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THE

# Canadian Practitioner

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**TORONTO, MAY, 1885.**

## Original Communications.

### EMPHYEMA.

BY A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.,  
TORONTO.

(Formerly of Fredericton, N. B.)

#### CASE I.

1879, Oct. 9th. J. S., aged 9 years, male—Patient was brought to my office from the country to-day, with the following history: Five months ago had an attack of illness, accompanied with fever and pain in left side. After a few weeks got somewhat better, and was able to go out of doors as usual. About two months ago had a renewal of attacks, and this was accompanied with, and followed by a chilly feeling every afternoon. The latter has continued up to the present time. For the last six or seven weeks has been under homeopathic treatment, the physician stating that the left lung was "hardened," and giving the parents little hope of recovery.

*Present condition.*—Fairly nourished; has a slight, dry cough; pulse, 124; temp., 101.5°. On examination—apex beat of the heart to right of sternum; veins over left chest are fuller than normal; if anything, right side of thorax measures more than left; perfect flatness over two-thirds of left side of the chest; line of dulness seems to change a little with change of position; little or no respiratory sound over dull part; ægophony at middle of posterior left thorax; no râles anywhere.

Patient was sent to a boarding-house in the town, whither I soon followed. Chloroform being given, I thrust needle of aspirator into lower left axillary region, and twenty-four ounces of thick greenish pus was withdrawn. Puncture covered with a bit of adhesive plaster.

Oct. 10. Is dressed and sitting up; vomited a little after chloroform; temperature normal; respiration heard fairly all over left side, accompanied by moist friction sounds; considerable dulness still present on percussion.

Oct. 12. A little more restless last night than he has been since operation; pulse, 116; temp., 99°; has not had his customary chills and feverishness since tapping.

Oct. 15. Since last report fever has again manifested itself in afternoons; pulse, 128; temp., 100.5°; dulness over left side is about the same as at first; little respiratory sound got over dull portion of chest.

*Operation.*—Chloroform; opening made, under carbolic spray, between sixth and seventh ribs in axillary region and rubber drainage tube inserted; about sixteen ounces of pus flowed out; carbolized-oil dressing, and over it a pad of oakum.

Oct. 16. Slept fairly well without opiate; some vomiting; pulse, 112; temp., normal; side dressed last evening and this morning.

Oct. 19. Doing well; pulse, 110; temp., 99°; side dressed once a day now; urine is dark and smoky.

Oct. 20. Urine as it was yesterday; carbolized gauze substituted for the carbolized-oil dressing. There is less than one ounce of dis-

charge in 24 hours. Patient is up and about the house.

Oct. 22. Urine much improved in appearance since change of dressing; pulse, 108; temp., 98°; was out of doors yesterday in the sun.

Oct. 26. Doing well; pulse, 112; temp., normal; appetite has been voracious for last few days; oakum dressing alone used.

Oct. 30. Has been playing out of doors for an hour or more a day since last report; parents wish to take him home; may do so.

Nov. 15. Brought into town to see me to-day; has gone about almost as if well since he has been away; appetite excellent; temp., normal; not much change in quantity or character of discharge since last report, about half an ounce in the twenty-four hours; never has had any cough since operation; heart beats in about its normal place; probe passes three-and-a-quarter inches in an upward direction; a smaller drainage tube inserted.

1880, Jan. 5. Again brought to see me. For several weeks the discharge has been very slight, and, according to directions, his mother has shortened tube several times till now it is not more than an inch long. Patient looks the picture of health; probe enters one and a-quarter inches; a very small drainage, one inch in length, put in; granulations touched with lunar caustic; tube to be removed altogether in a few days, if discharge continues slight.

May. Learned that boy soon got entirely well, and has continued so.

#### CASE II.

1882, Sept. 14. H. T., aged 2½ years, male; generally healthy; family history fairly good: Five months ago patient had a serious illness which was termed "congestion of lungs;" was very ill for seven or eight weeks, when he improved considerably. He did not, however, get quite well, but has remained for two or three months much the same, being emaciated, pale and weak, and not inclined to be down much on feet; he has had more or less cough from the first; of late it has been of a spasmodic character, and has lasted from a few minutes to an hour or more. There has been no *apparent* fever for the last few weeks, but he

sweats a good deal about head and neck at night.

About ten days ago he was sent by his attending physician (one of the leading practitioners in a neighbouring city) to Fredericton for a change of air.

I was first sent for to-day because of an unusually protracted and severe fit of coughing, which had lasted for two or three hours almost continuously; pulse is feeble and rapid.

*On examination*—Apex beat of heart found to *right* side of right nipple, although the heart sounds could be heard more or less distinctly over left side of chest; entire absence of respiratory sounds on front of left chest, but fairly audible posteriorly; on the right side there was an exaggeration of the normal respiratory murmur; no râles; vocal resonance heard more or less distinctly on left side, though rather faintly in axillary and pectoral regions; no ægophony; measurement about equal; left chest more prominent than right, and superficial veins over it enlarged; epigastric region unusually full and bulging.

*Chloroform* given, and needle of aspirator inserted just below, and an inch or more to outer side of, left nipple; sixteen ounces of thick greenish pus drawn off; a piece of adhesion plaster applied to puncture.

Sept. 15. No vomiting; rested well; not so much cough; pulse, 120; apex beat of heart to *inner* side of right nipple; left side of epigastric region less prominent; veins not so large; some respiratory sounds now heard over left front of chest.

Sept. 19. Has had very little cough since he was tapped, but physical signs of effusion are returning.

Sept. 28. Cough has been worse for a few days; pulse, 136; temperature cannot well be taken on account of nervous fear of patient; much the same as previous to operation as to physical signs.

As I had got out of gauze dressing, and did not care to use carbolized oil on so young a child, I again aspirated side as before, about the same quantity of pus being removed.

Sept. 29. Much brighter to-day; pulse, 120.

Oct. 2. Cough has not been so much relieved as after first operation; pulse, 120; some

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classes: those connected with a lesion of the central nervous system and those where there is local irritation. In central disease of the nervous system the seminal emissions may be but a symptom of the disease.

Trousseau says that the existence of locomotor ataxy is often announced by spermatorrhœa. It may occur in subjects of mental disease and in those who are hereditarily predisposed to such disease; in these cases it is usually accompanied with polyuria—and in general paralysis of the insane which appears to be the result of sexual excess, whether in single or married life, there is frequently spermatorrhœa.

There are many conditions giving rise to local irritation which may occasion seminal discharge—ascarides, pruritus ani, elongated prepuce, herpes præputialis, stricture, hæmorrhoids, anal fissure, orchitis, constipation, and any cause which produces a determination of the blood to the sexual apparatus. Local irritation induced by sexual excess and masturbation causes an increased flow of blood to the parts, which may, and frequently does, give rise to a catarrhal condition of the prostatic portion of the urethra, and hyperæmia and hyperæsthesia of the same.

Endoscopic examination is attended with many difficulties, depending on the character and duration of the disorder. The patients are generally extremely sensitive even to the appearance of instruments. Grünfeld, a most accomplished and enthusiastic endoscopist, says that in persons who have been addicted for some time to the practice of masturbation, there is marked hyperæmia of the veru montanum; its bright red colour contrasts strongly with the dark shading of the upper urethral wall. The mucous membrane presents a catarrhal, swollen appearance and bleeds readily. The orifices of the ejaculatory ducts are more prominent and the edges thicker than normal. The mucous membrane pours out a cloudy secretion, which, on microscopic examination, was seen to contain pus corpuscles, pavement epithelia and an occasional spermatozoon.

Are we not warranted in considering from endoscopic appearances that the prostatic portion of the urethra is at fault, and in applying those remedies which are found to allay a

chronic inflammatory condition in mucous membranes of other parts?

Experiments recently made on animals in the laboratory of Prof. Basch prove that irritation of the genital organs causes a marked lowering of blood pressure and a decrease in the temperature.

The treatment consists in removing the source of irritation, in giving tonics and certain drugs which reduce reflex irritability and augment arterial tension. Belladonnæ has been found by some to act beneficially. It causes a diminution in the secretion from the testicles and assists in reducing reflex irritation. When the hyperæsthesia is marked, unmedicated gelatine bougies, or bougies of cocoa butter containing extracts of belladonnæ and opium, may be used, and when the irritation is lessened the metal sounds can be brought into play, or what answers a better purpose, the "cooling sound." This instrument was introduced by Prof. Winternitz. It is a metal closed catheter, having two extra vesical openings and with a partition extending down the centre to within an inch of the bill of the catheter. Its calibre is about 9 English. Two pieces of tubing are attached to the openings. The catheter having been introduced, one tube is placed in a reservoir on a higher level than the catheter, while the second portion, attached to the other opening, has its end lying in a receiving vessel on a lower level. By sucking the lower portion of tubing a little, the water flows through the divided sound, imparting to the surface in contact with the instrument a uniform coldness, and it also exerts a pressure on the prostatic portion. The water should be warm and gradually reduced to cold. This "cooling sound" may be allowed to remain in from five to thirty minutes. When there is less hyperæsthesia, deep injections of a 3 or 5 per cent. solution of nitrate of silver may be made—the injecting syringe of Ultzmann seems to be the best. VanBuren and many others are of the opinion that the use of the solid nitrate of silver, as applied by Lallemand, is not justifiable, for fear of including the orifices of the ejaculatory ducts in an eschar and permanently obliterating them.

There is said to be considerable smallpox in Montreal.



## Selections.

### PROF. NOTHNAGEL'S IDEAS ON THE TREATMENT OF FEVER.

On the occasion of Dr. v. Jaksch presenting his experiments with thallin, the new antipyretic, to the College of Physicians, of Vienna, Prof. Nothnagel, one of the most eminent physicians in Europe, addressed the society on the abuses in treating typhoid fever and all other fevers. The great error of the day, he said, is, that the physician thinks the fever is to be reduced at all cost. If a physician is called to a patient and he finds an increase of the normal temperature, yet is unable to form a diagnosis at once on account of the absence of other symptoms—he orders quinine or another antipyretic, while in order to avoid risk to the patient, a small dose only of quinine is prescribed. But what is the benefit of such treatment? Does quinine act antipyretically in doses of 10 or 15 grains per diem? Certainly not; such medication cannot but injure the patient. Fever is by no means a phenomenon which has to be treated at all hazards, like its local occurrence in inflammation, for instance. Fever is one of those beneficent reactions that are compensatory in their nature; it is a bridge, as it were, for the transition of the diseased organism to its prior state of health. He referred to the interesting researches of Metchnikoff, according to which micro-organisms were prevented from propagating themselves by an elevated temperature. A reduction or entire abatement of the febrile temperature does not shorten the duration of a disease a single day. Some typhoid affections, indeed, which without any therapeutic interference proceed without fever, prove fatal from other intercurrent causes. Cases of persistent or very high febrile temperature only call for an antipyretic treatment. —*Wiener Med. Woch.*—*Therapeutic Gazette.*

### A NOVEL ANTIPYRETIC TREATMENT.

Dr. Stephan, of Ilsenberg, has proposed a novel method of reducing febrile temperature by the application of ice bags to the neck and supra-clavicular space, made so as to fit closely to this region. The great number of large superficial vessels in this locality of course

renders the latter peculiarly eligible for this topical application. Stephan has treated several typhoid fever cases in this manner, and never had to deal with high temperature nor grave nervous symptoms. The simplicity of the treatment and ease of its application, ought to induce to a trial of Stephan's method.—*Allg. Med. Central Zeitung.*—*Therapeutic Gazette.*

### RARER ACCIDENTAL EFFECTS OF SALICYLATE OF SODIUM.

The extensive use made of the above medicine, and the large doses now administered, make it desirable that the rarer accidental effects should be widely known, especially as they simulate the symptoms seen in the eruptive fevers, are of a very grave nature, and have in a few instances led to a fatal issue. The more common symptoms—profuse perspiration, headache, tinnitus, vertigo and delirium of a highly exciting nature, nausea, vomiting, and diarrhœa—are well known. In the *Medical Chronicle* for December, Dr. Dreschfeld calls attention to the rarer effects, such as rise of temperature to 104° or more, erythema and urticaria, dyspnœa with great oppression and anæurosis. He reports several cases in which one or more of these symptoms followed ordinary doses. In one case in which the salicylate was given in nephritis after diphtheria, the above symptoms appeared in an alarming manner. It looked like a case of pyæmia and pyclitis. When quinine was substituted in a few hours there was marked improvement. A day or two after salicylate was again given and produced the same alarm. The drug was again stopped and the patient improved. Twice after this an attempt was made to give the salicylate, but each time the idiosyncrasy seemed to increase, and it had to be abandoned.—*Therapeutic Gazette.*

LOCAL SWEATING BY Pilocarpine. — Dr. Baux, of Lyons, in his *Thèse inang.*, shows that the action of pilocarpine can be limited to local sweating. He used one or two drops of the nitrate solution, equalling  $\frac{1}{4}$  to  $\frac{1}{8}$  grain. Aubert made the following experiment: After placing a few drops of weak solution of pilocarpine in a glass of water, he plunged the point of a needle in it and pierced his skin. Small drops

of sweat appeared at once over the region of the lesion, covering a zone as large as a franc piece (quarter). There was no salivation, lachrymation, or reduction of the arterial tension. Dr. Baux claims that this method of using pilocarpine is applicable to all local congestions and inflammations.—*Therapeutic Gazette.*

### THE TREATMENT OF PHTHISIS.

The treatment of phthisis is thus detailed in the *Edinburgh Medical Journal* by Dr. F. P. Atkinson :

First, then, I would say, it appears to me of little or no consequence what form of phthisis we are called upon to treat, and that the following remedies will be found suitable, with slight alteration, in all stages of the disease. Give syrup of the lacto-phosphate of lime and iron one drachm (concent.); tincture of nuxvomica five minims; tincture of calumba fifteen to twenty minims, with a little essence of lemon and water to the ounce, three times a day. A teaspoonful of pancreatic emulsion carefully mixed with water, or teaspoonful of Lœflund's condensed cream emulsion, or half a pint of koumiss once or twice a day. If the appetite is bad to start with, keep the patient well supported with Brand's essence of beef, or better still, Valentine's meat juice, and milk; and if stimulants are necessary, give half a sherry glassful of St. Ræphael wine twice a day. Paint the chest morning and evening with tincture of iodine till sore, then omit for a time, and afterwards commence the painting again. If there is much sweating at night inject a hundredth part of a grain of atropia subcutaneously, or, especially if the cough is very troublesome, give ten grains of Dover's powder at bedtime. In the commencement of an acute attack, or when any outburst of pyrexia occurs, it may be necessary to give large doses of quinine and digitalis (as much, for instance, as two grains of the former, and five or seven minims of the tincture every two hours), in order to bring down the temperature; but still it must be remembered that treatment to be successful must be directed towards a general increase of nutrition. This holds good whether phthisis be proved to be due to germs

or not. If there is much hæmoptysis, give either some hazeline or acetate of lead and opium. When vomiting has been a very urgent symptom, I have found Dr. Hughes Bennet's treatment of great service, viz., ten minims of medicinal naphtha, one drachm of the compound tincture of cardamoms and camphor mixture to the ounce, to be taken every four hours.

In most cases I have been able to get on very well without inhalations, but have no doubt they might here and there—such as, for instance, where there are very large cavities—prove of very great service. It is astonishing how many really bad cases improve under the above method of treatment; but it is, unfortunately, not altogether suited to the poor on account of the expenses which it involves, yet even they, with continued use of the lacto-phosphates, not unfrequently undergo very material improvement. I consider the lacto-phosphates in every way preferable to the hypophosphites, and there can be no doubt we are deeply indebted to Dr. Dusart for such useful and extremely pleasant remedies. As he says, "they act as excitants of the nutritive functions, ensure digestion, bring back or increase the appetite, and generally improve the vital energies.—*Weekly Med. Review.*"

### THE TREATMENT OF LOCOMOTOR ATAXIA.

Some recent communications (Schmidt's *Jahrbücher*, Nov. 28, 1884) on the treatment of tabes, seem to warrant the hope that the gloomy view formerly held of the value of therapeutic measures may be dissipated. Enlenberg, whose diagnostic powers on this disease will not be questioned, has reported five well-marked cases in which an almost perfect cure was obtained. One woman, 45 years of age, after treatment by hot water in Chapman's bag to the spine, and galvanism, improved greatly, and this improvement became still more marked when nitrate of silver was added to the treatment. In eleven months the only remaining symptom was paræsthesia of the right foot, and after five years a well-marked knee-reflex could be detected. Eight years later the patient was still in perfect health.

Enlenberg shows that, as a rule, no benefit can be expected from the internal administration of nitrate of silver, for the salt is decomposed, and forms an insoluble compound in the alimentary canal. The subcutaneous use is accordingly recommended in  $\frac{1}{4}$  to  $\frac{1}{2}$  per cent. solution of nitrate in 1 per cent. solution of the phosphate of silver, or in the form of solution of the albuminate. The latter causes less irritation. With this treatment should be combined sulphate of strychnia in 1 per cent. solution subcutaneously, and the application of heat to the spine; or, the nitrate may be made into pills with white clay, given on an empty stomach and followed by the drinking of milk. This forms an albuminate which is readily absorbed. —*Abstract from Therapeutic Gazette.* R. Z.

#### THE ABORTIVE TREATMENT OF DIPHTHERIA.—

In a brief communication to the *Berliner klin Wochenschrift*, for January 25, Dr. Coestes, of Bierbrich, adds his testimony as regards the efficacy of the abortive treatment of diphtheria by calomel. He has recently treated five cases, including his own, by the administration of 15 grains of calomel, generally in three doses, closely repeated. Only one terminated fatally, and in that the trachea was so much obstructed when he was called, that tracheotomy seemed inevitable. Succeeding the administration of calomel, however, with frictions of mercurial ointment and inhalations, the dyspnoea grew much less. Ultimately, however, the operation was performed, and the child died on the seventeenth day. The remaining cases all recovered, and Dr. Coestes justly says no one can take it amiss if he, in consequence, has had his faith in the abortive treatment strengthened. —*Med. News.*

#### HAMAMELIS VIRGINICA AS A HÆMOSTATIC.

In the *Journal de Médecine de Paris*, Jan. 24th, 1885, Dr. Cazenave de la Roche contributes a clinical note on the action of hamamelis on dilated veins and as a hæmostatic. After reciting a case of a man, aged 35, who had suffered from atonic gout, pleuro-pneumonia, and finally phthisis, with all its characteristic symptoms, and who suddenly was

attacked with violent hæmoptysis, which, after twenty-four hours, became passive, he says: "In endeavouring to control it, I exhausted all that the pharmaceutical arsenal contained of astringents, revulsives, even hypodermic injections of ergot. Vain efforts. At the end of my resources, and recollecting the elective affinity that Hamamelis Virginica seemed to have for the venous system, and which I had already recognized in another case, I gave the patient 25 drops of the tincture of the flowers of hamamelis, to be taken every hour in a tablespoonful of water. At the fifth hour the hæmoptysis closed as by magic. I nevertheless continued at longer intervals. The hæmoptysis did not return. The elective affinity of hamamelis for the venous system became known to me by its astringent resolute action on the varicose veins of the posterior part of the pharynx in phthisical patients, and which cause so much of the painful discomfort that they feel in the throat.

Tincture of hamamelis has also rendered me valuable service in the menorrhagias which so frequently accompany the menstrual epochs in anemic and chlorotic women.

In conclusion, I will call attention to the resolute action of this remedy in local phlebitis, such as varicose veins of the leg, phlegmasia dolens, etc. As to its affinity for the venous system, I leave it to the chemists to decide if we should attribute it to the tannin or to some other constituent part of the plant. The clinical view alone interests the physician."

R. Z.

BACTERIA AT DIFFERENT ELEVATIONS.—Miquel gives us the following interesting table of the number of bacteria found in ten cubic metres of air, taken as nearly as possible at the same time in July, 1883:—

| Bacteria per 10 Cubic Metres.                         |          |
|---|----------|
| 1. At an elevation of from 2,000 to 4,000 metres..... | None.    |
| 2. On the lake of Thun (560 metres)                   | 8.0      |
| 3. Near the Hotel Bellevue (Thun, 560 metres).....    | 25.0     |
| 4. In a room of the Hotel Bellevue,                   | 600.0    |
| 5. In the Park of Montsouris, near Paris.....         | 7,600.0  |
| 6. In Paris itself (Rue de Rivoli) ..                 | 55,000.0 |

—*British Medical.*

ADDISON'S DISEASE.—At the autopsy made on a man, aged 33, who died in convulsions a year and a-half after the colouring of the skin commenced, the ventricles of the brain were found filled with serous fluid; the supra-renal capsules small, filled with detritus and fat cells, their walls thickened. The examination for micro-organisms was fruitless.—*Wiener Med. Woch.*

THE INFECTIOUSNESS AND BACILLARY ORIGIN OF LEPROSY are claimed to be established by Drs. R. Melcher and P. Ortmann, of Königsberg. These gentlemen have succeeded in inoculating the disease in rabbits.—*N. Y. Med. Record.*

#### DEBOVE'S TREATMENT OF GASTRIC ULCER.

Dr. Henry B. Millard in the *N. Y. Medical Record*, Jan. 31, calls attention to the new method of treatment of gastric ulcer suggested and practised by M. Debove.

His idea is to spare the stomach the necessity of excessive muscular action, giving rest to the ulcer; to modify the acidity of the gastric juice which is really a caustic irritant to the ulcer, to use food which does not require peptonization in the stomach but can be wholly digested in the small intestines.

Having found the milk diet as usually ordered to be sometimes disadvantageous by distending the stomach and causing hæmorrhage, and to be generally inefficacious, he made a trial of nutritive powders, condensed milk, etc., and found them more satisfactory.

He then conceived the idea of relieving the stomach entirely of the chemical part of digestion by neutralizing the acid of the gastric juice with bicarbonate of soda administered with the nutritive powders of beef and milk.

He showed that the gastric juice does not act upon such alkaline ingesta, but that they pass on unaltered into the duodenum, where the pancreatic juice peptonizes them.

Practical results have demonstrated the correctness of his theorizing, and some very

remarkable cures evidence the therapeutic skill of M. Debove.

He first washes out the stomach with simple water to free it from acid. On account of the danger of hæmorrhage this operation should be performed by the physician himself or under his immediate oversight, and should be stopped at once in case the water is tinged with fresh blood, but otherwise is continued until it returns quite clear. M. Debove employs for this purpose a modification of Faucher's tube. After washing out the stomach he administers twenty-five grammes (6 drams) of the *poudre de viande* with ten grammes (2½ drams) of bicarbonate of soda mixed with milk to the consistence of cream. If this proves so disagreeable that the patient cannot take it otherwise, he administers it by the tube. As the quantities of bicarbonate of soda ordered sometimes cause inconvenience by irritating the stomach, causing painful eructations, etc., he then gives smaller doses of the alkali.—*St. Louis Courier of Medicine.*

#### EMERSON THE SUBJECT OF APHASIA.

Dr. W. Ainslie Hollis, in a letter to the *Lancet*, says that Ralph Waldo Emerson (whose biography Dr. Oliver Wendell Holmes has just written) suffered during the last ten years of his life from well-marked symptoms of aphasia. Mr. Conway says: "There was something striking in the kind of forgetfulness by which he suffered. He remembered the realities and uses of things when he could not recall their names. He would describe what he wanted or thought of. When he could not recall a 'chair,' he would speak of that which supports the human frame; and 'the implement that cultivates the soil' must do for a plough." The conclusion of the letter is as follows: "This account of the ailment of the great American essayist is interesting from a medical standpoint, showing, as it plainly does, how an active brain will overcome apparently insurmountable physical difficulties due to localized disease of its substance. In the present instance I take it that this result was effected by utilizing circuitous efferent nerve tracts in the healthy tissue around the lesion."—*Gailliard's Med. Journal.*

HOW TO ADMINISTER SANTONINE.—Kuechenmeister has shown that lumbrici lived in a mixture of albumin, santonine, and water, but they succumbed in a few minutes to an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches are not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture which is slowly absorbed in the intestines. In any other mood it has a toxic effect with many, but given with ol. ricini is not disagreeable, and very efficient.—*Medical Bulletin.*

AN OINTMENT FOR SYCOSIS.—Hans Hebra proposes the following formula ("Wiener med. Blätter;") which is a modification of one proposed by Wilkinson:—

|                      |                         |
|----------------------|-------------------------|
| Sublimed sulphur,    | } each .. 8 drachms.    |
| Oil of cade,         |                         |
| Soft soap,           | } each, ..... 2 ounces. |
| Fat,                 |                         |
| Prepared chalk. .... | 5 drachms.              |

After the hair over the diseased spot has been cut short, and the crusts have been taken away, rub in the ointment thoroughly, and apply a flannel bandage. The ointment should be applied daily, the affected hairs being carefully pulled out and the pustules emptied. The cure is said to be complete in about ten days.—*The Polyclinic.*

Fenwick's prescription for fermentative dyspepsia is as follows:

R. Acidi Carbol. (cryst.) - ʒj.  
Glycerinæ, - ʒiv.

Sig. Dose—Five to ten minims in mint water.—*Brit. Med. Journal.*

### COCAINE IN FISSURE AND CRACKED NIPPLES.

Dr. Marfaud, in a case of fissure of the base of the nipple, in which nursing was accompanied by almost insupportable pain, painted the fissures with a twenty per cent. solution of cocaine muriate, carefully drying the excess of moisture with a compress, and at once applied the child to the breast. The severe pains were

now barely noticeable. The anæsthesia supervenes almost immediately after applying, and disappears in one or two minutes.—*Journal de Médecine de Paris.*  
R. B. N.

### ARE HUMAN BITES POISONOUS?

"The comment of the *Lancet* on a case of alleged death following the bite of an epileptic patient, suggests the inquiry as to whether such bites are followed by more disastrous effects than wounds of any other character. There is some evidence to show that such is the case. It is a well-known fact that the tendency of deep emotions, such as fear, anger, etc., is to produce changes in the character of the secretions, the nature of which we do not yet understand. An example of this is the fatal effects upon children of milk nursed from mothers who were suffering from intense mental disturbance. In addition, it has been remarked by those having a large experience, that cellulitis is very apt to complicate wounds inflicted by the human teeth. Abrasions of the dorsal surface of the fingers caused by blows against the teeth seem especially apt to take on an unhealthy aspect. Whether this be due to the locality of the injury, the constitution of the patient, or some peculiar poison with which the wound had been inoculated at the time, it is impossible to say. Sometime since, Pasteur made the discovery that human saliva possessed poisonous properties, but whether his experiments have since been verified we have not learned. Many will doubtless hesitate to accept his conclusions, especially if they have not met with cases of this nature. Others will be led by their experience to unhesitatingly accept them, for practically as well as theoretically, the theory that under certain conditions the bite of the human being is dangerous is a very plausible one.

### HOW MUCH SHALL THE DOCTOR BE PAID?

BY HENRY A. RILEY, ESQ.

In considering the question of the amount of compensation due the physician or surgeon for his professional services, there are two or three preliminary points which require an answer

favourable to the practitioner. There must be no doubt as to the fact of the services being faithfully and skilfully rendered, and the charge of malpractice must not be raised against him. If there is a question as to the skilfulness of the treatment, the compensation may be seriously cut down, or if an improper or harmful mode of treatment has been adopted, the right to any compensation at all may be denied, and the patient allowed to recover damages instead.

Under the usual circumstances, however, of skilful treatment the interesting question presents itself of the amount which the physician can properly ask from the patient.

It may be said at the outset that there is no legal rule requiring all practitioners to accept the same fees for the same services. The professional eminence and knowledge of some members of the guild makes it proper for them to ask and to receive higher rates of compensation than those given to young and inexperienced men. This is a sound principle in law and in common-sense, and will be respected by courts and juries. The importance and delicacy of an operation or mode of treatment are, of course, to be considered in estimating the amount of a charge. The wealth of the patient is also an element to which some weight can be given, and within proper limits larger charges, based upon this consideration, will, no doubt, be allowed by the courts.

It occasionally happens that a physician will make an agreement with his patient to make no charge unless a cure is effected. Such an agreement is a foolish one on the part of the physician, as it obliges him to take the risk of contingencies which may be absolutely beyond his control. The physician has no infallible knowledge which will enable him to predict with positive certainty the outcome even of a slight ailment, and much less is this true of the result of more serious ones. The promise, then, is objectionable in itself as presuming upon the prerogatives of a Power higher than that of the physician. In addition to this the risks of such a promise are needless.

If a promise of this kind is made, however, the physician will be held to it absolutely. Nothing will excuse the failure to effect a cure.

In the case of *Smith vs. Hyde*, 19 Vermont, 54, the physician made this agreement with his patient, and afterward during the course of the treatment, feeling uncertain about his payment, asked the patient's son for some security. A written guarantee was then given by the son, and when payment was refused suit was brought upon this guarantee. It was shown on the trial that a cure had not been effected, and although the guarantee made no reference to this agreement and did not seem to have been made in connection with it, the Court held that there could be no recovery. The guarantee must be construed in subordination to the "no cure no pay" agreement. When there is no express promise to pay a fixed amount for a physician's services, and this is usually the case, the law implies a promise to pay what is reasonable. The gauge of what is reasonable is largely in the physician's control, but when a dispute arises a jury becomes the final arbiter, and the practitioner is obliged to accept its estimate of the value of his services. As juries are uncertain bodies, at one time giving large verdicts, and at another cutting down the recovery to meagre limits, it can hardly be said that the physician has any way of accurately forecasting the result of a suit.

Juries in the city will be likely to give a higher rate of compensation than similar bodies in the country, and the professional position of two physicians may be so diverse that very different amounts may be given in the two instances for exactly the same services.

It may be said that the tendency of the average juryman is to give the physician less than he asks. Perhaps this is done for personal reasons and because the juryman knows that sooner or later he will be obliged himself to receive a physician's bill; and he wishes to impress the profession by his verdict, for his own advantage, with the idea that small bills are preferred to large ones.—*N. Y. Med. Journal*.

#### AN UNGRATEFUL PATIENT.

A M. Bouley injured his finger, a physician was called in, blood-poisoning ensued, and several eminent hospital surgeons were in consultation. M. Bouley recovered. M. Bouley had

been a health-officer and had practised medicine. His attendants, therefore, rendered no accounts for their services. M. Bouley summoned them before the police court, complaining that he had been maltreated, that his body had been covered with incisions, and his flesh stuck up with drainage tubes, and himself generally made the subject of experiments, and claimed 20,000 francs damages. The judges, however, dismissed the complaint, and condemned the plaintiff to pay the defendants 12,000 francs.—*Journal de Médecine de Paris.* R. B. N.

#### OVARIAN TUMOUR TWISTED FIVE TIMES UPON ITS PEDICLE; REMOVAL; RECOVERY.

Dr. James B. Hunter presented the specimen, from a patient who was first examined about the middle of December, at which time it was doubtful whether there was a tumour or not. It was quite evident at the next examination, early in January, that there was an ovarian tumour. The patient reported rather suddenly in February that she was suffering acute pain, and entered the hospital. The symptoms pointed to commencing peritonitis, and an operation was done in advance of the appointed time. The cyst was found covered with very large veins, and the least prick was followed by copious hæmorrhage. There was strangulation from twisting of the pedicle upon itself five times. Hæmorrhage had taken place into the wall of the tumour. The temperature and pulse-rate soon became normal, and the patient made a good recovery. Had the operation been delayed a day or two longer, the prognosis would have been much more doubtful.—*Proceedings New York Path. Society: New York Medical Journal.*

Mr. Jonathan Hutchinson reports a case of lupus erythematosus cured by the internal administration of arsenic. The drug was given in doses sufficient to produce some of the physiological effects, and was continued for some time.

#### LARYNGEAL AFFECTIONS—DOBELL'S SOLUTION.

Acidum carbolicum pura . . . ℥ xxx.  
Sodii bicarbonas  
Sodii boras pulv . . . . . āā ʒj.  
Glycerinum . . . . . ʒj.  
Aqua . . . . . q. s. ad Oj.

Dr. Thomas D. Hughes, of the King's County Hospital, states the above formula is as originated by Horace Dobell, of London, England.

Dr. Hughes, speaking from experience, says: It is very-pleasant, soothing disinfectant and cleansing wash for the nose and throat, used by catarrh and laryngitis patients.—*Phila. Drug News.*

BLEEDING IN DRUNKENNESS.—A case is reported in the *Medical Press* of February 18th. A man was brought to the hospital dying from acute alcoholism. The breathing stertorous, the face swollen and livid, and the pulse intermittent—pupils insensible. With the stomach-pump a large quantity of spirits was removed; sinapism put on legs and neck, and strong coffee injected into the stomach; but as he gradually became worse, and finding life ebbing away, Dr. Cranny opened the medium cephalic vein. Immediately after the blood began to flow, the respirations became easier, and the heart's action steadier, and as soon as about ten ounces had been taken consciousness returned. He left the hospital perfectly well.

A case of asthma in a child, age seven, is reported, which was only relieved after a large accumulation of cerumen was removed from the ear.

#### A CASE OF STRICTURE OF THE URETHRA IN THE FEMALE.

BY M. LE DR. PICARD.

In July, 1883, a widow, aged 53, complained of frequent desire to pass water, pains at the end of micturition, and a feeling of weight in the abdomen sufficiently severe to prevent her following her occupation as domestic.

The uterus and vagina were healthy; but the vicinity of the urethra appeared of a dull red colour, and covered with vegetations two or

three millimetres long. The canal is covered with similar vegetations, but much larger and longer. I shaved off the vegetations surrounding the urethra, and then dilating the urethra, I seized with tenaculum forceps the vegetations on its mucous membrane, and removed them with long-pointed scissors. To complete the operation and stop hæmorrhage, I cauterized thoroughly with nitrate of silver. Unfortunately, vegetations were torn off with the slightest traction, and my operation was in no way radical. The same manœuvres repeated several times brought no better result. In February, the patient having been chloroformed, I cauterized the vegetations with the thermo-cautery brought to a cherry-red colour. The consecutive pain was trifling, and the same day the patient could follow her occupation. Nevertheless, the vegetations were not destroyed, and two more applications were made at monthly intervals, without giving rise to any other symptoms than followed the first.

Three weeks after the last cauterization, the vegetations had disappeared; there was no more pain; micturition had become normal.

In October, 1884, my patient returned with almost the same symptoms as at first, but in addition had great difficulty in micturition. The meatus is perfectly clear, smooth, of a normal colour but much enlarged, of a funnel shape, the apex being continuous with the urethra. This latter, quite narrow, has a diameter not larger than the head of a very small pin; it only admits of a bougie of one millimetre in diameter, which scrapes, but penetrates without much difficulty. Dilatation after several sittings reached seven millimetres. The patient had, in spite of that, difficulty in making water, which no longer exists two months after.

This case shows the ill effects of the nitrate of silver as an escharotic when used in the female urethra, and shows that the thermo-cautery, with the patient anesthetized, is safe and efficient, allowing the patient to follow her usual avocation at once. The only danger in its use is heating the cautery too much, *i.e.*, to a white heat. It should not be more than a dull red.

R. Z.

#### EXCISION OF A HARD CHANORE TWELVE HOURS AFTER ITS APPEARANCE.

An advocate, 28 years of age, applied to M. Rasori to examine a woman with whom he had had connection two days before, and who seemed to him to be diseased. The woman, in fact, showed very evident symptoms of syphilis. Put on his guard, the advocate watched himself very carefully; he saw nothing suspicious during twenty-seven days. The morning of the twenty-eighth, he perceived near his frenum a little spot, violet red, slightly elevated above the mucous membrane. Rasori excised it; the wound healed in twenty-five days, leaving an indurated cicatrix. Roseola appeared at the end of forty-five days.—*Gazette Hebdom.* R. Z.

#### A NEW ANTISEPTIC.

Some articles have appeared in recent numbers of the *Boletín Farmaceutico* of Barcelona, calling attention to a drug which seems to be well known in Spain, but which, not having been in the writer's opinion prescribed with due regard to its physiological properties, has disappointed many, and so has fallen into undeserved disrepute. The drug referred to is helenina, the active principle of *Inula helenium* (elecampane). It was formerly used for itch and herpes, also as an anthelmintic. It has now been found to have powerful antiseptic properties. Dr. Korab found that fifty centigrammes were sufficient to entirely arrest putrefaction in five litres of urine—*i.e.*, 1 in 10,000 parts. The writer of the articles has also made some experiments. A slice of veal sprinkled with a solution of 25 centigrammes of helenina in 2 grammes of alcohol, and kept at a temperature of 28° C., remained perfectly sweet for ten days, by which time it was completely dried up. An egg beaten up with 300 grammes of water, to which was added 30 centigrammes (about five grains) of helenina dissolved in two grammes of alcohol, remained unchanged at the temperature of 28° C. for six days. Another egg similarly beaten up without the drug, and kept at the temperature mentioned, rapidly decomposed, and in twenty hours emitted a strong odour of sulphide of hydrogen;



to this a solution of 50 centigrammes of helenina was added, and in a few minutes the offensive odour had disappeared, and the mixture underwent no further change. Similar experiments with urine, meat, and beaten-up eggs were made with carbolic acid, boracic acid, and salicylic acid, instead of helenina; but much larger proportions of these substances were required to prevent putrefaction, and none of them were capable of arresting commencing putrefaction of the egg, as helenina had done. Korab found that a few drops of a solution of helenina immediately killed the organisms in ordinary infusions, and also in cultivations of the tubercle bacillus. While the writer was working with helenina in his laboratory, he noticed that the bad odours usually present in the vicinity were replaced by the aromatic smell of the drug, due to the washings thrown away. He also noticed that insects, which were commonly very numerous, were at that time absent; even the mosquitoes were kept away from the whole house during the months in which they specially abound. The drug has proved most valuable in surgery as an antiseptic when carbolic acid and other agents had failed. It has been successfully given internally in malarial fevers, tubercular, infantile, and catarrhal diarrhoea; and it is expected to prove an excellent substitute for carbolic acid in the Listerian system of aseptic surgery. The dose is about a third of a grain in pill or mucilage, and the price about a penny a grain.—*Lancet*.

#### PARALYTIC OBSTRUCTION OF THE INTESTINE.

—Dr. G. Thibierge has described, in the *London Medical Record*, some cases of intestinal obstruction caused by paralysis of the muscular coats of the gut and consecutive retention of the fæces. This paralysis may occur after the reduction of a strangulated hernia, or after an attack of peritonitis, but it is more of an due to some nervous lesion. It is generally observed in old people suffering from habitual constipation. Vomiting is frequent when the obstruction has lasted some time, and often recurs every time the patient takes nourishment. The abdomen is much distended, and there may be a good deal of pain. When death occurs at that period, it is caused either by inanition or

by asphyxia. In some cases there is a temporary improvement, followed by fatal collapse. Generally, however, recovery takes place after the obstruction has been relieved. The best treatment consists in galvanization of the intestine.—*N. Y. Med. Record*.

#### ACETATE OF LEAD IN HÆMOPTYSIS.

From a series of carefully conducted observations regarding the action of sugar of lead in phthisis, by Dr. Biedert, we abstract here his most important opinions and results:

Lead has no favourable influence over the development of the phthisical process as such. The only symptom, the severity of which could always be abated, was the expectoration, which in six cases was reduced from great copiousness to one-half and even one-fourth the original quantity. This effect can justly be attributed to the contraction which lead produces in the small arteries and arterioles. The more important effect of lead of checking hæmoptysis of course depends upon the same power it exercises on the circulation. Biedert does not hesitate to designate the acetate of lead as the most powerful and reliable hæmostatic at our disposal, its promptness and energy having been tested by him with the most satisfactory results in seven cases of pythisis, two cases of chronic and one of acute pneumonia, and in a number of other affections. He insists upon doses of sufficient strength, such as three-quarters grain given every two or three hours, until the hæmorrhages stop; if straining and irritative coughs be present, opiates ought to be administered with the metal. In persistently returning paroxysms of hæmoptysis, Biedert advises a prolonged exhibition of the drug in decreasing doses. In a case of nephritis in a small boy, the sugar of lead acted with equal promptness in stopping the bleeding. Biedert states that he has never observed any systemic intoxication in quantities ingested as great as 75 grains. Only in one instance, a case of phthisis, after the use of 90 grains, he noticed decided symptoms of lead poisoning. Hence, this possibility should never be lost sight of in cases requiring a protracted use of the metal.—*Wiener Med. Woch.—Therapeutie Gazette*.

A NEW METHOD OF TREATING ACUTE INTESTINAL OBSTRUCTION.—There has recently been advocated and successfully practised a method of affording relief in cases of intestinal obstruction, which may become widely applied. Dr. Kussmaul was the first to advance the view that free washing out of the stomach might prove efficacious, and already cases of marked success following this measure have been published. In one case, after eight days' complete obstruction, and in another, after nine days, the symptom of fecal vomiting being present in each, the washing out of the stomach, and consequent evacuation of large quantities of fluid fecal matter from the upper part of the small intestine, resulted in complete relief from symptoms. The measure is compared by Cahn to the effect produced by laparotomy above the site of an obstruction; and the good result is explained on the ground that the evacuation of the distended bowel affords an opportunity for a spontaneous reduction of a herniated or twisted loop. The relief from the inordinate abdominal distention is very great, and, moreover, the disappearance of this distention favors palpitation for the purpose of diagnosis. Obviously, not every case of acute intestinal obstruction could possibly be relieved by this method, but the simplicity of the practice, the certainty of affording temporary relief, and the possibility of a cure are reasons for its sedulous adoption prior to proceeding to more serious measures.—*Lancet*.

#### THE USE OF ANÆSTHETICS.

In describing a case of double amputation for railway injury, Mr. Banks alludes to rapidity of operating as an element of prognosis. In this case the patient, a boy of ten years of age, had fallen from a train and lay in a tunnel all night in severe winter weather. He was apparently dead when brought to the hospital, but some signs of life appeared after a time. Subcutaneous injections of ether were given him (two of thirty minims each) and "he was placed on a mattress opposite a large fire and literally cooked into life again." Reaction had fairly set in by the evening. He was then taken into the theatre, "the smallest whiff of ether" given him, while the two injured limbs were removed

"with all the rapidity possible." Rough dressings of lint soaked in carbolized oil were applied, and the patient "was again in the ward on the mattress before the fire in less than fifteen minutes from the time of his removal." Space fails me to give the full history of this most interesting case, but I may say that the patient was attacked with "surgical scarlet fever," the urine became albuminous, the flaps opened up and refused to heal, and the bones protruded. The patient eventually recovered, a result largely due, Mr. Banks believes, to the speed with which the operations on him were performed. He remarks that in these days of anæsthetics the surgeon is apt to proceed too deliberately, forgetting that the patient, though not suffering pain is suffering shock—that "every minute of anæsthesia, every fresh incision, every lost teaspoonful of blood," lessens his chance of recovery. Mr. Banks goes so far as to say that in a thigh amputation for smash, the fact of the patient being on the table twenty minutes in one case, or forty-five in another, makes all the difference "between his crossing the bar and sticking on it." In the case just alluded to, the warm fire, subcutaneous injections of ether, the selection of ether as an anæsthetic, and the careful use of antiseptics, all no doubt aided in procuring the favourable result.—*Liverpool Letter, N. Y. Med. Record*.

#### THE GENESIS OF CANCER.

A marked increase in the death-rate from cancer during the latter part of the present century has for some years occupied the minds of several well-known pathologists in endeavours to reveal its cause. There is a pretty general agreement with regard to this disease that it is prone to arise out of prior morbid states which do not appear to be directly or necessarily related to it. It is evolved as a successor to innocent tumours, or in the track of an old inflammatory lesion. It rises apparently *de novo* out of mere senility or exhaustion of tissue, its permanently rudimentary type representing the best efforts of wearied nature to make good the daily wear of more perfect structures. On the other hand, cases occur in which, without impairment in any visible degree of vital power-

the energy of some local irritant appears to master completely the normal process of growth as to maintain its elements in the exuberant imperfection of the malignant tumour. Manifestly the same irritant acting on weak tissues is still more likely to work out its pernicious consequences. If we admit, therefore, as we consistently may, that tissue exhaustion, the result of toil, anxiety, or privation, and whether inherited or directly induced, affords a sufficient basis for the development of cancer, we need not look far into the history of our labourious age to find an explanation of a rise in its death-rate which at first may seem to be anomalous.—*Lancet*.

#### MARTIN RUBBER BANDAGE.

Dr. F. C. Martin, son of the late Henry A. Martin, who introduced the use of the pure rubber elastic bandage to the profession, gives the results of his father's experience in the *N. Y. Medical Record* as follows:—

"1. In the last twelve years over two hundred cases of synovitis of the knee, and its sequelæ, have been treated by aspiration with a single strapping of the joint, and subsequent use of the bandage.

"2. In these cases the knee joint has been punctured over four hundred times.

"3. In all these cases, with the exception of a very few, and these only in the early stages of treatment, the patient was not only permitted, but obliged to take a daily and considerable amount of walking exercise.

"4. In not a single instance has there been failure of absolute and entire cure, requiring in one case, seventeen weeks, but in no other more than eleven weeks.

"5. Although no antiseptic measure, beyond perfect cleanliness of the aspirating needle was employed, in not one instance has any ill symptom followed the operation. When the needle is withdrawn, the puncture is at once covered securely with adhesive plaster.

"Sir Benjamin Brodie long ago declared most emphatically, that when the synovial sac is distended with fluid, it can be punctured, and the effusion drawn off with perfect safety. He does not by any means regard this as a help in

treatment, however, as he says the fluid will accumulate again, and in a few hours the joint will be as much distended as before. The originality and value of my father's method of treatment lies in successfully demonstrating the fact that thorough aspiration of the knee joint, followed by proper use of the rubber bandage, gives us a complete and satisfactory method of cure in even the worst cases of synovitis. By the firm and equable pressure of the rubber bandage, the re-accumulation of fluid is checked. If there is any return of the fluid at all, it is in very much diminished quantity, and a second, or perhaps in severe cases a third, aspiration of the joint is all that is ever required. One great advantage of it is to explode the idea that perfect rest of the joint is the only way to hope for a cure. The patient is emphatically *not* to be confined to bed, or, worse still, to a fixed splint. When the joint is strengthened by a properly applied rubber bandage, exercise is a great and important adjunct in the treatment. This very day I have visited a lady who passed last summer in Switzerland. While there, she was attacked with acute synovitis of the left knee, with large amount of effusion into the sac. She was kept in bed with the limb placed on a fixed splint and continually poulticed. After sweltering through the hot weather with the limb swathed in many thicknesses of cotton wadding, at the expiration of two months the splint was removed, and—she has come home with a joint almost immovable! I am sure that had this case been treated by prompt aspiration of the sac, and the proper use of the rubber bandage, a perfect and rapid cure would have resulted without a week's confinement of the patient to her bed.—*Kansas Medical Index*.

#### TREATMENT OF EPISTAXIS.

Dr. Lucas Championniere speaks highly of his mode of treatment of epistaxis, which, we admit, has the advantage of great simplicity and can easily be employed in febrile affections, such as typhoid fever, where this symptom often assumes grave importance. His treatment consists in the introduction into the nasal fossæ, sufficiently highly, of a fragment of a finely cut sponge drenched previously in lemon-

juice or vinegar. The patient is then asked to lie on his stomach. On account of this position the blood does not flow off through the pharynx and forms a clot at the point of contact with the sponge, thus arresting the hæmorrhage. This procedure is certainly preferable to the plugging of the posterior nares, a delicate, and to the patient inconvenient, operation.—*Journal de Méd.—Therapeutic Gazette.*

CHLORATE OF POTASSIUM TO PREVENT ABORTION.—Dr. E. S. McKee reported to the Cincinnati Academy of Medicine (*Lancet and Clinic*, February 14, 1885,) the case of a woman who had aborted ten times consecutively, having conceived twice by one husband and eight times by another. These abortions occur in the period between the fifth and eighth month. Seeking professional aid when she believed herself pregnant for the eleventh time, Dr. McKee examined and questioned her closely, and could find no evidence of syphilitic disease or of any local uterine or other disease to account for the repeated abortions. She said that one physician who attended her several years before had said that "the afterbirth was nothing but a chunk of fat." Chlorate of potassium was ordered in doses of fifteen grains three times a day, and was continued with but few intermissions until the end of the pregnancy, when a healthy boy was born. He died on the ninth day from an overdose of an opiate.

In the following pregnancy the same treatment was followed out and resulted in the birth of a healthy boy at term who was living at the time of the report.

In the discussion which followed, the prevalent opinion seemed to be that the abortions were due to fatty degeneration of the placenta, which in the last two pregnancies was prevented by the action of the chlorate of potassium.—*Weekly Medical Review.*

Lawson Tait says: "The amount of worry which is given him by every case of hysterectomy, even when successful, is such as to be almost beyond the recompence of any fee; and the disappointment inflicted by every death is quite indescribable."

## PRURITUS VULVA.

There is probably no complication of pregnancy which so much annoys the woman as pruritus of the vulva. So persistent is it at times as to even cause serious mental depression, and the remedy which shall promptly relieve it is a great boon. Dr. Atthill, of Dublin, recommends the following lotion:

℞ Acid carbolicæ . . . . . gr. xx.  
Tr. opii . . . . .  $\bar{3}$  ss.  
Acid hydrocyanici dil. . . . .  $\bar{3}$  ij.  
Glycerini . . . . .  $\bar{3}$  ss.  
Aquam q. s. ad . . . . .  $\bar{5}$  iv.

℥

This is to be applied to the parts by means of a pledget of cotton thoroughly saturated with it and left in contact with the parts. The same lotion, similarly applied, is said to be also useful in pruritus ani.

We have found the application of essence of peppermint to be an efficient remedy. It must be carefully and gently applied at first, and if the smarting which it causes be very severe, it may be diluted with an equal quantity of alcohol.

A physician with whom we recently conversed on this subject, declared a saturated solution of borax in laudanum to be an infallible application, in his experience.—*Medical Age.*

## SOME CONSIDERATIONS CONCERNING PUERPERAL INFECTION.

Joachim Bondesen examined carefully all the cases of puerperal infection observed at the Maternity Hospital of Copenhagen during 1882-83, and is convinced of the necessity of distinguishing between different categories of this infection. Of five hundred and ninety-one women confined during that time, forty-three were attacked with a decided puerperal fever. In twenty-one of these cases the appearance of these symptoms took place so soon after the confinement (between two and five days) that there was no reason to doubt that the infection from which they resulted took place during the confinement itself. Most of these cases occurred in a short period, and this little epidemic had for its evident origin a patient transferred.

in the first stages of labour, from the communal hospital to which she had been admitted for a diffuse phlegmon of the forearm and a universal septicæmia.

In the other twenty-two cases, on the contrary, the symptoms of the disease presented so late (from six to ten days after parturition) that it was necessary to reject as unlikely the occurrence of the infection during confinement, no known infection remaining so long latent. The explanation of these cases will be soon found by reference to a secondary infection produced in the puerperal state by the wounds of different sorts, with or without mortification of the tissues of the lower part of the genital canal. This opinion is equally supported by the fact that most of the patients in question presented considerable ruptures of the perineum and vagina, and that the disease presented most frequently under the form of parametritis. Similar observations upon late puerperal fever have been made during these late years by MM. Müller, Küstner and Veit, whose interpretation differs however in some points. But in admitting as well established the above given explanation of the origin of the late puerperal fever, we are forced to avow that we are not authorized to conclude from the enumeration of all the cases of puerperal disease in what degree the treatment given may be capable of preventing the infection. The elucidation of the question demands a distinction of the different cases: it is necessary to consider on the one hand the cases in which the morbid cause should be referred to the insufficiency of the antiseptic measures taken during confinement, and on the other hand the cases in which the antiseptic method has been insufficiently applied during the puerperium.—*St. Louis Courier of Medicine.*

**HAZELINE IN MENORRHAGIA.**—In the PRACTITIONER, Mr. M. Cheute describes a valuable remedy for menorrhagia, which is a very frequent ailment in women in Cape Colony. Two drachms of hazeline given twice or thrice daily will act so quickly that it will not be necessary to anticipate the flow, but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline given as above will effectually restrain it. It is also said to relieve dysmenorrhœa in a quick and marked manner.

## MR. LAWSON TAIT'S OPERATIONS AT THE ALBANY HOSPITALS.

The *Albany Medical Annals* reports the case operated on at St. Peter's Hospital, as follows:

The patient was 31 years of age, unmarried, and enjoyed good health until she reached her seventeenth year, when she was sent to Bellevue Hospital, New York, on account of an attack of pneumonia. She remained in the hospital three months. After leaving the hospital the menstruation was irregular and profuse. She was able to do housework, and did not seek medical advice until about eight years afterwards, when she again was admitted to Bellevue Hospital. At this time frequent hæmorrhages from the vagina had prostrated her. In the winter of 1881 the patient was in the Albany Hospital, and the principal symptoms at the time of admission were severe abdominal pain and hæmorrhage.

Examination showed that she had a large bilobed tumour, the parts of which were of unequal size. The larger mass was a cystic ovary, and the smaller mass on the left a myoma of the uterus.

Mr. Tait said he had no hesitation in operating upon this case, although he had some doubts as to the propriety of conducting such operations in a crowded room. He had never before operated in the presence of more than a dozen persons, and if the patient were to do poorly, he would be inclined to lay it to the atmosphere in which the operation was performed. Mr. Tait here began the operation at 4.42 p.m., assisted by Drs. Van der Veer and Boyd. After opening the abdominal cavity, he announced that the case was one of solid ovarian tumour and uterine myoma, and proceeded to remove both, with the entire uterus. The operation was finished at 5.24 p.m., making the time from the first incision to the conclusion of the stitching up the wound forty-two minutes. The pedicle was treated by Tait's circular wire clamp. The wound was dressed with simple pads made of absorbent cotton covered with carbolized gauze. Two of these were placed over the wound and held in place by a cotton bandage passed around the patient's waist.

After the operation the patient's condition

was favourable until about 10 p.m., when there was a severe hæmorrhage from the vagina, apparently. About this time a catheter was introduced, and the urine drawn from the bladder was found mixed with blood. Through the prompt and efficient measures adopted by the house physicians, Drs. Flynn and Melick, the patient rallied, although when they began the use of the hypodermic injections the patient's pulse was imperceptible, and the respiration about 42. At 4.30 a.m. on the following day, September 11, 1884, the patient desired to empty the bladder; a catheter was introduced, but no urine was found.

At 10 a.m., September 11, 1884, the patient was seen by Mr. Tait and Dr. Boyd. After reading the house physicians' report, Mr. Tait concluded that a portion of the bladder had been constricted by the clamp. A careful examination of the pedicle and abdominal wound revealed a satisfactory condition of affairs. Examination of the vulva revealed the fact that blood was slowly flowing from the urethra, and a catheter passed into the bladder came in contact with clots. Mr. Tait remarked that the patient's recovery would be retarded by the accident, as a fistula of the bladder would result, but that even with this complication she would recover. He said that the accident had occurred in two of his operations in England. The bladder was washed out twice a day with a weak solution of carbolic acid, and a soft catheter allowed to remain in the urethra. After a few days a solution of boracic acid was substituted for the carbolic acid.

On the fourth day after the operation a bloody fluid was noticed oozing near the pedicle, of a decided ammoniacal odour. There was no evidence of tympanites at any time. The stitches were removed on the sixth and seventh days after the operation, and the wound was found to be perfectly healed as far as the clamp. The only dressing used was that of absorbent cotton and carbolized gauze. The clamp was removed on the eleventh day. Long before this time the urine flowed freely through the opening in the abdominal wall. As the remnants of the pedicle were removed a large funnel-shaped cavity came into view, at the bottom of which was the fistula. The temperature

reached 102° F. on the day after the operation; also on the third, fourth and fifth days. On the fourteenth day 103° F. was reached; this was the highest temperature recorded. The pulse was above 100 for the seven days succeeding the operation.

On the 30th of November, 1884, the fistula was entirely healed, and the patient had perfect control of the bladder. Examination of the abdomen revealed a firm cicatrix extending from near the umbilicus to the symphysis pubis, and no trace of the fistula could be discovered.

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## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

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TORONTO, MAY, 1885.

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### THE DRY-EARTH SYSTEM.

The Provincial Board of Health, at its last meeting, had the important subject of dry sewage disposal under consideration, and, we think very properly, urged the introduction of dry-earth closets, without in any way committing themselves to any special system.

In our smaller towns and villages it is indisputably the best system, far away better than the existing privy vault abomination. In all these places there are small gardens attached to all the houses, in which the contents of the pails can be profitably utilized.

The system is by no means a new hobby; as long ago as 1868, a carefully-prepared pamphlet was issued under the direction of the Dominion Government, by Dr. E. A. Meredith, LL.D., who was for a long time Chairman of the old Board of Inspectors of Asylums and Prisons and afterwards Under-Secretary of State for the Provinces. In this pamphlet the Mould System, which is really the parent of all dry-earth systems, is

fully detailed; the subject has remained in abeyance ever since, and is now being resuscitated.

The attention of medical health officers is directed to the simplicity, practicability, and utility of the system. Once the fœcal matter is absorbed by having a sufficient quantity of dry earth poured upon it, all smell is destroyed.

There is no house in a country town or village in which a few barrels of the ashes cannot be kept for six weeks or so in a shed before being put on the garden as rich manure; we have known no evil effect to arise after keeping them for four weeks, and then putting out the ashes on the land a short distance from the house.

The absence of the soakage from liquids is of so much importance that medical health officers will do well to impress this upon all municipal authorities. Wells cannot be polluted, foul odours cannot arise, and all enteric and zymotic diseases will be avoided; and during the heat of summer a fresh atmosphere will be preserved, which cannot exist where privy-vaults are in full force.

#### OUR CHOICE OF ANÆSTHETICS.

There has not been anything like a consensus of opinion in the past in deciding which is the best of the anæsthetics now available; but the results of experience have enabled us to do away with much of the vagueness that has existed, and formulate somewhat fixed and definite rules.

Chloroform was long the general favourite. Its great advantages consist in its agreeable odour, the small quantity required, its non-inflammability, and convenience of administration. Unfortunately it sometimes destroys life, and the numbers of its victims during the last few years include some hundreds, a large proportion of such sad accidents having happened during its administration in comparatively trivial cases, such as opening abscesses, extracting teeth, etc.

Ether has to a large extent replaced chloroform. Although it is less agreeable, less convenient of administration, still its greater safety, which is now pretty generally conceded, has compelled the profession to forego the slighter

advantages connected with the more pleasant chloroform, and use ether in the majority of cases.

Bichloride of methylene has been most highly recommended by Sir Spencer Wells, who has used it in over a thousand operations. Others have supported Sir Spencer in his testimony of its safety and efficiency, but for some reason it has not, nor is it likely to, come into general use. One drawback is that it requires a special apparatus and some skill in its administration. In addition to this, the idea of its perfect safety is exploded by the fact that it has caused death.

We are inclined to accept as an established fact that ether is the best and safest anæsthetic for general use; and if we could add that it should be employed in all cases where anæsthesia is required, the question of making a choice would be finally and satisfactorily settled. Unfortunately, however, this simple solution is not feasible, as it has been found that in certain cases ether is less safe than chloroform. In comparing the two we find that under ether the dangers arise from embarrassment of respiration, while under chloroform they are from syncope. In cases where there is any tendency to bronchial catarrh, especially in the old, ether is both unpleasant and unsafe, while chloroform is well borne. Again, in cases of diseases of the kidneys it has been pointed out, especially by Tait and Goodell, that ether tends to suppress the action of these organs, and consequently chloroform, or a mixture of the two, is safer. The proper administration of chloroform to young children and women in labour is remarkably safe, and by common consent it is used when considered necessary in these patients. Even in parturient women, however, it is well to remember that under certain conditions, after the system is worn out by a painful and tedious labour, and great fear exists, ether is safer for obstetric operations.

Many combinations have been used with a view to greater safety. Among these are mixtures containing alcohol, chloroform and ether, in various proportions (one of the most common being the "A.C.E." mixture); ether and chloroform, Mr. Tait strongly recommending two parts of ether to one of chloroform; turpentine

and chloroform; Sandford's mixture of one pound of chloroform and two drachms of nitrite of amyl. Others have employed hypodermic injections of morphine, or morphine combined with atropine (say morphine  $\frac{1}{12}$  -  $\frac{1}{8}$  gr., and atropine  $\frac{1}{120}$  -  $\frac{1}{80}$  gr.) before giving the chloroform.

It should be distinctly understood that in speaking of safety in the administration of any of these agents, or combinations, we used the word purely in a comparative sense, as absolute safety in the production of profound anæsthesia does not exist. There is in every case danger to life, and every minute of the continuance of the unconscious condition adds to such danger. Both principal and assistants should recognise this very important fact. The man who administers the anæsthetic should have nothing else to do, and should confine his attention to his own work and not the operation. The surgeon should have everything in readiness, and in its proper place, beforehand, and should refrain from everything beyond his legitimate work which will consume precious moments, whether it be imparting clinical instructions, swearing at assistants, engaging in ordinary conversation, or (as not unseldom happens) perpetrating jokes which on their merits are generally most execrable, and are always in exceedingly bad taste.

We will summarize by giving certain rules, as follows:

1. In ordinary operations give ether, or a combination of two parts of ether and one of chloroform.
2. Give chloroform where there is disease of the kidneys or a tendency to bronchitis.
3. Give chloroform to young children.
4. Give chloroform in ordinary cases of labour when required.
5. In cases of labour where the patient has become much exhausted, and is in great fear, give ether in performing necessary obstetric operations.
6. Never give chloroform to a patient in a dentist's chair, or not in the recumbent position.
7. Do not keep a patient under an anæsthetic one minute longer than is absolutely necessary.
8. Let the administrator of an anæsthetic attend carefully to his own work, and nothing else.

## THE BACILLUS OF CHOLERA.

The discussion still goes on with regard to the comma bacillus. Whether this germ is the cause of cholera or not, it is now conceded by many authorities that it is always present in that disease, and is not found under any other circumstances. If this really be the case we have an easy method of making an accurate diagnosis—a matter of the greatest importance in the prevention of the disease. If the disease had been recognised in the first cases which appeared in Toulon, and the patients at once isolated, the epidemic of last summer might have been prevented.

## THE PROSPECTS OF CHOLERA.

Amidst the excitement connected with "wars and rumours of wars" we should not lose sight of the prospective danger of a cholera visitation. Reports from the Continent show that cholera has not disappeared, but has simply been kept in check by the cold during the winter months. Cases are continually occurring in Paris and other cities of France, ranging in numbers in the former place between eighty and six per week. According to other reports, however, there have been no cases of Asiatic cholera in Southern Europe since last summer, except some which recently occurred in a small village in Valencia, Spain.

In any case it is well to be prepared. Most of us are painfully aware of the fact that this is "house-cleaning" time. Let the process extend to the backyards and lanes, and let it be thorough and effective.

The arrangements for the Ninth International Medical Congress, to be held in Washington, 1887, are being rapidly completed. Professor William Osler, of Philadelphia, will be Secretary for the section in Medicine.

The *Index Medicus* is to be continued by Mr. George S. Davis, of Detroit, on the same general plan and with the same regard to typographical accuracy and finish as heretofore. This valuable work will be issued monthly.



### CHLOROFORM IN LABOUR.

The fact that the administration of chloroform is comparatively safe in labour is pretty generally conceded. The reasons probably are: absence of fear, the recumbent position, the production of only partial narcosis and the fact that the pregnant uterus diminishes the circulation to the lower extremities, and increases it in the upper parts of the body. For these reasons many enthusiasts have lately contended that chloroform should be administered to all cases to relieve the ordinary pains. To such we are inclined to give a word of caution, because its indiscriminate use under these circumstances does positive harm in some cases. The danger is, uterine inertia may be produced, and as a consequence alarming hemorrhage may follow. In those patients who are subject to post-partum hemorrhages, profound anæsthesia is especially hazardous, and though they may recover from the immediate and grave dangers to life, they are apt to make tedious and unsatisfactory recoveries.

We fear that this procedure, which is now quite a popular fashion, is becoming rather too common, and we hope that those who have adopted it as a matter of routine in obstetric practice will use all possible precautions to prevent the unfortunate results we have referred to. Its administration should never be entrusted to a nurse. It should not be pushed beyond the first or analgesic stage. When any tendency to uterine relaxation appears, it should be withdrawn. It should be given, as far as possible, during the latter part of the second stage, never in the third. In short, the accoucheur should always be duly impressed with the responsibility he incurs in adding a new danger to the act of parturition, which is in any case surrounded with such innumerable perils, and should be ever on the alert to guard against the serious complication which may ensue.

OBITUARY — DR. JOHN SMALL — We have to announce with deep regret the death of Dr. John Small, who had been for many years one of Toronto's most able and prominent physicians. He received his medical education partly in Toronto, where he was a student of Dr. Widmer, and partly in London, England, where he

attended Guy's Hospital. Although he passed the College of Surgeons of England, he had a strong preference for medicine, and during the last ten or fifteen years he did a large consulting practice in this department. He was highly esteemed as an honourable and upright man, and a skilful and painstaking physician.

HYOSCINE HYDROBROMATES.—Dr. Horatio C. Wood, as a result of experiments, both physiological and therapeutical, points out (*Therapeutic Gazette*) the probable mode of action of the hyoscine, and cites a number of cases, mostly of a violent maniacal character, in which he and his associates used it with gratifying results. It would appear that the commercial hyoscyamia owes a good part of its activity to the presence of this body, and consequently it acts better than when in its uncrystallized or less pure state. At present the price is very high, but the adult dose to begin with does not exceed  $\frac{1}{160}$  of a grain, hypodermically, or by the mouth. It can be given by the mouth disguised, and thus has another advantage over hyoscyamia in cases of acute mania.

### HOSPITAL ARRANGEMENTS FOR THE NORTH-WEST REBELLION.

We are glad to know that very complete arrangements have been made by the Government for the care of the sick and wounded in the North-West campaign. A very judicious appointment was made in selecting Dr. Bergin, M.P., of Cornwall, for the position of Surgeon-General. Already many have been wounded, and it is likely that there will be quite a number invalided from the necessary exposure and hardships. With a view to all contingencies, it was decided to establish a hospital corps to take charge of one or more hospitals situated near the seat of war. The invalids, after they have received immediate attention from the surgeons in charge of the different battalions, will be removed to these hospitals, which are being fully equipped with all necessary beds and appliances.

Dr. Roddick, of Montreal, concerning whose fitness for the position there can be no doubt, has been appointed Deputy Surgeon-General,

and has gone to the North-West, where he has full control over these arrangements. He has associated with him as surgeons, Dr. Douglas, of Lakefield; Dr. Bell, of Montreal; Drs. Natress and O. N. Walker, of Toronto; Dr. Graveley, of Cornwall; Dr. Casgrain, of Windsor, and a large staff of assistants and dressers from Toronto and Montreal.

We must congratulate all concerned upon the ability, foresight and energy which have been exhibited in making arrangements so complete and so satisfactory, in a very short space of time. The sad casualties of the past week have given them plenty of work, and we are glad to know that they have proved equal to all the emergencies.

#### MEDICAL COUNCIL ELECTIONS.

We understand there will not be many changes in the Council resulting from the elections which are to be held in May. A number of the former members will be returned without opposition. There will, however, be some new faces. Dr. Fife Fowler has been appointed by the College of Physicians and Surgeons of Kingston in the place of Dr. Lavell. Dr. Lavell has been one of the ablest representatives the Council has known, and his absence, on account of his acceptance of the position of Warden in the penitentiary, will be very much regretted. Another most useful member, Dr. Macdonald, of Hamilton, will not return; at least we have heard, with regret, that he has refused to be a candidate for re-election. The names of Dr. Pattullo, of Brampton, and Dr. Russell, of Binbrook, are mentioned in connection with the representation of this division (Burlington and Horne). In Malahide and Tecumseh, Dr. Edwards will be opposed by Dr. Campbell, of Seaforth. In King's and Queen's, Dr. Orr, of Maple, with sixty-one names on his nomination paper, will oppose the veteran Dr. Allison, of Bowmanville, and will probably be elected. In Erie and Niagara, the genial Dr. McCargow will not be a candidate, the contest lying between Dr. Philip, of Brantford, and Dr. Harrison, of Selkirk, with the chances in favour of the former. Dr. Burrit, of Toronto, will be unable to represent Newcastle and Trent because he has moved out of the

division, and the Council will thus lose an excellent member. Dr. Ruttan, of Napanee, will likely be elected. We will gladly welcome the return of the able president, Dr. Day, ex-presidents, Drs. Bergin and Bray, Drs. Burns, Cranston and others, who are likely to be elected without opposition. There will not be many changes in the collegiate representatives, although some are rumoured in addition to the one we have referred to.

#### UNIVERSITY OF TORONTO SENATE ELECTION.

As our readers will see by voting papers received from the registrar, the retiring members, Dr. McFarlane, Messrs. John King, of Berlin, and Samuel Woods, of Ottawa, are practically re-elected, though it is necessary to go through the form of an election. The medical graduates will be glad to see Dr. McFarlane retain his position, since he has proved a very efficient representative. Mr. King as a representative of the western section of the province will be highly acceptable, while it is thought fair to the eastern section to keep Mr. Woods in the senate, although he has not been so faithful in his attendance as Dr. McFarlane or Mr. King. It is well known that "Sam" Woods is a good and true university man.

We understand that the friends of Mr. Bryant, of Galt, and Mr. W. B. McMurrich, of Toronto, intended to bring them out for election, but they were too late in sending in their nominations. There is no opposition to the election of the Hon. Edward Blake to the position of Chancellor for another term of three years.

#### DR. ROBINSON'S MANUAL OF DERMATOLOGY.

—We have great pleasure in directing the attention of our readers to a notice of this work, which will be found in our advertising columns. It will be remembered that some months ago we reviewed the book favourably, and we have noticed that all the reviews made by competent persons have been of the most flattering character. We would recommend the work to all practitioners and students who wish to obtain, in a book of moderate dimensions, all that they require to know on this important branch.

At the recent examinations in the Toronto School of Medicine the following obtained the Scholarships:—1st year, O. R. Avison, — Palmer; 2nd year, John Leeming; 3rd year, George A. Peters; 4th year, W. H. Howell.

### TORONTO SCHOOL OF MEDICINE.

The examination of the graduating class from this school before the medical examiners of Victoria University, has just been concluded with the following results, viz.:—

*Passed the Primary.*—J. M. Brodie, John Caven, F. Campbell, E. Campbell, J. A. Carbert, C. R. Charteris, A. C. Collins, G. R. Cruickshank, C. R. Cuthbertson, W. G. Dow, Wm. Dow, D. Dunton, W. H. Fox, E. J. Free, W. G. Glasford, P. H. Galloway, W. R. Gillespie, A. O. Hastings, W. B. Hopkins, R. Hillier, George Hunt, S. J. Jones, J. Leeming, J. M. MacCallum, Thomas McEwen, H. McFaul, C. F. Moore, C. F. Nairn, J. F. Orr, J. Rea, P. J. Rice, W. R. Shaw, J. C. Smith, W. B. Thistle, A. Tracey, J. C. Vrooman, R. J. Wilson, S. West.

*Passed the Final.*—John Barber, A. W. Bigelow, J. A. Burges, J. R. Dales, D. D. Ellis, J. S. Freebourne, W. A. Goodall, S. M. Hay, A. R. Harvil, L. L. Hooper, H. J. Hamilton, C. J. O. Hastings, A. B. Knisely, E. E. King, J. Marty, W. C. McKinnon, H. McGillivray, L. Mothersill, J. E. Pickard, W. T. Parry, D. Pool, P. P. Park, J. A. Rutherford, J. G. Sutherland, Geo. Simenton, L. G. Smith, W. J. Teasdale, Thos. Verner, D. M. Williams, Henry A. Wright, Hiram A. Wright, W. H. Wright.

The following gentlemen have completed a part of their primary examination, viz., N. Aikens, E. Bromley, W. H. Ciapp, H. M. Cowen, W. R. Hamilton, A. J. Hunter, J. R. Frasier, Hy. Noyes.

### TRINITY COLLEGE.

#### FACULTY OF MEDICINE.

For the degree of M.D., C.M., University gold medal. J. R. Logan; University silver medal, H. H. Hawley.

Final examination list in order of merit.—Class I. A. M. Shaver, J. R. Logan, N. Allan, S. Scott, A. Graham, D. C. Throop, equal; C.

E. Stracey, W. V. Lynch, H. D. Leitch, C. F. Surlgrove, A. F. Little, F. Campbell, H. H. Hawley, A. Hanks, P. A. Dewar, F. C. Hood, J. Lindsay, equal.

Class II. R. J. Lockhart, R. Lacy, J. G. Harper, H. G. Roberts, T. S. Farrar, D. O. R. Jones, C. Trow, A. H. Edmison, J. K. Simons, P. E. Doolittle, W. J. Gunne, equal; H. H. Hoover, O. Totten, J. J. Paul, J. A. Watson, equal; H. S. Bingham, J. A. Couch, equal.

Class III. J. Ferguson, W. H. Pepler, A. F. Baumann, L. W. Thompson, A. T. Woodward, F. G. Lundy, H. J. Caldwell, J. Evans, G. Leitch.

Allowed the Examination. R. A. Barber, J. G. White.

### COCAINE.

#### SCIRRHUS BREAST.

Dr. J. Herbert Simpson, in *London Lancet*, reports a case of scirrhous breast removed by him a year ago, and in which two very hard and painful nodules had re-appeared. After injecting three minims of a four per cent. solution of cocaine, on either side of each nodule, he was able to remove them without causing the slightest pain.

#### CHORDEE.

A writer in the *New England Monthly* reports two cases of chordee relieved by cocaine, after everything else had been ineffectually tried. Ten minims of a four per cent. solution were injected into the urethra, mixed with 30 minims of water.

#### GOUT.

A two per cent. solution applied locally to several cases of gout has given very satisfactory, though only temporary relief, in the hands of Dr. Davidson of Philadelphia.

#### PRURITUS ANI

is another of the annoying affections that is said to be cured by cocaine; and, travelling up to the other end of the line, acute nasal catarrh is said to be relieved at once by an injection into the nostrils. In fact, there cannot be an accessible piece of mucous membrane that has not felt its power.

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Fifteen dollars for the twelve volumes is not a large price. This is the sixth edition of this well-known work, which has been revised, re-arranged, and several of the plates re-drawn.

*The Science and Art of Surgery.* By JOHN ERIC ERICKSEN, F.R.S., LL.D., F.R.C.S. England. Eighth edition, revised and edited by Marcus Beck, M.S. and M.B. Lond., F.R.C.S., etc., with nine hundred and eighty-four engravings on wood—Vol. II. Philadelphia: Lea Brothers & Co., 1885.

It is impossible to speak in too flattering a manner of this grand, classic work on surgery, which has stood for years at the head of all treatises on surgical injuries, diseases and operations.

This volume opens with chapter 37th and is concluded with chapter 75th. It deals with surgical diseases of the skin and its appendages, diseases of the nervous system, diseases of the lymphatic system, diseases of the arteries, aneurism, diseases of the joints, deformities, plastic surgery of the face and mouth, diseases of the throat, diseases of the abdomen and its contents, diseases of the genito-urinary system, and the operations in these parts, etc. This edition is now being translated into Spanish and is appearing in monthly parts.

Corrosive sublimate as an antiseptic is treated of in the appendix. The article concludes as follows:

"So far as the evidence goes at present it may be said that mercuric chloride has been proved to be a most powerful and efficient antiseptic, and to be capable of being safely used in the treatment of wounds, but as with all other really potent antiseptics, it is locally irritating and generally poisonous; and as it possesses these properties in a higher degree than most others, a corresponding degree of caution is necessary in the preparation of the solution and dressings and in their use."

Speaking of Keith's wonderful success in hysterectomy, Dr. John Homans says: "Dr. Keith owes his success to his careful, patient operating, and to the fact that he blames himself if his patients die, and not the climate, or spray or the surroundings."

## Miscellaneous.

Castor oil is said to be the most satisfactory lubricant for catheters.

Sir William Jenner was re-elected President of the Royal College of Physicians of London.

A qualified druggist is now in charge of the dispensary at Toronto General Hospital.

The number of physicians practising in the United States in 1870 was 62,000, against 86,000 in 1880.

At the April sitting upwards of 400 presented themselves for the "primary" examination of the Royal College of Surgeons, England.

Mr. Frederick Treves advocates abdominal section as a resort in acute peritonitis, and has reported a case where the measure proved successful.—*North-West Lancet.*

A TERRIBLE LOSS.—The Bradreth patent medicine works, at Sing Sing, were destroyed by fire a short time ago, and the material for several million pills destroyed, so that suffering humanity will have to get along as best it can on the old stock on hand until the establishment is again in running order.—*Gailliard's Medical Journal.*

A man, aged 39, died last week in the Birmingham workhouse, whilst under the influence of chloroform-vapour, which had been administered to him for the performance of an operation, for the cure of subclavian aneurism. An inquest was held and a verdict returned of "Death from chloroform, *properly administered.*"—*British Medical.*

The best advertised doctor in Germany is Scheninger. He is Bismarck's pet, and the detestation of the regular physicians. While in Munich years ago, he is said to have had an affair with a woman, for which he was expelled or dropped from medical societies. He is said to have an enormous practice. His licentious notoriety seems to have added to his popularity with large numbers of women.—*Detroit Lancet.*



FOR CONSTIPATION IN YOUNG CHILDREN.—Dr. Poulain, in *British Medical Journal*, extols the use of a tablespoonful of fine bran night and morning, in a cup of bread and milk. The bran is warmed in the milk and then poured on the bread.

Ether, as an expectorant in subacute or chronic bronchitis, is placed before all other remedies of this class by Dr. Kemper, in the *Therapeutic Gazette*. 5 to 10 drops on sugar every 3 or 4 hours is the dose. It can be used by inhalation also.

DENTAL MALPRACTICE.—Dentists are likely soon to realize the responsibilities of treating diseased teeth and leaving them in the patient's jaws. Dr. Osmun, of Newark, N. J., reports a case in the *Dental Cosmos* of a lady who had a wisdom tooth "treated" and filled, and seven months afterward it was discovered that an extensive alveolar abscess had developed at the root; this was followed by great rigidity of the jaws, necrosis, absorption of pus, and pyæmia. The woman had previously been in excellent health. Dr. Osmun said: "I had the hardest work in the world to keep that woman from bringing a suit for malpractice against the dentist who had filled the tooth." It would be well for dentists to remember that the treatment of diseased tissues requires a medical education.—*N. Y. Med. Record*.

The *Lancet* of April 4th, referring to a case where a surgeon sued for the amount of his account, says: "The charges were, roughly, at the rate of 7s. 6d per visit and 2s 6d. for medicine. The visits often occupied from three quarters of an hour to an hour. The distance from the patient's house was two miles, and the defendant was in good circumstances. In spite of some medical evidence on the defendant's side, alleging the excessiveness of the fees, the judge allowed them, and remarked that he did not know a class of men who were paid worse than doctors in the country. He considered the charges were quite reasonable. We refer to this judgment with pleasure. Medical men are perhaps a little too slow to assert their legal claims against ungrateful patients.

A St. Louis medical college recently, in a moment of weakness, yielded, tentatively, to the demand of the profession, that the recipients of medical diplomas should know something about medicine; and just for the sake of experiencing the sensation, actually plucked a candidate for its degree. The result was very disastrous—to the student. The horrified young man felt the injury which had been inflicted on him so keenly that he went out and committed *felo de se* with a gun. We trust this experiment of the St. Louis brethren will have its effect on college professors everywhere. To thus suddenly institute the requirement of any knowledge of medicine of their graduates, would be to run the risk of making cadavers a drug on the market.—*Medical Age*.

THE DIVULGENCE OF PROFESSIONAL SECRETS.—A physician who was also a pharmacien, but who practised only in the latter capacity, lately died. Dr. Constantin Paul, in announcing the event at a meeting of the Société de Thérapeutique, of which the deceased gentleman was a member, stated that the death was caused by tubercular meningitis, of which he had an attack ten years previously. The Insurance Company in which the deceased had insured his life for 200,000 francs, or £8,000, having taken note of this circumstance, has refused to pay the widow, on the grounds that her husband's life was insured subsequent to the attack he had ten years before, he being at the time the subject of a fatal malady which eventually carried him off. The case, which is interesting from more than one point of view, is pending, and it is said that if the Insurance Company should persist in their refusal, Dr. Constantin Paul will be prosecuted for divulging a professional secret. Examples of this kind are daily to be met with, for we see in the medical and lay papers full descriptions of maladies of persons of note, ante mortem and post mortem. At this very moment the nature of the malady from which General Grant is suffering is being publicly discussed on both sides of the Atlantic, and so was that of General Garfield and M. Gambetta, and yet no one ever dreamt of prosecuting the authors of the published articles.—*Paris Letter—Lancet*.