cases of acne simplex, the inflammation, when unaccompanied by suppuration, will have wholly disappeared. If suppuration, however, had existed, it will be found perceptibly diminished, needing only two or three repetitions of the process to effect its entire cessation, followed by a permanent cure. Rosacea, being of a more intractable character, requires the application to be made several times, when results equally favourable will certainly be obtained.

The advantages claimed for this mode of treatment over any local measures previously employed are: That it is easily carried out; produces no additional disfigurement; is painless; does not necessitate the seclusion of the patient, and may be relied upon to effect speedy cures even in cases otherwise hopeless.—*N. Y. Med. Jour.*

SALICYLATED STARCH (Kersch):—

Salicylic acid... 20 to 30 grammes
Alcohol 1000
Starch q. s.

Pulverize the starch and let it fall in small portions into the alcoholic solution of salicylic acid, and shake well. The proportion of solution employed should be greater by a few centimetres than the layer of starch deposited. When the deposit of starch has well formed, decant the alcohol, gather the starch in a close muslin cloth, and dry it, and powder it, and again dry it at 80° C. This salicylated starch may be used as an antiseptic dressing for wounds.—*L'Union Méd.*

THE MANAGEMENT OF PATIENTS DURING CAPITAL OPERATIONS.—In a paper with the above title (*Boston Medical and Surgical Journal*, October 11th,) Dr. George W. Gay, urges that special attention be paid to the following particulars: If shock or collapse be present, put nothing into the stomach, but stimulate and nourish by the skin and rectum. Take extra pains to keep the patient warm by means of heaters, blankets and a rubber sheet. Disturb him as little as possible with examinations, moving, changing of clothes, or dressings, etc. Use the least possible quantity of the anæsthetic, and allow the patient to rally early, depending upon opiates to control subsequent pain and inquietude. Finish the operation as quickly as is compatible with its proper performance.

Get the patient into a warm bed as soon as possible and without any exposure to cold. Preserve the utmost quiet, and avoid doing too much for the patient until fair reaction has taken place.—*Med. Med. Jnl.*

HYPEROSMIC ACID is recommended (*London Lancet*) for parenchymatous injections in malignant tumours. Two or three drops of a one per cent. aqueous solution are used

for each injection. In the course of a week or more the tumour breaks down. Incisions through the skin are necessary to give exit to the detritus. The acid appears to act slightly, or not at all, upon healthy tissues, and to confine its action to the site of the injection.

Midwifery.

WHAT BECOMES OF THE VARICES IN PREGNANT WOMEN WHEN THE FŒTUS DIES:—M. Gustave Rivet, in *Le Prog. Méd.*, moved by an observation of M. Budin to the effect that it would be interesting to know if the child having died in a woman with varices of the lower limbs, would these become smaller immediately after the death of the fœtus, its expulsion taking place only some weeks later. The idea would appear plausible from the analogy of the decrease in varices of the external genitals under the same circumstances as pointed out by McClintock. He then relates the case of a woman with varices of the lower limbs. The fœtus died, and the veins began to grow smaller at once, though the fœtus was not delivered until nearly full time. In this case a woman, as in her previous pregnancies, had varices of the lower limbs, increasing progressively as the months went on. At a given moment the fœtus died, as shown by the cessation of spontaneous movements, the appearance of the milk, the diminution and arrest of development of the abdomen; the varices from this moment began to grow smaller. This would appear to be an argument that the physiological element played as important a part in their production as the mechanical. Indeed, we see the fœtal mass as regards its volume and weight remain the same, yet the veins decreased. The compression of the venous trunks, if such exists, persists and yet the circulation does not appear to be shut off. So it would seem that the vitality of the uterus and the modifications of the general circulation which are a consequence of this, play a large part in the production of varices.

PHYSOMETRA.—Dr. H. C. Yarrow, (*Am. Jour. of Obstet.*) in reporting this case, calls attention to the rarity and the peculiarity of the condition. The patient was a negress, forty-six years of age, who was

supposed to be pregnant, and to have gone four months beyond the ordinary time for the termination of that condition. Resonance was obtained over the entire extent of the abdominal tumour upon percussion, and auscultation failed to reveal any indication of pregnancy. The author was called in consultation, and happily diagnosed the condition as that which is mentioned in the heading. A speculum was introduced into the vagina, and through it a sound was carried into the uterus, traversing the cervical canal and internal os with some difficulty. The result was an immediate collapse of the abdominal tumour, the escaping gas being odorless, and passing out with great force. A lengthy narration of cases covering the literature of the subject follows, and the conclusion reached is that this condition, or tympanites uteri, is due (1) to the presence of some decomposing substance in the uterine cavity; (2) to an impediment to the escape of the gases of decomposition.—*N. Y. Med. Jnl.*

BROWNE'S OPERATION IN INVERTED UTERUS.—The bowels and bladder having been evacuated, she was placed under ether, the inverted fundus was drawn outside the vulva with a strong vulsella forceps, the openings of both Fallopian tubes were brought plainly into view, and an incision one inch and a half in length was made through the posterior portion of the uterus (avoiding the Fallopian tubes and larger vessels at the sides of the uterus). Through this incision Sim's large dilator was passed up into the cervix and expanded to the fullest extent; the rigid tissues of the cervix were felt to relax; then, upon withdrawing this dilator, Nos. 2 and 3 of Hank's hard-rubber dilators (three fourths and one inch in diameter) were passed through the cervix. The finger was also passed to feel that there were no adhesions. The incision in the uterus was then sewed up with carbolized silk-worm gut, and, with slight manipulation, the fundus was easily replaced through the now passable constriction.—*N. Y. Med. Jnl.*

FAT FORMATION IN FIBROID TUMOURS.—In fibroid tumours the expression of countenance, the furrows about the forehead and lines about the eye, called *facies ovariana*, does not exist. There is usually then a brown discolouration of the skin. A

woman with a fibroid tumour has a tendency to become fat, or at any rate she is in pretty good condition and does not emaciate like a case of ovarian tumour. Strange as it may seem, the loss of blood tends to the production of fat, but the fat is of a flabby kind.—*Phil. Med. Times.*

UTERINE MILK.—A recent number of the *Zeitschrift für Geburtshilfe und Gynäkologie* contains an article by Dr. G. Von Hoffmann, of Wiesbaden, in support of the doctrine advocated by Ercolani, and to a certain extent by Dr. Braxton Hicks, viz., that the foetal villi in the placenta do not float naked in the maternal blood, but are surrounded by cells whose function it is to secrete a special fluid serving for the nutrition of the fetus, and called uterine milk. (*Medical Times and Gazette*). Dr. Von Hoffmann believes that he has been able to extract this fluid from the human placenta. His method is simply this—he takes quite a fresh placenta, which has not been allowed to come in contact with water, and lays it with its maternal side uppermost. A cotyledon, the integrity of which has not been damaged, is then selected, and carefully dried with a sponge or towel, so that no blood adheres to it, and into it a capillary tube is then pressed, so that it may penetrate about one third or half an inch. The tube thus used pushes the villi aside and lies in the inter-villal space. It is important in inserting the instrument to see that no blood-vessels are injured by it, lest blood be effused between the villi. When a capillary tube is employed in this manner it sucks up the fluid from the inter-villal space (*i.e.*, the uterine milk), which can then be collected and examined. Dr. Von Hoffmann has examined the fluid from about forty placentæ, some at term, others from cases of abortion at different months. Microscopically, he finds in it the following constituents: (1) Red blood-corpuscles of different sizes and depth of color, often, especially in placentæ of the earlier months, with little or no tendency to aggregate into rouleaux. (2) White corpuscles. (3) The chief structures contained are what the author calls “uterine milk globules,” peculiar clear, round globules having a very thin, feebly refracting wall, on the average about as large as white corpuscles, but varying from a tenth of, to twice their size. These bodies precisely resemble those seen in

“uterine milk” obtained from the placenta of the cow. (4). Clear watery intercellular fluid. The above-described “uterine milk globules” are present in such numbers that Dr. Von Hoffmann calculates that each cubic millimeter of the fluid contains one hundred and eighty thousand to two hundred thousand of them. (5) There are also found free decidual cells and pigmentary molecules, granules, and flakes of different shapes and sizes, which our author regards as the products of the disintegration of red blood-corpuscles. Fluid such as this, Dr. Von Hoffmann states, can be extracted from every healthy placenta; if it is wanting, the placenta is not healthy. He believes, moreover, that he has traced the mode of formation of these “uterine milk globules” from decidual cells, and the production of the large decidual cells from the many nucleated “giant cells” of the decidua.

Dr. Von Hoffmann's views as to the physiology of foetal nutrition are summed up in the following propositions: (1) The general office of the decidua, both in animals and in man, is to supply the foetus during its intra-uterine life with a part of the nutritive material necessary for its growth. To fulfil this function the decidua serotina becomes a special milk-secreting organ, which, after the birth of the child, is expelled with and as an integral part of the placenta. (2) The secretion of this organ, the so-called uterine milk, is separated into gradually formed spaces, in which lie the placental tufts. Here the uterine milk is mixed with maternal blood, which is at the same time extravasated, and together with it forms the material for nutrition of the foetus, this material being only suited for absorption by the placental villi when these changes have taken place. (3) From the point of view of the comparative anatomist, it can no longer be maintained that there is any essential difference in this respect between the placenta of man and the lower animals. Dr. Von Hoffmann promises a further communication, in which he will elucidate the mode in which this uterine milk is absorbed by the placental tufts.—*Louis. Med News.*

CORROSIVE SUBLIMATE IN OBSTETRICS, by Toporski.—In the gynecological clinic of Breslau, the sublimate has entirely displaced carbolic acid. A package of 12 grms. of

the sublimate is dissolved in a small quantity of hot water or alcohol, and then poured into a vase holding 12 litres of water, so that a .01 per cent. solution is obtained. The obstetrician washes his hands with it, and the genitals are irrigated with it. The result was (1) that convalescence was quicker; (2) mortality was less; (3) the duration of any incidental disease shorter. He advises always to substitute a 1 per cent. sublimate for the .05 per cent. carbolic acid solution in midwifery.

Also in Schröder's Clinic in Berlin, the sublimate is used as a disinfectant; it is the systematic prophylactic in puerperal fever; 1/2 per cent. solution of sublimate is now used, as was formerly a .05 per cent. of carbolic acid. It is more convenient for transportation and not objected to by patients on account of odour. Injections of the sublimate, in the induction of premature labour, has proven of great value.—*St. Louis Med. and Surg. Jnl.*—*Col. für Gynaecologic.*

NEW DIAGNOSTIC SYMPTOM OF PREGNANCY.

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

THE TREATMENT OF PELVIC CELLULITIS FOLLOWING PARTURITION.—Dr. W. M. Graily Hewitt thus concludes an article in the *Med. Press*, November 21, 1883:—

A few words with respect to the treatment: A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential; but the nutrition requires careful consideration. With regard to the subject of food: Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present; or it may render an already existing case of cellulitis less

amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo*. To stimulate nutrition, articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest. As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the former is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro-muriatic acid with a little tincture of orange, is often useful as a stomachic and tonic; and later on iron and quinine may be given with advantage.—*Med. and Surg. Rep.*

ARREST OF THREATENED MAMMARY ABSCESS.

—James Braithwaite in the *Lancet* writes that in case of threatened mammary abscess three consecutive doses of ten grains each of quinine at intervals of twelve hours, along with local application of belladonna has given him very successful results. He has frequently seen the pain and tenderness disappear within forty-eight hours. The inflammatory symptoms may recur but are again easily checked in the same manner.

BREACH OF PROMISE.—A jury in Mercer County, Ohio, recently gave the plaintiff in a breach of promise case \$3,000 damages, the defendant claiming that he had broken off the engagement because a fibrous poly-pous tumour had developed in her uterus. The plaintiff alleged that the tumour was produced by and resulted from protracted courtship, causing her to brood upon her prospective entry into married life.—*College and Clinical Record.*

THE
Canadian Practitioner,

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

TORONTO, FEBRUARY, 1884.

FREEDOM OF SPEECH IN THE
 MEDICAL COUNCIL.

Mr. Justice Rose's recent ruling at the last Assizes in the case of *Lennox v. McCammon*, is one of interest and importance to the profession, as confirming the very reasonable view that remarks made in the discussion of professional topics at the Medical Council are in their very nature and essence privileged. Were it otherwise, free discussion in that body would be at an end, and its utility and *raison d'être* destroyed. With the dread of an action for slander, hanging like the sword of Damocles over the speaker's head, there would be little chance of an honest expression of opinion as to the existence of an iniquity, or the means adapted for its remedy. Our readers will remember that at the last meeting of the Medical Council some discussion arose as to the means of reaching those charlatans, so numerous in our country, who succeeded in evading the righteous penalties of the law, by securing the services of registered medical practitioners in foisting their infamous impostures upon a very gullible and confiding public; and the opinion was expressed that it was useless to endeavour to cope with these unless power were conferred by Parliament upon the Medical Council to confiscate the permit to practise, conferred upon those who could be thus shamefully suborned to prostitute the sacred privileges of their high calling to the mercenary rapacity of ignorant and

unscrupulous adventurers. Out of this arose some litigation in which one Levi Lennox, residing in Toronto, sued Dr. McCammon, of Kingston, and Dr. Bray, of Chatham, on separate statements, for \$10,000 apiece damages for slander, claiming that the remarks of these gentlemen complained of by him were applicable to him as the proprietor of the International Throat and Lung Institute in Toronto, and Souvielle's Spirometer. A very fair and full report of the trial appeared in the *Mail* of Thursday, January 10th, to which our readers are referred for a more particular account than our space will admit of. It was, of course, apparent that the machinery of justice had been set in motion by the plaintiff in order that he might gain a cheap advertisement and notoriety through the trial, and might perchance pose before a certain morbidly sympathetic portion of the community in the light of a martyr. All of these objects were, however, happily and signally frustrated by the able and skilful handling of this witness by Christopher Robinson, Q. C., senior counsel for the defence, who proved by Lennox's own mouth that the advertisements of Souvielle's Spirometer were a tissue of lies, and the statements made concerning his Throat and Lung Institute fabrications out of the same material. During the trial a knowledge of the statement of Souvielle having fraudulently attempted to procure the degree of the University of Erlangen by a stolen thesis was admitted by the plaintiff.

The plaintiff could only name five practitioners in Ontario, who approved of or used his so-called Spirometer. The majority of these have since publicly repudiated the insinuation. Had the statement not been made in the witness box, we believe they would have a good cause of action for slander.

His Lordship ruled that the words of the charge were proven; that the occasion was a privileged one, and that the fact that a

reporter was present was some evidence of malice. Counsel on both sides took exception to this ruling, but they agreed that a verdict for the defendant should be entered subject to the determination of the points of law in the Court above. The action against Dr. Bray was by consent withdrawn, pending the issue of that against Dr. McCammon. In England the Medical Council has power, and sometimes exercises it, to remove a man's name from the medical register "for conduct infamous in a professional respect." Nothing could be more infamous in a professional respect than the disgusting spectacle we in this country are daily called upon to witness of duly registered, and therefore presumably qualified, practitioners hiring out their persons and diplomas to promote the nefarious ends, and cloak the vulnerable insufficiency of stationary or itinerant charlatans, and we doubt not that the Profession of this Province will not rest satisfied until the Legislature shall have conferred upon the representatives of the Profession the power and authority to purge its roll of those who not only thus disgrace themselves (a small matter), but likewise fill with shame and indignation an upright and honourable professional corporation. The costs of this trial, which may be incurred by the defendant, should be assumed by the Profession, and as it involves, and probably will vindicate the rights of the Medical Council in the matter of freedom of speech, it might perhaps be only a graceful act on its part to become responsible for the expense. At all events no personal loss should be sustained by the defendant in the interests of the Profession.

THE *Canada Medical and Surgical Journal* of Montreal, in an editorial on the "University question," speaks as follows:

"The above remarks have been suggested by the active discussion which is taking place in Ontario about additional endowment to the Provincial University.

That it is needed everybody admits, and that it should be granted by the State every one will concede, unless affected with denominational myopia. Private benefaction has done much, or rather everything for University extension in this Province, and the bequests in favour of the Sectarian Colleges in Ontario have been large. But unless the liberality of individuals is manifested in the manner of the late Mr. Johns Hopkins, of Baltimore, we shall have to wait long for a *fully equipped* Canadian University. The Government of Ontario, however, has now the opportunity to put Toronto University on a proper basis, and do a great work for the intellectual life of this country. And it can consistently do so, as the Institution is a State foundation, and is under State control, and the condition of the Local Exchequer is plethoric."

SUMMER SESSIONS.

The Toronto School of Medicine gave notice in their annual announcement, 83-84, of the fact that they would hold a second Summer Session this year, commencing April 28th. We understand that every effort will be made to give even a more complete course than that of last year. In addition to the names which appear in the published time-table, Dr. Barrett will give the lectures on experimental Physiology, and Dr. W. Beaumont Aikins will conduct the demonstrations in pathological and normal histology.

Arrangements have also been recently made in the Trinity Medical School for a Summer Session and the lecturers of the two Schools will give a joint course of clinical instructions which the registered summer students from both institutions will be entitled to receive.

THE HUMBER DISASTER.

It is almost beyond our province to take cognisance of accidents such as lately occurred in the vicinity of the Humber, and entailed such suffering and loss upon-

so many of our fellow creatures. The magnitude of the accident placed it far beyond the ordinary means of relief as contained in the surgical boxes supplied to train conductors upon well equipped railways, even if the Grand Trunk were numbered amongst such.

Since the transfer to the Grand Trunk of the Great Western Railway, the former has been endeavouring to utilize its purchase as a double track; all through freight to the west proceeding along the original Grand Trunk Railway line, and all through freight for the east, and the empties returning by the Great Western Railway. This probably explains how the unfortunate conductor or some of his subordinates were making their first trip upon this portion of the road, and were unfamiliar with the schedule of trains and with the topography of the road. This, doubtless, in part accounts for the forgetfulness which resulted in the appalling disaster.

The accident occurred at 6.30 a.m., three or four miles out of the city. The news was soon telephoned to the Hospital, and immediate and extraordinary preparations were made by the energetic Superintendent, Dr. O'Reilly, to receive the wounded.

By the time the sufferers began to arrive which was nearly three hours after the first information was received, all things were in readiness to receive the patients and to institute means for their speedy treatment and relief. The staff of attendant physicians, skilful clinical assistants and the body of trained nurses were all in place, and such means as were calculated to relieve the sufferers were promptly applied. Not the least harrowing part of the experience of that fateful morning, was that of attending to the heart-broken, grief-stricken friends, mothers, wives, and sisters, eagerly seeking information of the lost or wounded.

It is a matter for gloomy satisfaction that our hospital in this great and sudden call upon its capabilities was not found want-

ing, but owing to the resistless zeal and masterly management of the Superintendent, fully met every demand and proved equal to the pressing emergency of the hour.

TORONTO UNIVERSITY BANQUET.

The University Banquet, which will be held in the Pavilion of the Horticultural Gardens, February 15th, will probably be unusually brilliant in its character. Great enthusiasm is being manifested in the undertaking by both graduates and undergraduates, and it is expected that five or six hundred will be present. The alumni throughout the country will attend in large numbers, and we hope a good proportion of Medical graduates will be found among them. The tickets will be two dollars each, and the committee have decided to follow the good example shown by the Medical students, and conduct it strictly on temperance principles.

THE London Hospital (*Lancet*) is again about to attempt a reform in the administration of its out-patient department. Their efforts are to be directed to the elimination of such cases as are able to pay a physician, and of those who are in receipt of parish relief. To lessen the number of those under treatment, and to require a ticket for admission to the special departments. The passports to treatment are to be, the medical fitness of the case as certified to by the admitting physician, and the social fitness of the applicant certified to after investigation by a commissioner appointed for that purpose.

THE *North-Western Lancet*, (January, 1884) contains a most remarkable account of a Homœopathic *post-mortem*. The pathological knowledge displayed was infinitesimal, while the assurance in drawing conclusions and giving their evidence before the coroner's jury was hugely allopathic. Three Homœopathic physicians were called in by the husband (unknown to

Dr. Millard, the woman's attendant) to make a *post-mortem* examination upon his wife, who died of puerperal fever and mania. The examination occupied five hours, the brain, heart, and uterus were taken away by the examiners and the woman was buried. The husband then demanded of the coroner an investigation. Dr. Millard seven hours after the woman's burial, hearing of this clandestine *post-mortem*, also demanded an investigation. The body was therefore exhumed and a second *post-mortem* made, revealing signs of peritonitis, metritis, nephritis and meningitis. The jury in less than one minute gave a verdict to the effect, that the woman died of puerperal fever and mania, and that the morphia which had been administered previous to her death by Dr. Millard in no way precipitated that event.

Thus the evil intentions of the Homœopaths collapsed most signally, and the grave injury designed against Dr. Millard was prevented.

A MUSICAL and Literary Entertainment was given by the Toronto School of Medicine Medical Society on Friday evening, January 18th, with Dr. McFarlane in the chair. The large lecture-room was well filled by the students and their friends, including a large number of ladies.

IN a suit for \$25,000 instituted against Dr. Crosby Gray, Health Officer for Pittsburgh, because against her father's wishes he had removed a girl suffering with smallpox to the pest house, decision was given in favour of Dr. Gray.

THE New York Post-Graduate Medical School, compelled by its increasing requirements, is for the second time seeking more commodious quarters. The new building affords excellent facilities for a hospital in connection with the school, and will be opened this month. The new catalogue just out gives a list of 140 matriculates for the year.

THE Worshipful Company of Grocers of London offer a prize of £1000 for original research in sanitary science. The prize is given every four years, and is open to British and Foreign competition.

The question proposed this year is to discover a method of cultivating the vaccine contagion, apart from the animal body in such a way that it can be indefinitely cultivated, and remain of standard potency. All communications on the subject are to be addressed to the Clerk of the Grocer's Company, Grocer's Hall, London, E. C.

T. D. CROTHERS, M.D., Secretary of a committee of the American Association for the Cure of Inebriates has addressed to the medical profession a series of questions bearing upon the etiology, pathology, and treatment of inebriates, in order that a more accurate knowledge of the nature and character of that disease may be obtained. The result of these inquiries will be published. Collective investigation appears to be the proper means now-a-days of studying disease, and we sincerely desire that Dr. Crothers' inquest will prove satisfactory, and that the results of his labours will be soon published and throw a flood of light upon this distressing concomitant of civilization.

ANNALS OF ANATOMY AND SURGERY.—We regret very much to receive the announcement that owing to the departure of Dr. Pileher, senior editor, and the projected absence of his colleague, Dr. Fowler, in Europe the publication of this most excellent journal is to be for a time suspended. Since its commencement the "Annals" has always been one of our most interesting and instructive visitors, and moreover its neat and elegant appearance from its very superior paper and admirable typography made it an ornament to the table. We wish its editor, *propter utilitatem*, a pleasant voyage and safe return, and for their readers a speedy resumption of their editorial labours.

THE ANATOMY ACT.

We print with this number on page 63 the Quebec Anatomy Act. The great point of difference as compared with the Ontario Act is in regard to the persons claiming the body of a defunct pauper. The Ontario Act requires only that they shall claim to be *bonâ-fide* friends leaving a loop-hole of which frequent advantage is taken by people of all classes to defeat the aims of the Act and to defraud the Medical Schools of material necessary for their proper course of instruction. The Quebec Act defines the degree of consanguinity which must be sworn to by the claimant of the body. The Act is well guarded by pains and penalties against its unlawful infringement, and since we must have dissecting rooms, it is better that they should be supplied legitimately than that the vaults and depositories of the dead should be clandestinely deprived of their occupants.

Now that the Legislature is in Session, it is opportune to bring this to the notice of the profession in order that the law may be made more explicit upon this point; and, if necessary the punishment be rendered more severe for infractions of the Act.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

December 6th, 1883.

The President, Dr. Graham, in the chair. The minutes were read, corrected and approved.

Dr. Carson then spoke on the Treatment of Abortion. He said that when called to a case the first question to be asked was what have we to fear? and the second, what have we to do? In answer to the first he would say that we have to fear (a) septicæmia and (b) hæmorrhage. As to septicæmia, with the use of proper precautions there need be little fear of it. The walls of the vagina being in close apposition constantly, it is the duty of the attendant to preserve this state as long as

possible. The introduction of the hand, even though antiseptics be used, is never free from danger. When called to a case, unless it is urgent, he never makes a vaginal examination. If there is much loss he prescribes ergot and iron every hour. He has never known the use of ergot to produce placental retention. As to practical results, Dr. Mundé recommends in all cases the immediate emptying of the uterus; he gives a record of fifty-seven cases. In a much larger number, probably two hundred cases, Dr. Carson has never had a retained placenta, he has never had to plug, and has only lost one patient, and that was a case of typhus fever, which aborted on the day of death. In conclusion he strongly objected to the practice, based on theoretical grounds, advocated by Dr. Mundé, viz., to empty the uterus by hand, or by instrumental interference in every case.

The President called on Dr. Temple to open the discussion on the paper.

Dr. Temple expressed his surprise that in Dr. Carson's large experience he had never found it necessary to plug. His own practice was to plug the cervix when undilated so as to prevent hæmorrhage. The iron and ergot treatment recommended by Dr. Carson is not used by Dr. Temple, he uses ergot alone after the insertion of the tent. He decidedly disapproves of the indiscriminate use of the curette. The placental forceps are inapplicable unless the placenta was loose. He had tried the fluid extract of viscus album in place of ergot and could speak favourably of it.

Dr. George Wright considered it possible for septicæmia to occur without manual interference. He had frequently made use of the iron and ergot with benefit.

The President inquired of Dr. Carson what would be his procedure when not called to a case until a day or two after miscarriage; if he suspected that a portion of the placenta was retained, would he then dilate and examine or would he leave the case to nature?

Dr. J. F. W. Ross gave two instances in which portions of the placenta after having been retained for days, were removed. In such cases as the President referred to he would be guided by the temperature, if that was seriously elevated he would dilate and examine—if it was normal, interference would be injudicious.

Dr. Davidson mentioned a case in which a portion of the placenta was supposed to be retained. A consultation was called and it was decided to wait. In this case the uterus was very tender which was a reason for non-interference. The patient did well.

Dr. Temple believed a congested uterus as evidenced by tenderness was a good reason for examining. He would remove a degenerated placenta at once, in every case.

Dr. McPhedran remarked that ergot produces contraction and lessening of the calibre of the uterine vessels. Dr. Carson's ergot must have been better than that supplied by the average dealer now.

Dr. Carson in reply said that in cases which had been under his observation from the very first, he had never found it necessary to plug: but in some cases in which he had been called in consultation and those were not included in his remarks based upon the 200 or more cases, he had at times been very glad to make use of any means, plugging, etc., to control the hæmorrhage. He had never examined a patient unless driven to do so. In regard to a retained placenta, he had always succeeded in removing it by his iron and ergot continued for two or three days, he would not however leave these cases to nature and medicine indefinitely.

Dr. J. F. W. Ross exhibited a patient with the following history. D., female, æt. 7. Family history good, except that during her pregnancy her mother had some mental derangement. The child was born without skilled assistance. The labour was lingering, and the child was with difficulty resuscitated, the head being delayed in its passage, the presentation was of the breach. At ten months the knees seemed stiff, and could not be straightened out. The left was a little the stiffer. At the age of three a tumour was noted in that limb. She had never tried to walk. The first fit now occurred, apoplectic in character. Nine months afterwards the second fit occurred, and several others followed in rapid succession. She spoke but few words till between five and six years of age.

Present Condition.—Her countenance is heavy and vacant, intelligence impaired. Pupils equal, optic discs normal, senses mostly good; speech slow and lisping; sensation normal. As to motion the arms seem stiff, the feet are extended, the legs

flexed and the thighs adducted so as to cross each other. No muscular atrophy. Tendon reflexes exaggerated. Rhythmical tremors come on after exertion. No inco-ordination, no paralysis of sphincters. Since the patient has been in the Children's Hospital, she has improved, can crawl, move her limbs and talk better. Has had one severe convulsion during which the tongue was injured.

The diagnosis was arrived at by exclusion, it was considered to be a case of disseminated sclerosis in a child.

Dr. Graham read notes of two peculiar cases of epilepsy. The first a female, æt. 12, was first noticed to be epileptic two years ago, about one year ago the attacks changed in character, frequent spasms being noticed in the right leg. If those spasms were severe, they would end in a general epileptiform convulsion. She also occasionally had general convulsions of the body without previous spasm of the leg. The first of these types, the local epilepsy of the leg was the most frequent, the other being infrequent. The leg is always rigid during the spasms. (The patient was exhibited at the last meeting of the Society, two of these local spasmodic attacks occurred then).

The president also read notes of two remarkable cases related to him by Dr. McAlpine. Two brothers the younger æt. 60, the older 62, had epilepsy of long standing; they both dislocated the left shoulder during a fit within one week of each other. The dislocations were readily reduced.

Dr. Nevitt showed a well-marked specimen of granular kidney from a man æt. 79, who had been living in great misery, he suffered from chronic bronchitis and emphysema. His appetite at first poor, increased enormously and with the large ingestion of food vomiting, which nothing could control, supervened. He had distressing orthopnæa and continuous headache.

The microscopical committee reported on the finger which had been committed to them for examination, that they could find no distinct evidence of malignant disease, only the results of inflammatory action. A fine specimen of *sarcoptes catli* was shown under the microscope.

The meeting then adjourned.

Book Notices.

Transactions of the Minnesota State Medical Society, 1883.

New York Post-Graduate Medical School. Announcement of the second year, 1883-'84.

Announcement of the World's Exposition and Cotton Centennial, New Orleans, La., Ed. Burke, Director-General.

Health Bulletins, Mortuary and Meteorological Reports of Lansing. Michigan State Board of Health, H. B. Baker, Sec.

Abstract of the Proceedings of the Michigan State Board of Health at its Quarterly Meeting, January 8th, 1884. Henry B. Baker, M.D., Sec'y.

Archives of Paediatrics. Wm. Perry Watson, M.D., Jersey City, Editor.

The first number of this new monthly journal appears with some interesting original matter, good selections and abstracts. It is devoted entirely to the practice of medicine amongst infants and children. We welcome it to our exchange list.

Food and Drink for Invalids, A. W. Nicholson, M.D., Lansing, Mich.

A Leaflet, to save the busy practitioner the discussion of boil, broil and stew—sugar, salt or spice with the nurse. Each leaflet contains a number of apparently toothsome recipes. Those that are deemed suitable to the case may be marked and left with the nurse. The leaflets are printed for the sum of \$1.00 per 100.

Report on the Necessity of Preserving and Replanting Forests. Compiled at the instance of the Government of Ontario, by R. W. Phipps, Toronto, 1883.

Mr. Phipps, in an exhaustive report on Forestry in Ontario, amply justifies his selection by the Ontario Government as one well adapted by reading and experience to deal with a subject that is becoming of constantly increasing importance to this Province. The scientific aspects of forestry, the nature of vegetable life, its relations to climate, and hygienic conditions affecting human life and civilization are ably discussed in a scientific and literary spirit.

A Catalogue of Medical and Surgical Books, Periodicals and Transactions, etc., No. 16, November, 1883. Robert Clarke & Co, 61, 63 and 65, West Fourth Street, Cincinnati, O.

This catalogue contains the titles of some old and rare works. The publishers will be pleased to send a copy to any address upon application.

U. E. Loyalist Centennial Circular to Editors, etc.

In order to celebrate the Centennial Anniversary of the founding of the Province of Upper Canada, the committee has called a general meeting of all in the Province who are interested in the subject, to be held in the City Hall, Toronto, on the evening of February 19th, in order to organize and prepare for a worthy celebration.

Minutes of the Twenty-third Annual Convention of the Ontario Teachers' Association, Toronto, August 14th, 15th, and 16th, 1883.

Amongst a number of papers interesting to Teachers especially, there is one by Dr. Oldright on "School Hygiene," which merits a careful perusal and deserves a wider circulation than it is likely to receive, shut up in a volume of printed minutes. It is short, yet comprehensive, and deals in a practical manner with the exigencies of the subject.

Fat and Blood.—An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria. By S. Weir Mitchell, M. D., 3rd edition, revised, with additions. Philadelphia: J. B. Lippincott & Co., 1884.

We hope that the majority of our readers are already familiar with Dr. Mitchell's work on "Fat and Blood, and How to Make Them." The present volume contains the substance of the former along with some valuable additions especially on the treatment of obesity, and the use of milk as a diet, and its effects on the excretions. Chapter two on "Gain or Loss of Weight Clinically Considered," is a very interesting and important one. It is followed by one equally instructive on the "Selection of Cases for Treatment," and then come in succession sections devoted to the individual elements of this special plan of treatment: Seclusion, rest, massage, electricity, diet and therapeutics. The author's great fame is sufficient of itself to command for all his utterances the respectful attention of the world; but, in the present instance, we have in addition the corroborative testimony of Dr. W. S. Playfair and Graily Hewitt, of London, as to the undoubted value of this plan of treatment in those cases of inveterate neurasthenia and hysteria, which every practitioner meets with at least once in a lifetime.

A Manual of Practical Hygiene, by Edmund A. Parkes, M.D., F.R.S. Edited by F. S. B. François De Chaumont, M.D., F.R.S. Sixth edition, with an Appendix, giving the American Practice in Matters Relating to Hygiene, prepared under the supervision of Frederick N. Owen, civil and sanitary Engineer. Volume I. New York: Wm. Wood & Co., 56 and 58 Lafayette Place, 1883.

This constitutes the September number of Wood's Library of Standard Medical Works. It is another evidence of the sound judgment exercised in the choice of the works published in this series. "Parkes' Hygiene" is the standard work upon the subject, and we wonder that it has heretofore escaped the usual fate of the best English works. It loses nothing by its translation, and its division into two volumes is a gain to the reading community. The illustrations are very fair reproductions of the originals. They are possibly not quite so clear, but the difference is not marked. The additions by the American editor do not appear in the first Volume, and it remains to be seen if there is an essentially American practice in matters relating to Hygiene. The contents of Volume I. comprise the discussion of the subjects, water, air, food and soils. We welcome the book to our library table. It is undoubtedly the great standard work on Hygiene in the English language. The subscribers to Wood's Library cannot be sufficiently grateful to the enterprising publishers who have afforded them an opportunity for obtaining this work on such advantageous terms.

The Pathology and Treatment of Venereal Diseases, by Freeman J. Bumstead, M.D., LL.D., and Robert W. Taylor, A.M., M.D. Fifth Edition. Revised and Rewritten, with many additions by Dr. Taylor. With 139 woodcuts, and thirteen chromo-lithographic figures. Philadelphia: Henry C. Lea's Son & Co., 1883.

America lost her pioneer and greatest Syphiligraphist when Dr. Bumstead died. Of him it may be truly said "*Exegi monumentum ære perennius*," and it assumed the form of the work before us—the completest and best text book on the subject in the English language, Dr. Taylor, the present President of the American Dermatological Association, became associated with Dr. Bumstead in the preparation of the Fourth Edition, and on him alone Death

has devolved the duty of issuing the Fifth Edition and keeping its subject-matter *au courant* with the times. The progress of our knowledge has rendered this task no sinecure, but we think he would indeed be a captious critic who was disposed to cavil at the manner of its accomplishment. Apart from the many and valuable contributions of our authors to the elucidation, cure and prevention of the Venereal Diseases, it will be observed with surprise and satisfaction to how great an extent the writings of authors in all languages have been laid under contribution in the compilation of this edition, rendering it the fullest and best exposition of the subject now extant. Our space will permit of nothing more than a general commendation of the great excellence of the work and we shall single out but one therapeutical point for mention, viz.: the author's high laudation of the very notable adjuvant utility of Erythroxylon Coca in the treatment of Syphilis.

Personal.

PROF. ERCOLANI, the Italian scientist, died Nov. 16 1883.

JOHN ELIOT HOWARD, the eminent quinologist, died æt. 76.

DR. W. CUTHBERTSON (Toronto, '83) has located in Whitby.

DR. W. J. ROBINSON (Toronto, '83) is practising at Niagara Falls.

DR. T. S. KIRKBRIDE, æt. 74, the celebrated alienist, died December 16, 1883.

MR. BOWMAN and Mr. Lister are the latest recipients of the honours of Baronetcies.

M. CHARCOT succeeds to the place of Baron Cloquet in the Paris Academy of Science.

M. FAJOT succeeds the late M. Depaul as Professor of Obstetrics of the Paris Faculty.

DR. HOLMES, of Brussels, was elected Treasurer for the County of Huron, January 23rd.

DR. BEAUMONT SMALL has been elected President of the "Ottawa Field Naturalists' Club."

HUGH POWELL, the maker of the first achromatic object-glass in England, is dead, æt. 84.

DR. SÉGUIN, of New York, has resumed practice, and the editorship of the *Archives of Medicine*.

DR. ROBERT MURRAY, senior medical officer, succeeds the late Dr. Crane, as Surgeon-General, U. S. A.

DR. WM. H. COGGESHALL has become half owner and Associate Editor of the *Virginia Medical Monthly*.

DR. RODGER, of Montreal, Surgeon-in-Chief of the Grand Trunk Railway, was in Toronto after the recent Humber disaster.

DR. ROSS, Governor of the Quebec College of Physicians and Surgeons, has been called to the Premiership of the Province of Quebec.

PROF. OWEN, F.R.S., has resigned his appointment as Superintendent of the Natural History Department of the British Museum, owing to failing health.

DR. DAMASCHINO, *agregé*, has been appointed Professor of Medical Pathology at the Paris Faculty of Medicine in place of Dr. Jaccoud, promoted to clinical medicine.

DR. JAMES BELL vacates his position as Medical Superintendent of the Montreal General Hospital. He will not leave until May. His successor has not yet been appointed.

DR. LOUIS PONCET, the alienist, died in the 79th year of his age. His principal published work being on "Intermittent Insanity—Mild and furious madness Compared."

DR. CHAS. HILTON FAGGE died on Sunday, Nov 18, 1883, at the early age of 43, of aortic aneurysm. He was a distinguished graduate of London University and had already made a name for himself.

HOLLOWAY, of pill and ointment renown, died at the age of 84. He is said to have spent over a million of money on the Institution for the Insane at Virginia Water and the College for Women on Egham-hill.

ROYAL College of Surgeons of England.—Messrs. W. G. Anglin and G. H. Denike, of the Kingston School, and E. M. Hewish, of the Toronto School, passed the primary examination for membership on the 7th Jan.

DR. JOHN REDDY, of Montreal, died in Dublin, January 22nd. He was born in Ireland, studied and graduated in Dublin. Soon after graduating he came to Canada and practised in Montreal many years, being well and favourably known. His son, Dr. Herbert L. Reddy has been practising in Montreal about 5 years.

PROFESSOR PLAYFAIR McMURRICH, brother of W. B. McMurrich, former Mayor of Toronto, and an ex-student of Prof. Ramsay Wright, of University College, Toronto, has written a paper on "The Osteology and Development of Syngnathus," which appeared in the *Quarterly Journal of Microscopical Science* of London, England.

DR. MILTON COTTON has commenced practice in Lambton Mills, where the late Dr. Beatty resided. After the death of Dr. Beatty, a large and influential meeting was held in the village, at which an unanimous wish was expressed that Dr. Cotton, of Burnhamthorpe, should locate there; and a deputation was appointed to wait on the Dr. and ask him to accept the position thus made vacant. Such action is rather unusual in Canada, and we offer our congratulations to Dr. Cotton on his acceptance of the offer, and wish him the success which he well deserves.

Miscellaneous.

If gelatine be suspended in ordinary alcohol it will absorb the water and leave nearly absolute alcohol behind.—*Med. World*.

THE *calix* of the kidney was so called from its cup-like shape, from "kulix, -ikos," a cup. The *calyx* of a flower is from "kalux, -ukos"—a bud.

JONATHAN HUTCHINSON gravely states that the term podagra "implies simply acute gouty inflammation of the great toe, and by no means comprises gout *in toto*." O John! John!

ORIGIN OF THE WORD CHARLATAN.—It is generally admitted (*Le Prog. Méd.*) that the word *charlatan* comes from the Italian *ciarlare*, to chatter, to babble. It appeared about the 16th or 17th century. It was pronounced *chiarlatan*. A German Journal gives another etymology. A physician of Paris, named *Latan*, went about the city on a cart (*char*) containing his medicines, and upon which he examined his patients. This mode of practice gave him some renown. "There goes the *char de Latan*," people said; whence the word *charlatan*.

OLD SHOES.

How much a man is like old shoes!
For instance: both a soul may lose;
Both have been tanned; both are made tight
By cobblers; both get left and right;
Both need a mate to be complete,
And both are made to go on feet.
They both need healing, oft are sold,
And both in time all turn to mold.
With shoes the last is first; with men
The first shall be the last; and when
The shoes wear out they're mended new:
When men wear out they're men-dead, too.
They both are trod upon, and both
Will tread on others, nothing loath.
Both have their ties, and both incline
When polished in the world to shine:
And both peg out—and would you choose
To be a man or be his shoes?

Pitts. Med. Jnl.

ANATOMY ACT.—QUEBEC, 1883.

1. For the purposes of this Act, the Province of Quebec shall be divided into two sections, which shall be known as "The Quebec Section," and "The Montreal Section;" which sections shall respectively comprise such judicial districts as the Lieutenant Governor in council may be pleased to specify.

It shall be lawful for the Lieutenant Governor in Council to appoint, during pleasure, an Inspector of anatomy, for each of such sections, and a Sub-Inspector of anatomy for each judicial district, except for those of Quebec and Montreal, in which the office shall be filled by the Inspector of anatomy; but the Inspectors, so appointed, shall not be connected in any manner with any University or School of Medicine.

2. The body of every person, found dead and publicly exposed, or of any person who, immediately before his death, was supported by some public institution, receiving a grant from the provincial government, shall, through the Inspector or Sub-Inspector of anatomy, be delivered to the universities or schools of medicine in this Province, to be used in the study of anatomy and surgery, unless such body be, within

twenty-four hours after death, claimed by persons, solemnly affirming, before the Inspector or Sub-Inspector of anatomy, in the discretion of these officers, that they are relatives of the deceased within the degree of cousin german inclusively.

3. Every superintendent or director of a public Institution so receiving public money, in which one of the patients in his charge shall have died, shall, within forty-eight hours of the death, notify the Inspector or Sub-Inspector of anatomy thereof.

Every coroner, whether he does or does not hold an inquest on any body found publicly exposed and unclaimed, shall also immediately notify such Inspector or Sub-Inspector thereof.

In no case shall a body, unclaimed as aforesaid, be delivered up, except upon the order of the Inspector or Sub-Inspector of anatomy, and to the person who shall be mentioned in such order, except in the case of death from contagious disease, the fact of which is established by a physician.

4. The notice, given to the Inspector or Sub-Inspector of anatomy, in virtue of the preceding section, shall set forth the names and surnames (if known), the sex, age, status, religion, nationality, occupation, date of decease and the illness or other cause of death of the deceased.

The Sub-Inspector shall :

(1) Forthwith transmit to the proper section Inspector the notice which he has received, as well as the corpse which has been delivered to him, and

(2) Deliver the corpses at his disposal to the Inspector of anatomy of his section only, under a penalty of a fine of fifty dollars for each corpse otherwise delivered.

5. Each Inspector of anatomy shall :

(1) Keep a register, in which he shall enter at length the notices he shall receive under section 3 of this Act, as well as the name of the university or school of medicine to which he shall have delivered a corpse;

(2) Impartially distribute to the universities or schools of medicine, each in their turn and in proportion to the number of students in each of them, the bodies so placed at his disposal;

(3) Not distribute any bodies except to the universities or schools of medicine in this Province in conformity with the provisions of this Act, under penalty of a fine of fifty dollars for each body otherwise delivered;

(4) Carefully inspect the dissecting rooms, at least once a week, and order that, after dissection, the remains of each body be removed and decently interred in a cemetery belonging to the religious denomination of the deceased.

6. The superintendent or Director of every University or school of medicine shall also keep a register, in which he shall enter the names and surnames (if known), the sex, and the date of the reception of every body supplied to him by the Inspector of anatomy, as well

as the date at which such body is delivered to the said Inspector for burial, and the name of the cemetery in which the remains were buried after dissection.

7. Every University or school of medicine shall pay to the Inspector of anatomy, in addition to the cost of transport and burial, a sum of ten dollars for every body delivered, and the Inspector shall pay to the Sub-Inspector, for every body which the latter shall deliver to him, the sum of five dollars over and above the cost of transport.

8. Every superintendent or director of a public institution, receiving a grant from Government, and every coroner who shall knowingly omit or who shall neglect or refuse to comply with the provisions of this Act, and every university or school of medicine, which shall receive bodies in its dissecting rooms or allow the dissection, within its establishment, of bodies which have not been supplied to it by the Inspector of anatomy, in accordance with this Act, shall, upon a complaint to that effect before a Justice of the Peace by the Inspector or Sub-Inspector, be liable to a penalty of not less than one hundred and not more than two hundred dollars for each offence; and the amount of such penalties and costs of suit shall be retained by the Provincial treasurer out of the then next grant which such Institution, University or school of medicine is to receive, or shall be retained from the emoluments which may become payable to such coroner, as the case may be.

9. Whenever, under the provisions of this Act, a body has been delivered, before burial, to a school of medicine or a university, the Inspector or Sub-Inspector of anatomy, who shall have delivered it, shall be bound to appear within eight days, in the place where the death occurred, before the *curé*, priest or minister of the religious denomination, to which the deceased belonged, and to cause to be entered, upon the register of civil status, a certificate of death, which shall have the same effect as the certificate of burial and take the place thereof; and in default of his so appearing, he shall incur, for each omission to do so, a fine not exceeding fifty dollars.

Such certificate shall state the day of the death, the names and surname, the status, calling, and age of the deceased, the name of the institution in which he died or the place where he was found, and it shall be signed by the Inspector or Sub-Inspector of anatomy, as the case may be, and by the person making out such certificate.

10. Every Inspector of anatomy shall make to the Provincial Secretary, on the first day of October in each year, a general report of his operations.

Birth.

McPHEDRAN—At 7 Wilton Avenue, on November 3rd, the wife of Dr. A. McPhedran of a son.

NEVITT—At 168 Jarvis Street, on January 16th, the wife of Dr. Nevitt of a daughter.