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Original Communications.

THE IMPORTANCE OF THE EARLY DIAGNOSIS AND REPAIR OF LACERATIONS OF THE CERVIX UTERI, ESPECIALLY IN VIEW OF THEIR RELATION TO CANCER OF THE UTERUS.

By A. Laphorn Smith, M.D., M.R.C.S. Eng., Fellow of the American Gynecological Society, Professor of Gynecology in Bishop's University, Montreal.

The above topic for my paper has been suggested to me over and over again each time that a case of cancer of the uterus has come to me, generally in a condition too far advanced to permit of my extending any hope of cure by any operation known. Everyone of these cases was at one time a simple lacerated cervix, but many of them had been treated from six months to a year for ulceration with caustics, generally the solid nitrate of silver, until the delicate cylindrical epithelium of the cervical canal, which, exposed and everted, had already been too much injured by coitus and friction on the vagina during locomotion, was by the action of

the caustic completely destroyed, and was replaced by cicatricial tissue of new formation and low vitality. This is the weakest tissue in the economy, and offers the point of least resistance for the invasion of cancer.

It would be immensely to the advantage of the patient, which should always be our first consideration, but incidentally of no small moment to the family attendant and the specialist, if these cases of cancer were operated upon while there was yet a possibility of removing the whole of the diseased structures and every probability of effecting a cure. Delay can only lead to the injury of the patient, her doctor and the operator, and eventually, when the results are so unsatisfactory, it renders it difficult to induce even suitable cases to undergo the proper treatment.

How much better it would be for all concerned if the disease had been recognized when it was only a lacerated cervix, a few months after the occurrence of the accident, when it could have been completely cured by an operation which I feel justified in saying is absolutely devoid of danger, and which only requires, when performed early, from ten to fourteen days in bed.

In order to follow the plan indicated by the title of my paper, I will divide it into two parts, and endeavor first to emphasize the importance of the early diagnosis and repair of lacerations of the cervix on general ground; and second, I will try to show the relation of unrepaired lacerations to cancer.

Before dwelling on the importance of diagnosing, let me say a few words as to how to diagnose it. To begin with, we must suspect its presence, keep its possibility in mind, and then the finding of it or not only necessitates a few moments digital examination. But if we do not suspect its presence, or do not even think of it in connection with the case, we are not likely even to propose a digital examination, and the real condition from which the patient is suffering goes unrecognized; and the symptoms, be they hemicrania, sciatica, sore eyes, palpitation of the heart, fainting attacks, nausea, dyspepsia, constipation and bloating, bladder troubles, menorrhagia or miscarriages, will go on, perhaps relieved temporarily by our treatment, but never cured.

In nine cases out of ten a careful inquiry into the history of the case will put us on the right track. Thus, if the patient tells us that her first labor was severe, necessitating the use of the forceps; that the bag of waters broke or ruptured early, so that it was a dry labor; or we may remember having attended the patient ourselves, and that the pains were violent, the vagina hot and dry, and the cervix thick and tough; and that the slipping of the cervix over the head was followed by a gush of blood, and that this bleeding still continued after the placenta had been delivered and the womb had contracted firmly; and that even after it had stopped it reappeared several times during the month, we may suspect that the hemorrhage came from the circular artery of the cervix which has been deeply lacerated.

Then she will tell us that she has never been a day well since her confinement. She made a slow recovery; has been troubled with leucorrhœa which nothing would stop; she has been weak and dragged, and has had a pain in her back and a bearing-down feeling in the bottom of her abdomen. If in addition to her previous history we have a present condition which includes pale and haggard appearance, dragging about the hips and loins, leucorrhœa and menorrhagia, poorness of appetite and digestion, bloating of the bowels and constipation, there is no excuse for us in going any further until we have made a digital examination. In nine cases out of ten we will at once feel the anterior and posterior lips everted and covered with a thick and velvety mucous membrane, dotted over in cases of long standing with glandular cysts due to blocking up of the mouths of the glands. In some cases we may be able to introduce the tip of the finger into the cervical canal, in which there has been a laceration through the fibrous tissue without going through the mucous membrane. In old cases there may be so much hypertrophy, and the raw surfaces may be so covered over with cicatricial tissue, that it is difficult to detect even a very considerable tear unless we resort to the simple device of hooking the tip of the finger over the vaginal portion of the cervix, when instead of feeling a spherical body we find that there is a hook or projection caused by the ectropion of the anterior and posterior lips. The tear has arrested involution, so that the uterus will be found large and heavy and low down in the pelvis, very often also retroverted.

The examination should in all cases be made with the finger, for if the speculum be used, the unfortunate diagnosis of ulceration is very apt to be made, only the red surfaces of the exposed cervical canal being seen, which bear such a strong re-

semblance to an ulcer that it is readily mistaken for the latter. The solid stick of nitrate of silver will be used, while if no speculum is used no ulceration is seen, but the everted cervical lips are unmistakably felt. If there be any doubt, however, a Sims' speculum may be held by an assistant, while with two hooks the two lips of the cervix are seized and drawn together unless they are so hypertrophied that this is impossible.

The speculum, though useful in carrying out treatment, belongs to the dark ages of gynecological diagnosis, and the more one becomes accustomed to bimanual examination and the less they rely upon the speculum the better. Looking back to my earlier years of practice, I can see where the speculum led me into more than one error of diagnosis.

There is one obstacle in the way of at once declaring that there is a laceration of the cervix. The patient will want to know what is the cause of the accident, and who was to blame. We have the authority of Skene for the assertion that this injury cannot at all times be prevented by any skill and care on the part of the obstetrician. This, he says, should always be borne in mind and freely stated where the injury is attributed to carelessness on the part of the attendant during labor, a mistaken criticism not uncommonly heard among the laity. I believe that the authorities have been sometimes unjust in attributing every case of laceration to the use of the forceps before dilatation is complete, or to violence during a digital examination or while trying to hurry dilatation. I have met with at least a dozen cases of severe laceration in women who were delivered before the physician could arrive, and without having even been examined. In those cases it was certainly no one's fault but that of the too rapid labor and the too rigid os. When this fact becomes more

generally known to the laity it will not be so hard for the family physician to declare that the cervix has been lacerated.

I now come to the importance of the lesion, and I take all the more pleasure in acknowledging this, because for many years I held the opinion which is quite general on the continent, that the results of the accident were greatly exaggerated. I now fully agree with Emmet when he said: Its importance cannot be exaggerated since one-half of the ailments among those who have borne children are to be attributed to lacerations of the cervix. Its great importance is to be found in the rich supply of sympathetic nerves with which the uterus is provided, and its intimate connection thereby with every other organ in the body. The great sympathetic has been aptly described by a recent writer, Dr. F. Byron Robinson, *N. Y. Med. Journal*, 10th Dec., 1892, as the abdominal brain, and irritation of one branch of it will surely produce reflex disturbance in every other branch. Thus the irritation of a cervical laceration or inflammation of the uterus is reflected up the hypogastric and ovarian plexus to the abdominal brain where the forces are reorganized. Then the reorganized irritation is sent from the abdominal brain over tracts of least resistance, which will be the nerve plexuses containing the greatest number of nerve cords. The first manifest trouble will be disturbance of the rhythm of the digestive tract, stomach, intestines, liver and spleen; in other words, there is indigestion. The third stage is a malnutrition. The fourth stage is anæmia. The fifth stage is neurosis. Our treatment must be directed to undoing the mischief in the order in which it has been caused. By repairing the cervix we can restore the digestion, the blood will improve in quality and the nervous system will regain its tone. So that quite apart from the terrible danger

of cancer, which is incurred by every woman who has a lacerated cervix unrepaired, the reflex disturbances which it causes are quite sufficient of themselves to demand early recognition and treatment. While it is true that treatment by rest in bed, hot douches in the horizontal position, which is the only position in which a douche should be given, and boro-glyceride tampons, etc., undoubtedly ameliorate the symptoms by soothing the local irritation; such treatment should only be considered as preparatory to the effective treatment by operation which can alone effect a cure.

I now come to the relation of lacerated cervix to cancer. Just as there is a tide in the affairs of men, which, taken at the flood, leads on to fortune, so there is a stage in the history of lacerated cervix at any time before which a simple and harmless operation will effect a perfect cure, but a very little time after which nothing short of a difficult and serious undertaking holds out the slightest hope of the same result. There is one day in the progress of the case when it is lacerated cervix and the next day it is uterine cancer. If you admit that all things have a beginning, then you must also admit that in every case of cancer there was a moment at least when there was only one cancer cell, while the moment before that cell appeared it was not a case of cancer. I do not mean to say by this that you should wait until the last moment to have the cervical tear repaired, but I want to apologize for the pathologists who have over and over again declared that there was no cancer in a given specimen, while after total extirpation a few weeks later abundant evidence of cancer was found. He may have been perfectly correct in saying that the specimen removed on a certain day was benign adenoma, while it may be equally true that a specimen removed from the same locality a week or two later

was undoubted cancer. The disease has made its appearance during the interval. Whether any amount of irritation or the presence of scar tissue in the angle of the tear will ever produce cancer without the presence of the cancer bacillus, I am unable to say, but we have abundant evidence in either departments of surgery that local irritation followed by cicatricial tissue is often the precursor of cancerous infiltration. I have only to remind you of the cancer of the lip following the use of an unglazed clay pipe to which the lip adheres, and which tears away a layer of epithelium every time the pipe is removed from the lips. Then there is cancer of the fauces following the repeated burning of the mucous membrane with hot smoke from a cigar. We have chimney sweeps cancer, produced by the irritation of acrid soot getting into the folds of the scrotum. Also cancer of the stomach coming on after years of irritation by acrid decomposing food in dyspeptics. So it is not surprising that a torn and everted cervix which is exposed to the irritation of the acrid secretions of the vagina for which it was never meant, and the rubbing of the vaginal wall and the blows it receives during intercourse should heal by cicatrization, and that this cicatrix would be very apt to break down under such constant irritation. But if that is not sufficient irritation, the repeated application of nitrate of silver is surely enough to provoke a rapid appearance of malignant disease. More than one physician has told me that the disease had spread like wildfire after he had begun to cauterize it.

It is my candid opinion that when every case of lacerated cervix in the country has been repaired, cancer of the cervix will be a thing of the past. Nor do I ask you to accept this assertion on my own oft-repeated evidence alone. Goodell, in a recent article in *Medical News*, Sept. 10, 1892, says neither pain nor the character

of the vaginal discharge can be deemed trustworthy evidence of malignancy. There may be neither pain nor fetor.

Irregular hemorrhages are practically the first appreciable manifestation of the disease, and they should always be looked upon with suspicion, especially when the woman is over thirty-five and has borne children. The slightest appearance of blood after should especially be enquired for, for it shows that an open sore has been rubbed against.

The symptom which has always first attracted my attention is the return of the menstrual flow a year or two after its cessation. This I consider the most significant symptom, and on making a digital examination I have rarely failed to detect the presence of cancer.

Goodell says: "In its earliest stages a carcinoma of the cervix usually appears as a hard nodule under the mucous coat of a torn cervix. Soon this breaks through its envelope and forms an open and indolent ulcer. Some times the exuberant vegetation on this sore cannot be told from the coxcomb granulations of a bad cervical tear or indeed from those of a syphilitic ulcer, and the aid of the microscope may be needed. But usually the diagnosis is an easy one. The sharply defined rim of the crater-like sore, the friable vegetations that bleed on the slightest touch, and the dense hardness of the surrounding cervical tissue tell the sad tale with unerring accuracy."

In a very large proportion of cases the disease begins in the vaginal portion of the cervix. It does so because this part of the womb bears the brunt of the injuries sustained in coition and parturition. The cancerous nodule or ulcer starts usually in the scar of a torn cervix, and it is therefore most commonly found in women who have borne children. Goodell says: "I have not indeed to my recollection ever seen but a single case of cervical cancer in a virgin, and not more than three in cases in sterile women."

One of the cases, though apparently an exception, singularly enough confirms it. He says: "The lady had a submucous fibroid which was slowly emerging from its uterine bed. After suffering much pain and loosing much blood during several months, she decided to call me in. I found the os uteri dilated to the size of a silver dollar and crowning the protruding fibroid like a foetal head. The tumor was seized, wrenched from its bed, and delivered, but not without difficulty as it was larger than the os uteri. A few months later carcinoma of the cervix set in."

Emmett, *British Medical Journal*, 1886, p. 910, also relates a case which bears out my contention, that laceration of the cervix is the commonest cause of cancer. The patient was a virgin who had had a rapid dilatation performed two years before for dysmenorrhœa. In the cleft of the laceration Dr. Emmett discovered an epithelioma which developed so rapidly that she soon died.

Now let me say a few words on the early diagnosis of cancer of the cervix, which is so intimately connected with the subject of laceration.

When performed early enough, that is to say before the disease has spread to the neighboring tissues, and especially to those between the folds of the broad ligaments, the operation of total vaginal extirpation of the uterus gives excellent results, the immediate mortality being only from five to ten per cent., while of those who survive the operation the majority completely recover.

But when the disease has gone beyond the uterus so that all the infiltrated tissue cannot be removed, the operation is worse than useless, for, if any of the diseased portion is left, the patient does not live as long as if no operation had been performed. It is well to remember, however, in deciding as to the suitability of the case for operation, that the uterus is sometimes bound

down by adhesions or by purely inflammatory exudation in no wise malignant. Dr. Boldt, of New York, concluded a recent paper read before the American Gynecological Society with a strong plea to the practitioner to send such cases to the specialist earlier. Out of a hundred cases coming to him, only fifteen had been suitable for operation. My own experience has been even sadder, for out of fifteen cases which have been sent to me, in only one or six per cent. had the disease not gone beyond the cervix, while many of them had been treated for over a year with caustics as simple ulceration. In these cases the disease had crept up the cervix and eaten throughout its substance until it had reached the bladder, rectum and vagina. The broad ligaments were thickened and the uterus was fixed.

Only last month Goodell has published a powerful plea for the early diagnosis of uterine cancer as essential for cure. He has for the last year been a powerful advocate of total vaginal extirpation for the cure of carcinoma uteri in all suitable cases. His definition of a suitable case is well worth taking to heart. It is, first, one in which the womb is removable, and, secondly, one in which an operation promises well both in its immediate and remote results. A suitable case therefore, he says, is one in which the womb is not fixed, the vagina is free from all carcinomatous nodules, and the broad ligaments show no signs of infiltration. In other words, a suitable case is one in which the neoplasm is limited wholly to the womb. In such a typical case the operation is easy, safe and curative.

In justice to the general practitioner this must be said, that in many cases it is not in his power to send the case while it was suitable for operation. More than once have I been myself the physician who was the first one to be consulted by women with uterine cancer, and in one of

these it required four or five months of almost daily urging and coaxing before I could induce her to allow me to examine her. At the very first examination—nay at the very first touch—the diagnosis was undoubted, and within eight days the uterus was out, and the patient is now well. But in the majority of them the disease had long since passed the boundary line, beyond which there is nothing to be hoped for from any operation.

The greatest fault lies with the patient herself, who neglects to consult the physician in time, and that can only be remedied, as I have already said, by educating women generally to properly interpret the early symptoms which they have heretofore put down as natural at the change of life. All that the physician can do is to allow no case of lacerated cervix that he knows of to remain unrepaired; and when a woman over thirty-five years of age consults him for local disorders which she attributes to the change of life, to give her no peace until she consents to an examination. Once an examination has been made there is generally no doubt about the diagnosis; and when that is cancer, it is almost criminal to allow a single day's unnecessary delay in having the diseased organ removed. We must ignore the climacteric as an entity, and insist upon making a digital examination of every woman complaining of backache, watery discharge or irregular menstruation. Much more can be felt with the finger than can be seen with the eye; and when once the finger has ever felt the hard nodular sensation of carcinoma uteri, it can never forget it. If the cervix is sound and the discharge therefore comes from the uterine cavity, the diagnosis must be made with the curette and the microscope, for in a certain number of cases the disease begins in the cavity of the uterus. I do not lay so much stress on the microscope as I do on the other signs, for it has happened a great many

times in the experience of the New York cancer hospital that the microscope failed to detect it in undoubted cases. When the diagnosis has been made early enough to find the growth limited to the uterus, there remains to the physician but one more duty—to urge the immediate removal of the organ.

TWO RARE CASES IN OBSTETRICS

*By Dr. Clouston of Huntingdon.**

I. Vaginal Thrombosis—Post-Partum—
On the 17th of June last, I was called to attend Mrs. S. in confinement. Age about 35, married 12 years; had one child prematurely about 5 years ago. Labor in progress. Abdomen large, tense, impossibility to make out foetal part, but by aid of stethoscope twin pregnancy was diagnosed. First child vertex presentation, 2nd position, natural delivery. Second child also presented vertex but occipito-posterior, and did not rotate anteriorly. Labor pains being weak and ineffective, forceps were carefully applied to head at the superior strait, and tractions made during pains. While the head was still from 1½ to 2 inches from natural outlet, which was being put on the stretch by the shanks of the forceps, I noticed the perineum suddenly give way, tearing right to the bowel. I was surprised to see such a laceration take place so early and without obvious or sufficient cause. The child was delivered without difficulty or further misadventure. Placenta came away satisfactorily, I douched out the vagina, and proceeded to repair the perineum, putting in three sutures. On returning in the evening I found patient had been unable to void her urine, the right labium majus very much swollen and œdematous. I punctured the labium in several places with a needle, allowing a quantity of serum to escape, and then drew off urine with a

catheter. I noticed considerable swelling about the parts, but did not make a vaginal examination. Next day the bladder was catheterized, morning and evening, the right labium and lateral half of perineum was now discolored as well as œdematous, and on further investigation I found a tense somewhat elastic swelling in the right and anterior wall of the vagina extending from the pubic ramus upwards, and in size about that of the palm of my hand. I again punctured the labium, allowing serous fluid to escape, much reducing its size, but decided to let the vaginal thrombosis alone. From the appearance of the parts I had little hope of securing union of the perineum. The patient's temperature ranged from 100 to 100½; a dose of castor oil was given, which, aided by an enema, acted satisfactorily. The temperature, however, continued to rise, creeping up to 103; discharge not foul, uterus undergoing normal involution, breasts full and hard, nipples flat, patient persistently refused to nurse children in spite of all remonstrances. So bowels were kept open by salines and belladonna, and compression applied to breasts. A portion of the mucous membrane over the lower part of the tumor showed evidence of sloughing about the 4th day, allowing the finger to be introduced and masses of foul-smelling clot to be evacuated. I syringed out the cavity with antiseptic solutions daily, removing fragments of clot and debris. The pyrexia subsided and the cavity contracted, but in spite of syringing and gentle curetting continued to be somewhat foul for some days. The sore progressed favorably, and on the 28th, or 11 days after confinement, I removed the sutures from the perineum, and found good union secured by the two posterior stitches giving a functionally good perineum. On the following day patient was up, feeling well.

*II. Concealed Hemorrhage—*This patient was neighbor of No. I. Stout woman, aged

* Read before the Frontier Medical Association, 18th January, 1892.

42, 4 children living, youngest aged 6. Was about $5\frac{1}{2}$ months pregnant on the 29th of October last, when I was summoned to attend her for what she believed to be a threatened miscarriage. Called about 5 p.m., and was requested to bring Mrs. Clouston with me, as neighbors were afraid of the woman; had not felt any foetal movements since early morning, and early in the afternoon had been seized with a pain in the right iliac fossa, obliging her to lie down. On arrival, found pretty severe pain complained of, with some tenderness, pulse somewhat accelerated, temperature about 100. No uterine contractions or bearing-down pains nor show of blood. No foetal movements detected on manipulations of abdomen, which was large and covered with several inches of fat, nor could foetal heart sounds be detected on auscultation. Cervix uteri quite hard, old lacerations to left, os high up, and with difficulty admitting joint of index finger. The diagnosis was obscure, the site of the pain and the elevation of temperature suggested appendicitis or some inflammatory action in that region, while the absence of signs of foetal life pointed to the probability of the trouble being uterine. Colic, calculus, and ovarian pain were thought of, only to be excluded. I administered about $\frac{1}{8}$ grain of morphia hypodermically, and awaited results; one hour later, the pain being still unsubdued, I gave another small hypodermic of morphia. Shortly afterwards on entering the room, patient informed me that there was a show of blood, which on examination proved to be only very slight, and which I thought might result from the digital examination of the cervix (probably eroded).

A little later, however, she informed me that there was more, and on inspection I found that a couple of ounces had escaped. Patient was becoming very restless, still complaining of some pain. I noticed she was becoming pale, her respirations some-

what labored, and she asked for water. As she was lying on her right side, face to front of bed, I had her turn on her back while I examined the uterus. The cervix was still hard and os closed—not a drop of blood issuing from it.

The suspicion of concealed hemorrhage was strong in my mind, and I tried palpation again, but the thickness of the abdominal walls so obscured things that no information could be gained in that way. Besides, I reasoned; if there be hemorrhage going on inside, why does it not continue to escape? Patient's condition continued to grow worse, pulse becoming shabby, face more blanched, while she constantly asked for water. A moment's reflection will convince you, gentlemen, that my position was a trying one. With a much esteemed patient passing into a state of collapse, her husband lying in another room prostrated after an unusually prolonged attack of typhoid fever, two children, only, in the kitchen, the son, a young man, attending to stock in the outbuildings. My wife alone to assist me as to be a witness to what was done, and all on a drizzling dark October night, $3\frac{1}{2}$ miles from the help of a confrère. Obligated to keep absolutely calm and cool without allowing a word or act to betray a suspicion of danger, which would have thrown the house into consternation with the utmost danger to both my patients, in less time than it has taken to record it, I raised the foot of the bed, removed pillows from under patient's head, forced up a window, and administered sips of water with brandy added, and watched pulse and uterus. The condition did not improve, and I despatched the son for another physician. Patient's condition grew worse, yet not a drop of blood was escaping. At one time the pulse was almost imperceptible, and temporary syncope ensued. Then, to add to the distress, nausea followed, which could not be sup-

pressed, and ended in vomiting. The woman turned herself on the side to vomit, and, strange to say, after the convulsive effort of vomiting she revived, some color returned to the face, and she remarked, smilingly, "Oh, I feel better now; the pain is all gone." There was no further escape of blood or distress of any kind. An hour later the son arrived with Dr. Cameron. We held a consultation, and as a result the patient was put on 20 minim doses of fl. ext. ergot every 2 hours.

This had the desired effect of bringing on labor the following afternoon. With rupture of the membranes a good quantity of clear amniotic fluid first escaped, soon it became dark and sooty in appearance, evidently altered blood from without the sac. Of this, also, there was a considerable quantity—probably a pint and a half. After the birth of the child, half a chamber-potful of tough dark clots were delivered. The placenta was a study in itself. It had evidently undergone complete separation the previous evening, and its maternal surface bore the marks of pressure from blood or clots which had probably been effused between it and the uterine wall. Across its diameter near the centre was an irregular ridge as if the pressure had been least along that portion. There was no fresh blood effused. The woman made an excellent recovery.

Points of interest in this case are:

- I. The probable cause or causes of the placental separation.
- II. The escape per vaginam of a portion of blood, and its cessation.
- III. The difficulty of a correct diagnosis.
- IV. The indication for treatment.
- V. The mortality of such cases.

CASES OF COMPOUND FRACTURE OF THE LOWER MAXILLARY BONE.

By Dr. C. H. Wells, Huntingdon.

In attempting to bring forward this subject this evening, I feel very much like

the man that was shipping coal to Newcastle; but, from what I see from different parts of the country, I feel encouraged to think that I may say something that will be of use to some one, and, if so, I shall feel that my object is attained.

The first case to which I will invite your attention is that of Robert Lumsden, of Athelstan, P.Q., at that time eight years old.

This is a compound fracture of the lower jaw, from the effects of a blow of a club, which struck the jaw to the left of the centre, coming end-wise, the centre of the blow being just in front of the canine, and causing a complete fracture between the second temporary molar and the six-year molar, on the left side; also another at the canine, or between the canine and the first molar; and another between the right canine and the lateral incisor; and the fourth, between the second molar on the right and the first molar. There was another fracture, extending from one of the fractures at the canines to the other, thus breaking the alveolus with one canine and four centrals completely out, which the mother brought me in her hand. After examining the case carefully, I consulted the physician who had brought them to my office, and he proposed that we disjoint the lower jaw entirely and take it out, as he did not think it possible to save it. I thought that I could make an improvement on that. I gave the patient ether, and got the fractures reduced as near as possible to their proper places, and had them held in place by assistants until I took a wax impression, when I made a capping plate to fit over all the lower teeth, which, you will remember, were all knocked out but the two permanent molars. I replaced them all but one lateral incisor, where the socket was gone altogether, and I left it out, which I much regret, as I saved all that I put in, and I believe might have saved

that one also. I then rivetted a V-shaped piece of plated steel to the capping plate, passed a bolt down through the head of the V, soldered it fast there, and carried it down through an iron plate well padded under the jaw. On this bolt I put a thumb nut that could be loosened or removed at will; this I allowed to remain three days, rinsing the mouth with antiseptic washes. I then removed it carefully, and rinsed the mouth with antiseptics, and at the end of the first week the patient was living on fairly solid food. After this I only removed the plate once a week. At the end of the fifth week I removed the plate altogether and discharged the patient. Strange to say, he has since erupted his bicuspid and canines, and they all came all right; also the second molars, and in their proper place and position. The enlargement of the bone at the fractures is very slight, so slight that you would not notice there had been anything wrong.

The second case is that of Archie McEwan, of Ormstown, P.Q., who came to me on the 8th of April one year ago; he had been kicked by a horse five weeks before, and had been attended by two eminent surgeons. The only teeth he could make meet together were the lower right canine on the outside of the first superior bicuspid, the molars and bicuspid of both sides of the mouth being outside those of the upper jaw, and on the left side; when the right were touching, they lacked more than one-fourth of an inch of coming up to the upper ones. I found the union so strong that I did not dare to break it again for fear of not getting a union, and so decided to draw them into place with pressure. I first passed a strong rubber round the two bicuspid on the right and the canine, also another over the second bicuspid on the right, and the first molar on the left. At the same time I passed a very strong one round the

central and lateral on the left, and the two bicuspid, on the same side. The patient wore this arrangement from 9 a. m. until 6 p. m., when I had the spaces nearly closed on the right, and completely on the left. I then took an impression, and made a capping plate similar to Lumsden's, but cutting the plaster teeth short on the right, and padding heavily under the left side, this giving it a constant twisting pressure. This the patient wore for five days, and then returned with the articulation much improved, and in the condition shown in the plaster cast, having taken it off twenty-four hours before. You will observe that the molars and bicuspid of the right side were again springing out. I then passed another strong rubber band round the bicuspid on the right, and the first molar on the left, and in four hours had them again in their proper position. I then tied the two bicuspid firmly to the canine and lateral, and left this ligature there two weeks. The patient objected to wear the plate and pads on account of its inconvenience; I then fixed a bandage, cutting out a three-inch piece from the centre, and sewing to either end of this two six-inch pieces of the strongest elastic that I could get; then sewed the other pieces to this. My arrangement was complete. I then put the center between the elastics under the chin, brought them up the sides of the face over the top of the head, crossed them around to the back, passed them forward to the point of the chin, and sewed the ends together, and attached the bandages together at the sides of the face, thus holding the whole bandage in position. The patient wore this about two weeks, which left his articulation the same as before the fracture. Everything was then taken off, and all remained in position, the patient being a little weak for a time.

The third case is that of David Armstrong of Front River, N.Y. This is a case of a man thirty-eight years of age,

and was caused by the kick of a horse ; there were three fractures, although only two went completely through ; the one on the left, as indicated by the pencil marks, united in fairly good position, but the one on the right was bad, as shown by the cast. The front end of the right side was thrown out and up so much that the only teeth that would meet at all were the lower canine and the first superior bicuspid ; this is the position in which I found it eleven weeks after the accident, and firmly united in this position. This case I treated with the capping plate, combined with the same apparatus as Lumsden, moving the teeth inward on an inclined plane and padding heavily on the left side, and keeping the screw well tightened. In ten days I had them in perfect position, and kept them there, afterwards with dental floss ligatures, holding them this way for about three weeks, which proved a perfect success.

Society Proceedings.

ANNUAL MEETING OF THE MONTREAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The Annual Meeting of the Montreal Branch of the British Medical Association was held in the Medico-Chirurgical Society Rooms, on Wednesday, the 7th December, 1892, for the election of officers for 1893 and the transaction of routine business.

The following officers were elected :

President—Dr. Hingston (re-elected).

Vice-President—Dr. Roddick.

Hon. Secretary—Dr. J. C. Cameron (re-elected).

Hon. Treasurer—Dr. James Perrigo (re-elected).

Council—Drs. Girdwood, James Bell, and Proudfoot.

It was decided that applications for membership would be received from practitioners in good standing residing in other parts of Canada not under the jurisdiction of other Branches of the Association.

It was also decided that regular meetings be held on the first Wednesday of February,

May, October and December for the election of members, reading of papers, etc.

The *PRESIDENT* (Dr. Hingston) gave a short account of the annual meeting held this year at Nottingham, where he delivered the address on Surgery. He spoke of the great kindness and hospitality shown him, and the interest taken by the officers and members of the Association in the success of the Colonial Branches.

After the election of several new members, the meeting adjourned.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, October 28th, 1892.

J. B. McCONNELL, M.D., IN THE CHAIR.

Dr. W. S. Morrow and Dr. A. E. Orr were elected members.

The resignation of Dr. J. B. A. Lamarche was accepted.

Interscapulo-Thoracic Amputation.—Dr. SHEPHERD exhibited a patient from whom he had removed the upper extremity, performing an interscapulo-thoracic amputation. The patient was now in perfect health. This case had already been reported to the Society. The patient was discharged from hospital well in three weeks.

Inguinal Colotomy.—Dr. SHEPHERD reported a case of inguinal colotomy where Maydl's operation had been performed for old and extensive syphilitic stricture of the rectum. The patient, a woman aged 35, had suffered for years from a gradually increasing stricture of the lower bowel, which had from time to time been treated by incision and the passage of bougies. So this summer, coming again under his care at the Montreal General Hospital, he advised inguinal colotomy, which was consented to. The operation, a modification of Maydl's, was performed without difficulty. An incision was made in the left inguinal region, internal to anterior-superior spine of ilium, about two inches long, the peritoneum opened and the sigmoid flexure sought for. This was easily found, the bowel pulled out, and a glass rod pushed through the mesentery or rather meso-colon. No sutures were used, the bowel being left *in situ* covered with dry dressings. At the end of four days the bowel was opened transversely with the thermo-cautery, and at the end of ten days the whole thickness of the bowel was burnt through with the thermo-cautery and the glass rod lifted out, leaving a double-barrelled opening composed of the cut ends of the bowel. After a time the ends of the bowel retracted and a satisfactory false anus resulted. The first operation took about three minutes, the subsequent ones were performed without ether

and were nearly painless. The operation is such a simple one that the merest tyro could successfully perform it if only he makes the operation strictly aseptic. The patient is at present in good health, and quite satisfied with the relief afforded by the operation. It was not strictly a Maydl's operation, as that surgeon uses sutures; rather it was Réclus' modification of Maydl's operation.

Dermatitis Exfoliativa.—DR. SHEPHERD exhibited a case of dermatitis exfoliativa in a man aged 55. The eruption was very typical, and commenced first as an eczema of the legs some thirty years ago. It now involves the whole body, the back looking like the bark of an old birch tree. Dr. Shepherd stated that at one time this affection, which is sometimes called *Pityriasis Ruber*, was thought to be a fatal affection, but recently opinion has changed, many cases living to old age. The patient shown was seen to be a man in perfect health; only within the last few months has the disease invaded the whole surface of the body. Dr. Shepherd said that he had at present under his care at the General Hospital another case of the same disease, but in the acute stage, the patient not being in a fit condition to be brought out. His temperature ranged from 99° to 101°, and the whole surface of the skin was intensely red and covered with raised papery flakes of desquamating skin, several quarts of scales being at times taken from his bed. In this case the nails came off, and the skin of hands and feet was shed in one piece. The patients were treated with a lotion of calamine, oil and lime-water, which gave great relief.

DR. FOLEY thought that the treatment suggested by Stephen Mackenzie was the best in such cases. During the acute stage an application of glycerole of lead ζ i, glycerine ζ i, water Oj, should be used; the patient should sleep between blankets. When convalescent, a diuretic should be administered with or without quinine, to be followed by hypodermics of pilocarpine and vapor baths.

DR. LAFLEUR asked if the case had begun with a scarlatina-form rash. He had seen a case in Baltimore which began with a severe rash. She had had scarlatina in childhood, and the late appearances were the same as, though less marked than, in this case.

DR. SHEPHERD had not seen the case in the early stage. He cited a case of a boy who had five attacks, consisting of rigors, fever and rash, and had been treated for scarlatina, but it was no doubt this disease. Quinine will sometimes cause the same condition as in the case he had reported last year.

Fracture of Tibia in a Partridge.—DR. SHEPHERD showed for Dr. Clarke, of Tatamagouche, N.B., the limb of a partridge in which the tibia had been broken and over an inch of

new bone formed and united the broken ends. A piece of the original tibia, over an inch long, was coming away as a sequestrum.

Pelvic Dermoid Cyst Removed from a Woman Six Months Pregnant.—DR. WM. GARDNER exhibited the specimen and related the following history: Patient is married fourteen years; has had three full-term children, the last seven years ago. In December, 1890, the tumor was diagnosed and operation advised. Menses absent since April 2nd, 1892. Six weeks ago, when already pregnant to four or four and a half months, had a severe attack of pelvic pain, requiring full doses of morphia. When examined, it was discovered that the tumor was adherent to the floor of the pelvis. Operation was done on October 1st. The tumor was of the left ovary, and being successfully shelled out from its bed of adhesions in the floor of the pelvis, was then easily brought to the level of the abdominal incision and tied off, catgut ligature being used. The size of the tumor was that of a medium orange. It was filled with sebaceous matter and hair, and also contained one tooth. The cyst-wall contained some leathery blood-clot. The recovery was smooth and without any interference with the course of pregnancy. The nature of the tumor and the fact that it was adherent in the pelvis rendered its removal an absolute necessity to save the patient from very great danger from the passage of the child during labor.

DR. BULLER, the retiring President, then read the following address:—

Gentlemen,—When you conferred upon me the honor of the chairmanship of this Society for the past year, I was well aware that the position was one that would be difficult to fill with credit to myself or to your entire satisfaction, coming, as you decreed I should, immediately after such an illustrious leader in the profession as you will all acknowledge my predecessor was and still continues to be. Nevertheless, I believe I may say, without fear of contradiction, that the devotion of this Society, individually and collectively, to the cause in which and for which it labors enables me to chronicle one of the most successful, and in some respects perhaps the *most* successful year since its organization. This is as it should be, for there is no such thing as standing still in the profession to which we belong; none of us can afford to sit down and rest upon laurels won or reputations established without imminent peril of losing the prize for which we have striven. As it is with each individual, so it is collectively—we must choose between progress and retrogression.

I congratulate the Society that the past year has been one of progress, as shown by the records I shall now present. We have added a goodly number to our list of membership.

The average attendance has been a little larger than during any previous year—29.8, or .6 more than last year—and the character of the work done has not been surpassed by that which has been accomplished under any of my predecessors.

I have arranged the contributions of each member, as far as possible, separately, and although this may make dry reading, it forms a sort of ready reference to the work done by the Society, and this, I take it, is the object of a résumé of our annual proceedings. If this lends an undue prominence to certain names, it is because those who bear them have done good work and are well worthy of recognition. As for those who have done little, it may be the means of stimulating them to greater efforts. But, after all, the non-workers are deserving of much credit for regular and faithful attendance. It is nobler, perhaps, to do good silently than with a flourish of trumpets.

The work of the Society has, as usual, been characterized by great interest in pathology, as evidenced by the large number of pathological specimens exhibited. Several of the younger members of the Society have shown a laudable enterprise in this direction. It is to be hoped their example will be followed, in the future, by increasing numbers of the junior members of our Society. Our heartiest thanks are due several members of the Society who have come long distances to be present at our meetings. These non-resident members of the Society have favored us with quite a number of valuable papers and reports of cases.

The living cases exhibited have been unusually numerous and highly instructive. A glance at the list of papers and written communications will give a better idea of the merit of this work than any words I could employ in eulogizing the writers or that which they have written.

To Dr. Shepherd we are indebted for a long list of dissecting-room specimens as rare as they are interesting and instructive.

The work of the Society has not been confined this year to the limits of its own meetings. A great and unusual interest has been shown in matters affecting the public welfare, and I cherish the belief that the prestige of our Society has been materially augmented by publicly advocating such measures as may lead to improvement in the sanitary condition of the city, the more efficient administration of justice in all cases of a medico-legal character, and in the prevention of epidemic diseases which threaten our country from without.

In a Society so large as ours has become, we must expect every year to have one sad duty to perform—viz., to deplore the departure of some to the great unknown. In the past year I am thankful to say the hand of the de-

stroyer has been graciously withheld, save in one instance. We mourn the loss of Dr. J. J. Dugdale, whom most of us have known for many years as a quiet, unassuming, painstaking, conscientious and honorable practitioner. He lived to do good, and will doubtless receive the reward of true merit.

To facilitate the working of the Society, it was deemed advisable to revise the constitution and by-laws. This has been duly accomplished after thorough discussion and consideration of each and every clause therein contained.

I desire to express my high appreciation of the work done by our indefatigable secretary, Dr. Kenneth Cameron. It is through his untiring zeal and energy that materials have been supplied to sustain that general interest in our proceedings which is essential to the success of every medical association.

The subjoined synopsis of our proceedings for the past year is the briefest possible record of the work done by each individual member.

It remains, gentlemen, for me to thank you all for the kindness and courtesy I have on all occasions met with from every member of this Society, and more especially from those with whom I have been officially associated in the meetings of our council, for with such a council the office of president has been a pleasure, without their advice and association it would have been a difficult and laborious task.

Pathological Specimens.

Dr. Bell—

A pedunculated tumor and a small calculus removed from the bladder of a man aged 68.

Vesical Calculus.

Photograph of a warty growth around the anus of a young man.

A branched renal calculus removed from a man of 36.

A double multilocular cyst of ovary which had ruptured and caused fatal peritonitis.

A small renal and several small vesical calculi. Sarcoma of femur, with history of the case.

Dr. Shepherd—

Vesical Calculus.

A kidney recently removed; ditto, a branched calculus.

A kidney which he had removed, the case having terminated fatally from hemorrhage eleven days after operation.

A femoral vein in which a fragment of a frog signal had been imbedded.

Drs. Bell and Mills exhibited photographs of lepers from Honolulu and from British Columbia.

Dr. Alloway—

A specimen of vulvo-vaginal cyst.

Hæmatoma of Fallopian tubes and ovaries.

Carcinoma of ovary removed by him; with

- some interesting remarks on the relief of collapse following the operation by injecting warm salt water into the abdominal cavity.
- Dr. Hingston—
Two lower maxillæ removed for cancer.
An astragalus enucleated by an accident.
Dr. A. E. McGannon of Brockville.—
A rare specimen of ovarian tumor in which both bone and cartilage structure were found.
- Dr. Lockhart—
A pedunculated fibroid removed from left labium minor.
- Dr. George Brown—
A specimen of intussusception from a boy, aged 10, who died of obstruction of the bowels.
- Dr. Finley—
A specimen of plasmodium malarie and one of double hydrosalpinx.
A fibroid heart.
Perforated intestine from typhoid fever patient.
Abscess of the brain; clinical history by Dr. Hutchinson.
- Several specimens of miliary tuberculosis; clinical history by Dr. Wilkins.
The heart of a man who had died of angina pectoris; clinical history by Dr. Ross.
Aneurism of the descending aorta; clinical history by Dr. Hamilton.
- Specimen from a case of general miliary tuberculosis.
Enchondroma of humerus, which, together with the scapula, had been removed by Dr. Shepherd.
- Drs. Finley and Armstrong—
A hand removed for epithelial cancer.
- Dr. William Gardner—
Two ovarian tumors.
The uterus and ovaries removed from a young woman, aged 26, in the fourth month of pregnancy, complicated with cancer of the cervix uteri.
A small ovarian tumor filled with papillomata.
A large uterine myoma removed by total extirpation.
A uterus removed for cancer by the vaginal method.
- Dr. Lafleur—
Two specimens of perforation of typhoid ulcer.
Hypertrophic cirrhosis of liver.
Atrophic cirrhosis of liver.
Myocarditis; clinical history by Dr. Stewart.
Enchondroma of ilium.
The heart and other organs of a case that had died of mitral stenosis; clinical history was related by Dr. James Stewart.
Sarcoma of testicle.
Tonsils and glands of a case of lymphatic leukæmia; clinical history of case by Dr. Schmidt.
A specimen of malignant endocarditis.
- Thrombotic softening of the pons varolii.
Echinococcus cyst of liver.
Cæcum and appendix of a patient who had died of acute suppurative appendicitis.
General tuberculosis in a child seven months old.
Microscopic specimens of cancer of the ovary and peritoneum; clinical history by Dr. Finley.
A retro-pharyngeal tumor; clinical history by Dr. Bell.
Multilocular cyst of ovary (Dr. Bell's case).
Dr. A. Laphorn Smith—
Ovarian cyst with chronic salpingitis, with report of case.
Cancer of the liver, from a patient whose breast he had removed last summer.
A breast recently removed for cancer, with microscopic sections of the latter.
A polypus of the uterus.
Dr. Smith also showed a new portable laparotomy table designed by himself.
Dr. T. F. Robertson of Brockville—
Fibromatous uterus, with detailed history of case.
Dr. J. B. McConnell—
Sections of sarcoma of forehead, schirrus of breast, and epithelioma of rectum.
Exhibited tube cultures of the bacillus of diphtheria.
Dr. Wyatt Johnston—
Specimens of bothriocephalus latus.
Gunshot fractures of skull.
- Living Cases Exhibited.*
- Dr. Shepherd exhibited a man with an enormous enchondroma of ilium. The same case after successful removal of the growth.
Dr. James Stewart exhibited a young man suffering from Friedreich's disease in a very marked degree. He also showed a man suffering from chronic alcoholic poisoning.
Dr. James Bell exhibited a child, five years old, as an example of extensive tuberculosis amenable to surgical treatment. Also an infant on whom he had operated successfully for spina bifida.
Dr. Shepherd showed a woman upon whom he had performed resection of the intestine.
Dr. Hingston exhibited a young woman whose skull he had trephined on account of intense and persistent headache. The report of this case was unfortunately much lacking in detail.
Dr. Armstrong exhibited a man on whom he had operated for appendicitis "during the interval." This was the occasion of a long and most instructive discussion on the subject of appendicitis in all its bearings.
Dr. Bell exhibited a boy for whom he had performed excision of the wrist.

- Dr. Armstrong exhibited a case upon which he had operated for contraction of the muscles of the calf of the leg.
- Dr. Hingston showed a young man whom he had trephined for depressed fracture of the skull with hemiplegia of twelve years duration.
- Dr. Shepherd exhibited a child perfectly recovered from a compound fracture of the skull with considerable loss of brain substance.

Papers.

- Dr. A. L. Smith—On two cases of puerperal peritonitis.
- Dr. Shepherd—Report of case of umbilical fistula in an infant completely cured by operation.
- Dr. Armstrong—"Salpingitis," with special reference to surgical treatment.
- Dr. Springle reported a case of rapidly fatal acute meningitis, a sequence of chronic suppurative otitis media.
- Dr. Shepherd reported a case in which he had removed a branching calculus from the kidney.
- Dr. Springle reported a case of placenta prævia centralis, in which both mother and child were saved. Also a case of nephrolithotomy, and exhibited the stone.
- Dr. Schmidt—Report of a case of Friedreich's disease.
- Dr. Duquet read the report of the Medico-Psychological Society of Great Britain and Ireland on the care of the insane. This paper elicited considerable discussion.
- Dr. Shepherd reported a case of profuse rash following the administration of a very small dose of quinine.
- Dr. J. E. Molson read an interesting paper on the diagnosis of aneurism of the descending aorta.
- Dr. McConnell—Acute yellow atrophy of liver.
- Dr. A. E. McGannon—On extra-uterine foetation.
- Dr. Smith read a report on five cases of laparotomy.
- Dr. James Bell—On gastro-enterostomy.
- Dr. Finlay—Notes of a post-mortem on a patient who had died of hemorrhage into the right ventricle. The clinical history was given by Drs. Armstrong and Hutchison.
- Dr. Smith—On seven cases of dysmenorrhœa treated and cured by galvanism.
- Dr. G. T. Ross—On arterio-sclerosis.
- Dr. Bruère—On local motor paralysis after poisoning by charcoal vapor.
- Dr. Buller—A short paper on a case of herpes zoster ophthalmicus.
- Dr. Johnston—Notes on the results of a post-mortem on a man who had died from intestinal obstruction caused by an impacted gall-stone.

Dissecting-Room Specimens.

- Dr. Shepherd presented two greatly atrophied stomachs obtained from two subjects that had died insane, and explained that this peculiarity is not infrequent among that class of persons. A third specimen showed an unusual diverticulum of the urinary bladder. Also
- A specimen showing persistence of the right aortic root.
- Calcification of the dura mater.
- Double paroccipital process.
- Ossa supra-sternalis.
- Rheumatoid arthritis of the axis and atlas.
- Meckel's diverticulum.
- A foetal puppy without mouth or eyes.
- Skeleton of a double human monstrosity after the type of the Siamese twins.
- A secondary astragalus.
- A great toe which had been crushed off.
- A fissured sternum
- Separation of lamina of fifth lumbar vertebra.
- Kidneys with irregular blood supply.

Cases in Practice.

- Dr. F. W. Campbell related a case in which excessive swelling of the finger necessitated removal of a ring. The operation was extremely difficult.
- Dr. Hingston related the history of a case in which he had removed the spleen weighing 14 lbs.
- Dr. Smith—A report on a case of ruptured extra-uterine pregnancy upon which he had operated unsuccessfully.
- Dr. Wilkins described a case of malingering.
- Dr. Johnston—A case of pronounced chlorosis in a man.

AN EPIDEMIC OF PHTHISIS.

An epidemic of phthisis is reported by Marfan, who observed fourteen deaths from among twenty-two employees in an office during five years. The cases are traced to one employee who, at forty years, died of phthisis, after twenty-four years' employment. He coughed and expectorated a great deal for three years. The office occupied by these men only admitted 10 cubic meters air for each individual; ventilation and light were bad. The floor was uneven, full of crevices and cracks, and was not kept clean. *All employees spat upon the floor.* The author has no doubt that tubercle bacilli were present in the dust arising from the sweeping done in the presence of the employees. He was prevented from demonstrating this fact, because the place had been thoroughly swept when he called. The predisposing element of poverty (the small incomes) and unhygienic dwellings doubtless played an important rôle.—*W. Med. Presse. —Times and Register.*

Progress of Science.

INFLUENZA.

By E. S. MCKEE, M. D.,

CINCINNATI.

Among the many ingenious hypotheses advanced to account for the origin and spread of influenza, it is interesting to observe the one which, to a certain extent, approximates the doctrines of those early Italian physicians who assigned it a name which has the merit of vagueness and nescience, and for which we seem to have found no better. There seems something still to be said for an extra mundane origin for this mysterious affection. Willis¹ suggests that this disease, which visits so suddenly and simultaneously so many parts of the earth, may take its rise in the intrusion into the atmosphere of some poisonous gas of such density as to penetrate everywhere. Influenza or la grippe is, according to McKee,² rather better termed a pandemic than an epidemic, which passes over the earth from east to west, regarding not climate, class or society. The Indians of Alaska were reported³ dying in large numbers during the past year. In Austria, 2,823 deaths from Influenza were reported⁴ during the epidemics of 1889 and 1890. 930,478 applied for medical relief, but of course a large number did not call in a medical attendant. An interesting editorial⁵ discussed the various names of this malady, which are found peculiarly expressive in the various languages. An interesting study⁶ of the various pandemics of influenza is worth recording. Leer reports 1,120,000 cases in Pennsylvania during the recent epidemic, of which 7,880, or one in every 142, died. The etiology of influenza, according to Tezzier,⁷ is a microbe, which he styles the strepto-bacillus, whose habitat is putrid mud. That Russia is its home is in his opinion due to the fact that bad drainage, filthy streets, and neglected barn-yards are the rule, a condition aggravated by swollen rivers and generally wide plains.

The depressed tone of human vitality during the influenza epidemic is discussed in a

¹ London Times, July 10. American Practitioner and News, September 12. London Lancet.

² American Practitioner and News, September 26. Nashville Journal of Medicine and Surgery, September.

³ Medical Record, June 20.

⁴ Medical Record, May 23.

⁵ Medical Record, April 18.

⁶ Medical Record, May 9.

⁷ Lancet Clinic, January 24. Journal American Medical Association, March 14.

⁸ Journal American Medical Association, March 21. Gaillard's Medical Journal, March.

report by Coulston.¹ He was uncertain whether the lowered tone of vitality was due to the influenza, whether the European family was in a lowered state of vitality, thus being a fit nidus for the influenza germs, or whether it was the sunless, summerless general character of the year. He distinctly connected the influenza with the number of melancholic patients sent to Morningside Asylum. He believed the influenza left the nerves of Europe in a far worse state than it found them. It might be well for asylum superintendents to look into this matter. "Facts Gleaned from last year's Grippe" is the title of a valuable editorial² in which the statistics furnished by the Medical officers of the United States Army are collected. Stevens found its prevalence proportional to the increase in weight and humidity, and inversely to the amount of ozone and the electrical condition of the atmosphere. In view of the intense nervous depression, the too popular antipyretic sedative treatment is unwarrantable and unscientific. Fatal prostration and heart failure in grippe are probably due more often to drugs than the disease itself. In a study of influenza as occurring in Russia, Siefried³ refers to the water supply of various cities and mills where large numbers were employed. It was found that those drinking artesian water were immune, or remained so until the disease was introduced from without, while those drinking surface water were readily affected.

Transmissibility⁴ has received an impetus from the observation that the course of influenza was independent of, and quite opposed to, the prevailing winds. It travelled slowly in Siberia and Russia, but rapidly as soon as it reached the net-work of railways in Central and Western Europe. Its course was changed by the mountain ranges of Scandinavia, and it invaded Norway, not from Sweden, but from Holland and England. Again, it was deflected by the Carpathians turning its course in the channels of travel down the valley of the Danube, and ultimately following, in direction and time, the ocean routes to Africa, India and America.

In India it has shown the same peculiarities of following the railroad lines as with us. Caird⁵ reports influenza as communicated to cats, and quite a number of human beings as directly infected from a horse.

Prophylaxis has been successfully carried out by Gilbert⁶ by the use of quinine and arsenic.

¹ Journal American Med. Association, June 20. Lancet, March 7.

² Medical Record, March 28.

³ Deutsche Medicinische Wochenschrift, January 15. University Medical Magazine, April.

⁴ Journal American Med. Association, May 2. Lancet, March 28.

⁶ Lancet, June 20.

He used these remedies in a number of patients, none of whom were attacked. He observed one instance where nine children in one family were attacked with influenza, and one escaped who was taking arsenic for a skin affection. He thinks it reasonable to suppose that these two powerful antiseptics might prove inimical to the development of the microbe which probably causes influenza. It is also reasonable to expect that these drugs would fortify the system against the disease.

Immunity against influenza furnished by vaccination is reported by Goldschmidt,¹ whose observations were in the Island of Madeira, which suffered from a double invasion of small-pox and influenza. He found that no one of the 112 persons successfully revaccinated suffered from influenza, and in 98 persons in whom revaccination did not take, only 15 had any symptoms of the disease. In an isolated villa of 27 inhabitants, 12 who were vaccinated escaped, while 15 who were not vaccinated all suffered from la grippe. The doctor believes that the immunity generally enjoyed by young children in epidemics of influenza is due to the first vaccination, which has not yet had time to become dissipated.

Van Eman² is led to the belief that one attack of la grippe tends to a certain amount of immunity against others, but admits that this has numerous exceptions. He is strongly inclined to the opinion that cases of incipient or developed phthisis undergo rapid changes for the worse after an attack of the grippe.

The epidemic among children is discussed by Coneby,³ who says 40 per cent. of the children of Paris were affected by this disease. Two hundred and eighteen came under his observation: 124 were girls and 94 boys. They ranged from seventeen days to fifteen years of age. He thinks the disease infectious, being diffused by atmospheric currents. Its contagiousness he considers not clearly established, although probable. In only one case was there a fatal issue.

A child born with influenza is reported by Townsend.⁴ The mother had an attack January 2, lasting three days. The child was born January 9. It sneezed violently, and the same day its respirations reached 100. Second day, temperature 104° F.; pulse at least 200; respirations 150-160. He discussed, in support of his view, the case reported by Barber.⁵

The relation between influenza and pneumonia is discussed by Simon.⁶ He finds that in

those cases where the attack was not very severe, and the patients insisted on going out when still weak, though the temperature was still normal, there are found, on examination, sticky crepitant râles at the base of each lung. Patients walking about with these râles, and with the pulmonary conditions causing them, will be especially liable to take pneumonia if exposed to chill or fatigue. This fact will go far to explain why so many bad cases of pneumonia occur amongst men in the prime of life who have, as they have thought, recovered from slight attacks of influenza. The materials for the production of pneumonia are latent, and need only the influence of cold and exposure to develop the disease in the body already weakened by influenza.

Menstruation, as affected by influenza, is described by Mijulieff,¹ who noted that in women menstruating during an attack of influenza, the flow was more profuse and prolonged. In a case of amenorrhœa, the flow reappeared after an absence of four months; in another it appeared for the first time during an attack. No special treatment was indicated. The increased flow must be explained as due either to an acute endometritis or to the presence of pathogenic micro-organisms in the blood, introduced through the respiratory tract. These give rise to certain vaso-motor disturbances which may lead to hemorrhages in other organs beside the uterus. It is possible that the microbes may generate ptomaines which exert a direct irritant action upon the vaso-motor system.

Hyperpyrexia is reported by Gibson.² Several cases are mentioned reaching 107, 108, and 109° F. One patient was saved by cold baths.

Aural complications are the subject of a report by Meniers,³ who states they are the result of retro-nasal affections. Of 57 cases 23 lasted four or five weeks. In 11 cases the lesion was unilateral, in 17 bilateral. In another series of 16 cases, 9 were unilateral and 7 bilateral, and the duration of the disease three months. Eight lasted four months, and 5 were still under treatment because of complication, as periostitis and mastoid inflammations. The treatment consisted of warm water, irrigation in the external canal and in the Eustachian tube, paracentesis of the membrana tympani in some cases, and in four instances thermo-cauterization of the mastoid. Ludwig⁴ found that influenza induced a large number of cases of

¹ Medical Record, May 16.

² Kansas Med. Jour., October.

³ Revue Mens. de Mal. des Enfants, 1890. American Journal of the Medical Sciences, April.

⁴ British Med. Journal Supplement, February 21; Archives of Pediatrics, January.

⁵ British Med. Journal, March 1; British Med. Journal, February 21.

⁶ British Med. Journal, June 27.

¹ Fiederl, Tijdskr. v. Geneeskunde; Centrallblatt fuer Gynakologie; American Journal of the Medical Sciences; Archives Gynecology, Obstetrics and Pediatrics, October.

² British Med. Journal, May 30.

³ British Med. Journal, June 13. American Journal of the Med. Sciences, February. Med. Annales des Maladies des Oreilles, September.

⁴ American Journal of the Med. Sciences, March. Archives fuer Ohrenhulkenunde, September, 1890.

otitis media. He found otitis subsequent to influenza, sometimes a malignant and life threatening disease, which, in conjunction with pyæmia and meningitis from empyæmia of the frontal sinuses, presents the most frequent cause of death after pneumonia.

The ocular phenomena observed in the course of la grippe are described by Macnamara.¹ He has met 4 cases of optic neuritis, 3 in males. These troubles could be attributed to no other disease than influenza. Five cases of retro-ocular neuritis are reported by Eperon,² which occurred as sequelæ of influenza. Three cases of ocular complications are reported by Rays and Hausen.⁴ A case of acute retro-bulbar neuritis. Laibach⁵ reports the case of a young lady who suffered from influenza with severe hemicrania dextra, whose eyelashes on the right eyelids turned perfectly white. Multiple neuritis after influenza is reported by Westphal.⁶ Two cases are described in one, the first symptoms were manifest seven days after the beginning of the disease. The first patient was aged 29. He complained first of a feeling of numbness and pain in his toes and fingers, subsequently weakness of the limbs and difficulty of swallowing, abolition of the knee-jerk and the triceps jerk, retention of the abdominal and the plantar reflexes, with slight paralysis of the right side of the face. Under appropriate treatment the symptoms promptly disappeared, but the knee-jerk remained absent for several months. The symptoms in the second case were more severe, and were ushered in by an attack of urticaria. In the course of a few weeks there were general muscular weakness, paralysis of one side of the face, and paresis of the other, difficulty in swallowing and abolition of the knee-jerk, pain, on pressure, over the affected nerve trunks and muscles, wasting of muscles, both in the upper and lower extremities, and the reaction of degeneration, preceded by an increased electrical irritability. Two similar cases are reported by Homen,⁷ occurring in brothers.

Kings mentions a case in which extreme head pain, with acute vomiting and constipation, followed by squint, dilated pupils, stupor and an epileptic attack. All passed off, and the boy is now quite well. One case in which a semi-cataleptic condition occurred was men-

tioned. Colley¹ reports a case of Basedow's disease following influenza.

Influenza psychosis is the subject of an article by Jutrosinski,² who points out that no mention of a true psychosis is made until his account of the influenza as it appeared in Philadelphia in 1789-1791. Jolly, of Strasburg, observed three groups of mental diseases produced by influenza: acute delirium, delirium tremens, and genuine insanity. The etiology of influenza psychosis is the same as the etiology of mental complication in other febrile diseases, viz.: Abnormalities of the circulation, hyperæmia or anæmia of the brain, the production of ptomaines, etc. The excessive use of antipyrine or antifebrine has also undoubtedly been a factor in many cases. He thinks mental diseases are produced in individuals with nervous dispositions. Insanity can originate in every stage of influenza, however patients at the period of convalescence are most frequently attacked. All forms of mental diseases can appear; the majority show a melancholic-hypochondriacal character. Both sexes are equally attacked. Patients from twenty to thirty years of age are most frequently affected. Influenza in persons already insane produces a deterioration of their mental condition.

Tenonitis following influenza is reported in four instances by Fuchs.³ Having met with but one case previously in his experience, Fuchs could but conclude that these causes depended on the influenza. In two of the cases the pneumococci of Frankel-Weichselbaum was found in cultivations made from the secretions. One case went on to suppuration.

A case of meningitis of influenzal origin is reported by Blomfield.⁴ At least this is the best description he can give it.

The digestive organs, according to Nicholson,⁵ are frequently affected; vomiting is often present, especially in the commencement; diarrhœas occur in 8 or 10 per cent.; atonic dyspepsia, from which the patient may live free for years, is often recalled into existence; the urinary organs usually escape complications; scanty, high colored urine is the rule, and occasionally a little albumen, but nephritis, or permanent kidney trouble, would seem to be rarely, if ever, seen; hæmaturia now and then occurs, but is rarely serious. Severe menorrhagia is occasionally the result of influenza, but seems to have little tendency to produce abortion.

¹ Weekly Med. Review, September 19. Le Bulletin Médical.

² Medical Record, June 13.

³ American Practitioner and News. Western Medical and Surgical Reporter.

⁴ Schmidt's Jahrbuecher, No. 2, 1891. Medical Record, November 8, 1890.

⁵ Schmidt's Jahrbuecher, March.

⁶ Lancet, January 10. St. Petersberger Medicinische Wochenschrift, 1890.

⁷ Lancet, May 9. Fortschritte der Medicin, No. 9. Finska Laharesallskafe Handlingen, Bd. xxii.

⁸ Lancet, June 13.

¹ Schmidt's Jahrbuecher, No. 2, '91. Deutsche Med. Wochenschrift, 1890.

² Lancet, June 27.

³ Wiener Klinische Wochenschrift, 1890, II. American Journal of Med. Sciences, January.

⁴ British Med. Journal, June 13.

⁵ Deutsche Med. Wochenschrift, March 19. University Med. Magazine, July.

The treatment of influenza neuralgia by sweat baths is reported on by Frey.¹ He used simply the steam or hot air baths, and found the best results in the ordinary typical forms of neuralgia, better results being obtained in recent cases. He thinks there is a strong analogy between malarial and influenza neuralgia. He believes influenza due to a specific micro-organism, and questions whether the neuralgia occurring with it may not be occasionally in the nature of an infectious neuritis.

The following prescription is highly recommended by Palmer:²

R.—Salol..... ʒij
Phenacetini..... ʒij.
Quininæ salicylatis..... ʒi.
M.—Fiat caps. No. xx. One every 3 hours.

Emersons has found nothing better as an antipyretic and analgesic than phenacetine, or phenacetine and salol in combination. He gave 10 grains of phenacetine, or 5 grains of phenacetine and 5 of salol, or 2.5 grains each every three hours. It is rarely after that time.

Phenacetine is warmly recommended by Clemow,⁴ who has used it in from 4-10 grains. The second dose is given an hour after the first, then repeated every four hours if the patient is not relieved. Similar results are reported by Henry.⁵ Laffont⁶ advises as a rational treatment of influenza gentle fumigations, diaphoretics and revulsives, strong tonics.

That influenza is a paresis or partial paralysis of the pneumogastric nerve, depending probably on such a sudden change in the atmosphere as involves an increased expenditure of force in maintaining circulation and respiration, is the idea advanced by Morris.⁷ Hence follows the phenomena of heart failure and pulmonary congestion which we too often witness, or the gastro-intestinal troubles, or the intense neuralgias. He finds from a logical sequence that the best remedies are strong excitomotor stimulants, chief among them strychnine, caffeine, alcohol and ammonia. Since he adopted the above views, and treated his patients with 5-10 drop doses of tincture of nux vomica every three or four hours, he has often been surprised at the promptness with which they rallied, and the almost unfailling success of the method. He strongly urged his means of treatment, especially with patients below the par of vital activity.

1 British Med. Journal.

2 American Practitioner, 1890. Canada Medical Record, August, 1890.

3 Medical News. Canada Medical Record, August.

4 British Med. Journal, June 27.

5 British Med. Journal, June 13.

6 Medical Record, April 11.

7 Journal American Med. Association, Jan. 3. Transactions American Academy of Medicine.

A single inhalation of a 2 per cent. solution of ichthyol has produced great relief in the hands of Lorenz.¹ A steam spray apparatus was used, and it was repeated twice a day for twenty minutes at a time. In addition to this, ichthyol was ordered internally in the form of pills, containing a grain and a half each, one to five being taken daily; also a vessel containing a 2 per cent. solution of ichthyol was kept in the room, and was made to boil from time to time by means of a spirit lamp under it. In almost every case the symptoms are said to have subsided entirely in two or three days, but if the treatment were left off then the cough and the running at the nose were liable to recur.

Bruce² sends the patients to bed, provides good nursing, warmth and rest, feeds them freely, fluid diet highly nutritious and stimulating. For the first few hours order 10-15 grain doses of salicylate of sodium; as soon as the pain is gone drop that, and put the patient on free doses of quinine or cinchona.

Wallians considers an efficiently managed Turkish or Turkish-Russian bath at the onset, one of the promptest measures at command. It relieves congestions, causes rapid elimination, and equalizes the circulation. Few patients are too weak to bear this measure. The sick room should be free from curtains, plush furniture, etc., should be large, airy, and should be perfectly disinfected with peroxide of hydrogen, which should be thoroughly sprayed about the room every two or three hours. It not only disinfects but liberates free oxygen in an extremely active or ozonized condition. Add to this free and frequent inhalations of pure oxygen to the extent of 15-25 gallons per day.

A NATIONAL QUARANTINE IN THE UNITED STATES.

The Senate this week passed the bill providing practically for a national quarantine by means of the marine hospital service, after rejecting all amendments proposing substantial changes in it. It is proposed to press it vigorously in the House under the spur of the cholera danger, and its advocates there are hopeful of success in spite of the opposition which has already appeared.

The quarantine bill, as passed by the Senate, makes it unlawful for any merchant ship or other vessel from any foreign port or place to enter any port of the United States, except in

1 British Med. Journal, May 30.

2 Medical Press and Circular, November 19, 1891. New Orleans Med. and Surgical Journal, January. Gailard's Med. Journal, January.

3 Medical News, April 25.

accordance with its provisions and with such rules and regulations of state and municipal health authorities as may be made in pursuance of or consistent with it, under a penalty not exceeding \$5,000.

Any vessel at any foreign port clearing for any port or place in the United States shall be required to obtain from the United States consular officer at the port of departure, or from the medical officer where such officer has been detailed by the President for that purpose, a bill of health, in duplicate, in the form prescribed by the Secretary of the Treasury, setting forth the sanitary history and condition of said vessel, and that it has in all respects complied with the rules prescribed for securing the best sanitary condition of the said vessel.

The marine hospital service is to co-operate with and aid state and municipal boards of health in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases.

The sixth and seventh sections of the bill are as follows:

Sec. 6. That on the arrival of an infected vessel at any port not provided with proper facilities for treatment of the same, the Secretary of the Treasury may order same vessel, at its own expense, to the nearest national or other quarantine, where the station accommodations and appliances are provided for the necessary disinfection and treatment of the vessel, passengers and cargo; and after such treatment, and after certificate by the United States quarantine officer that the vessel, cargo and passengers are each and all free from infectious disease, or danger of conveying the same, said vessel shall be admitted to entry to any port of the United States named in the certificate. But at any port where sufficient quarantine provision has been made by State or local authorities, the Secretary of the Treasury may direct vessels bound for said ports to undergo quarantine at said State or local station.

Sec. 7. That whenever it shall be shown to the satisfaction of the President that, by reason of the existence of cholera or other infectious or contagious disease in a foreign country, there is serious danger of the introduction of the same into the United States, and that notwithstanding the quarantine defence, this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce the same is demanded in the interest of the public health, the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate, and for such period of time as he may deem necessary.

An appropriation of \$1,000,000 is made to

enable the President to carry the Act into effect. Compensation is to be made for quarantine buildings and property received from States or municipalities. The Act of March 3, 1879, establishing the National Board of Health, is repealed.

ISOLATED TUBERCULAR PERICARDITIS.

At the meeting of the Medical Society of the 30th ult., Prof. Virchow showed a case of the above. He said that isolated tubercular pericarditis was a very rare occurrence. When he first met the condition whilst at Würzburg, it was a surprise to him that it occurred in a man, æt. 80, the man showing nowhere else any sign of the disease, and most of the other cases were similar. The majority of them showed a remarkable complication, extensive hæmorrhages in the pericardium, as if rupture of the heart had taken place. The heart shown was from a business man from Salzwedel. The man, previously healthy, took ill eight weeks ago in consequence of a chill, and went into hospital three weeks ago. Diagnosis, hydro-pericarditis. The legs were swollen, there was also ascites, no fever, difficulty of breathing. Section showed fluid in the abdomen and in the pleuræ. Pericardium distended with thin hæmorrhagic fluid. The otherwise powerful man had not suffered from either cancer, tuberculosis or Bright's disease. Examination of the heart revealed the following: There was considerable hypertrophy of the whole heart and enormous distension of the pericardium, particularly towards the left side, and on the inner surface the hæmorrhagic character could be seen. There was also an extensive fresh fibrinous exudation, mostly on the surface of the heart, giving it the appearance of a cor villosum. He had no doubt fresh exudation had recently taken place, and that there was a sort of recurrent pericarditis. On more careful examination of the cut surface an enormous eruption of tubercles was seen in the deeper tissue of the pericardium on the proper muscular tissue. The tubercles were full of giant cells, unusually large, containing comparatively few but recognizable tubercle bacilli. The earlier cases had shown that these cases were always protracted, lasting for months, running a rather latent course, with new connective tissue representing vascularized thickenings. Doubtless the hæmorrhagic products arose from the newly-formed deeper layers. It was equally certain that the tubercle was not primary, so that it developed as a secondary condition in the new layers. The process as a whole was then that during a certain period a pericarditis was present that set up adhesion and sclerotic conditions. The new tissues

were highly vascular. There then occurred new paroxysms which lead to hæmorrhage and then the tuberculosis gradually developed. On the external surface when the pleura extended over the pericardium, eruption of quite fresh tubercle could be seen on the surface forming partly clear grey and partly yellowish nodules. The first case of the kind was to him an indication against the dyscratic idea prevailing at that time that the disease was a general one. He had looked upon the affection as a typical local tuberculosis, but had not then found an explanation of it.

PROPER METHOD OF APPLYING OBSTETRIC FORCEPS.

1. Anesthetize the patient and place her in proper position—buttocks well over the edge of the bed, and each limb supported by an assistant.

2. Ascertain the position of the head, introducing within the vagina two or three fingers, or, if necessary, the whole hand.

3. Apply the blades of a Hodge type of forceps to the sides of the head, with the concave edge directed toward the occiput. If, for any reason, this cannot be accomplished, withdraw the instrument, and substitute a Simpson (or Elliott), passing the blades to the side of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by reapplying the blades to better advantage.

4. Make every effort to secure antiseptic condition during the operation. The fingers, hands and forearms of the operator, the external genitalia and vagina of the patient, the instruments and the hands of the assistants, should be clean and aseptic.—*Amer. Jour. Obstetrics.*

SYMPHYSEOTOMY.

At the meeting of the Hufeland Society, on the 19th ult., Hr. Schwarze reported that he had carried out this comparatively new operation on the bodies of six women. The division of the symphysis was made with a sharp scalpel. Difficulty was experienced in one case only, that of a woman of fifty-five, in whom the cartilage was ossified. In the other cases the cartilage was easily cut. Gaping only took place when the cartilage was well divided, and then only for a few millimetres. He thought the whole cartilage should be divided, and thus differing from Leopold. The ligam. arcuatum should not be divided for fear of hæmorrhage. By pressing on the hips a gaping of 3 to 4 millimetres could be brought about. By the operation the distance between the ends of the symphysis and the point of the promontory was in-

creased by double the distance between the divided ends. The transverse diameter was enlarged by half the gape in the symphysis. The diagonal increase was said by a French author to be between the direct and transverse; he had not measured it himself. The ascending rami of the pubes also became considerably separated from each other. The speaker then gave details of the operation. As regards the results of the operation, the latest statistics embraced Spinelli's 20 cases when all the mothers and children were saved, although para and endometritis followed in 3 cases. Urinary fistula was observed in 3 cases. No other untoward complications were met with. He thought the lowest conjugate measurement admitting the operation was 7.5 cm. The best results of symphyseotomy would be met with in those cases of narrow pelvis where the child was in danger, when too late for Cæsarian section or turning, and the head was movable above the brim or just engaging. Perforation of the living child ought to disappear with the introduction of symphyseotomy.

TORSION OF ARTERIES.

In connection with operations for excision of tumors, and other excisions of a like character, Jonathan Hutchinson remarks as follows: "I may mention that for many years I have quite ceased to use any other means for the arrest of arterial bleeding than torsion. In excision of the breast, for instance, I do not think that I have, during the last fifteen years, ever used a ligature. The torsion is always effected by a pair of Well's clamp-forceps, now in such universal employment. I am always extremely careful to close all vessels, keeping the wound exposed for a considerable time for that purpose. Very seldom indeed have I encountered any secondary hæmorrhage."—*Col. Med. Journal.*

AN UNUSUAL NOMENCLATURE.

We hear that a dashing young surgeon on the staff of a large London hospital, when he has occasion to remove the upper limb with the scapula, as has happened more than once, in the notification of the fact to his colleagues, describes the operation as the removal of the "fore quarter"! Whether this is strictly professional, or consonant with the dignity of the position of a surgeon upon a large hospital staff, is a question which few would fail to reply to, saving in the negative. It is doubtful, also, whether his own colleagues much appreciate the suggestive description of an operation at which they are invited to be present. Nor, again, is the term one which the students of the hospital could associate with much respect for their surgical teacher.—*Med. Press.*

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London****ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, FEBRUARY, 1893.

THE MEDICAL BILL.

The new Medical Bill, which is now before the Legislature of the Province, is of sufficient importance to the profession to deserve editorial prominence. It has been framed by the College of Physicians and Surgeons with a view to the better regulation of the profession, but more especially for the purpose of establishing a uniform standard for admission to practise. This portion of the Bill has raised a storm of protests from the Universities from, whom many of their privileges would thus be taken away. Anyone at present who passes the Provincial Board's matriculation examination or who possesses a University degree of B.A., and who after four years of study obtains a University M.D., has no further examination to pass; he has only to present his diploma at the semi-annual meeting of the Board and to pay a fee in order to receive his licence. There have been doubts at various times in the past whether the examinations of the different Universities possessing this privilege were all equally rigorous, and in order to provide a guarantee that they were all serious, assessors were appointed by the College of Physicians to be present at the examinations. This method, it would seem, has not been altogether satisfactory, for in the Bill before us, every candidate for licence, whether he possesses an M.D. degree or not, must be again examined by the Provincial Medical Board before he can obtain it. The only exception to this rule is, strange to say, in favor of graduates of British,

Colonial or French Universities. Thus, while the Medical Board will be compelled by law to re-examine the M.D.'s of McGill and Bishop's College, they can if they wish give an Australian M.D. a licence to practise, without any examination whatever.

Nay more, even the holder of the humble British diploma of L.S.A. may be granted a licence to practise without a final examination. This unjust clause has no doubt been introduced by the framers of the Bill in order to obtain reciprocity with other countries, or, in other words, to enable an odd Canadian M.D. to practise in England without taking a diploma. But Great Britain has distinctly told us that she will not have reciprocity until there is one central examining board for the whole of Canada. And in our opinion it is just as well that it is so. For every one of our graduates out of employment here, there are at least a hundred British graduates starving in England. So that if the new medical bill be passed, and the fact becomes known in England, we might see hundreds of L.S.A. granted a licence, while our own high class graduates were obliged to pass an examination. It would be far better to abandon reciprocity, and let Canadians desiring to practise in England take a British qualification in the future as they have done in the past.

Paragraph 3980A. says: The Board of Examiners shall be divided into committees of three members, of whom two shall be professors of Universities and one physician not engaged in teaching, or one University professor and two physicians not engaged in teaching. The candidates are examined by each committee; each committee shall examine on a different subject of the programme. The examination shall be written and oral.

The ninth alteration in the present law requires among other things two thousand five hundred and eighty lectures. This is considered by many to be a mistake at a time when the whole tendency of progress in medical teaching lies in the direction of practical work rather than of didactic lectures. It would, we think, be far better to reduce very materially the number of didactic lectures and increase the number of hours attendance at the hospitals and dispensaries. We are glad to see, however, that item 13 of paragraph 4, of article 3985 requires four courses of six months each in

both Medicine and Surgery in a hospital of at least fifty beds. We hope that attendance at the out-door department of such a hospital or at an out-patient dispensary will be equivalent to the same time spent in the wards, for our experience has been that the young practitioner is far better qualified to diagnose and treat rare diseases of which he is not likely ever to see a single case, than he is to attend to the ordinary every day diseases such as he has to battle with from the very day he commences practice. The subject of dispensing, a most important one, seems to have been entirely forgotten. In a country like this where one may often travel many miles without coming to a drug store, a physician who is unable to dispense his own medicines is of comparatively little use. Another serious grievance against the bill was that it was intended to be retroactive to the extent of applying to the students who began their studies in 1892; but this injustice has, we understand, been remedied. We must give the promoters of the bill the credit of desiring by means of it to raise the standard of the profession in this Province. We wish that they could have added some clause by which every county would be compelled to have its medical society, in the same way that the provincial board of health can and does compel every municipality to have an active board of health. It is a fact that we must admit with shame, that outside of Montreal there is only one small local medical society in the whole Province, there not being one even in the great and ancient city of Quebec. What must be the result of such isolation it is easy to see, and we can leave it to our readers to understand.

BRADYCARDIA.

At the last meeting of the Medical Society of Montreal, Dr. Lafleur reported a case of slow heart in a medical student suffering from valvular disease. Sphygmographic tracings showed that the arterial pressure was considerably diminished, and to this fact the reader of the paper attributed the symptoms. We think, however, that the explanation must be sought rather in the innervation of the heart than in the merely mechanical condition of fullness or emptiness of the arteries. For if we argue that slow heart depends upon empty arteries, how can we explain the rapid pulse of sudden hemorrhage

in which the arterial tension is greatly reduced, or on the contrary why we have slow heart in digitalis poisoning in which the arterial tension is greatly increased. It is much more likely that the cause of the slow pulse in the case reported was some irritation of the pneumogastric nerve which controls the too rapid impulse of the great sympathetic. We have frequently seen a great slowing of the pulse in jaundice and other disorders of the liver, while we have still oftener observed irregular and very rapid pulse in disorders of the stomach or uterus which irritate the sympathetic, quite irrespective of the condition of fullness or emptiness of the blood vessels.

CORRESPONDENCE.

A REPORT ON THE ORIGIN AND PROGRESS OF THE AMERICAN-BERLIN MEDICAL SOCIETY.

GENTLEMEN:—The constantly increasing number of students that yearly seek the advantages of a course of study in Berlin is my excuse for jotting down these few details regarding this Society, knowing that this information will be of immediate and material importance to them.

The meeting for organization took place in February, 1891, with an attendance of twelve, and at the next meeting there were about thirty-five American students present, and an organization was at once effected by appointing a president, vice-president, secretary, treasurer and various committees with special duties. At the next meeting there was an attendance of about fifty, and several very interesting and valuable papers were read, some of which were entirely original. At the second regular meeting of the Society there was an attendance of about sixty, and another profitable evening was spent in the discussion of papers that were presented to the Society. Many of these papers were accompanied by microscopical preparations, and these demonstrations were greatly appreciated by all present. At the next meeting, the writer resigned the presidency in favor of Dr. W. D. Miller, of Berlin, who has since held the chair, and the good work of the Society can be best understood by the following *résumé* of the incidents that have happened since April, 1891.

During the first full year there were twenty-three meetings held at intervals of two weeks, with the exception of the vacation months of August and September. Thirty-five papers were read by the members, and there were three debates or discussions, nineteen microscopical demonstrations and five patients were pre-

sented to the Society. Two magic lantern demonstrations were given, and they were of unusual interest, as was also the presentation of two patients treated for tuberculosis, one case of myxedema, a demonstration of hypnotism and a demonstration of the germ of influenza.

This Medical Society does not neglect the social feature, as will be seen by the following record: On July 4 a stag-dinner was given, and thirteen members were present; and on July 23 a dinner was tendered the Society by the president; on July 30 the Society was presented with an onyx inkstand; on November 26 a Thanksgiving ball was given by the Society, and there were present 250 guests, many of whom were well known in German society as well as to the American colony, and there were present most of the well-known scientific men of Berlin. On February 22, 1892, Washington's Birthday was celebrated, in which seventy-five participated.

Dr. Edward Bush, Director of the Dental Institute of Berlin, was made an honorary member.

The present active membership number thirty-eight, and during the year more than ninety names have been enrolled as members. The second year was most auspicious, and active interest was shown in the Society. The average attendance at each meeting varied from twenty-five to thirty. The thanks of the Society are especially due to the present president, Dr. W. D. Miller, and to its former and original secretary, Dr. F. A. Webber, now of Milwaukee.

This Society has increased in strength, so that now it occupies an advanced position in Berlin, and all questions of great interest to the large American colony there are usually referred to it before action is taken.

In addition to the bi monthly meetings, the members meet at regular periods for social entertainment. Further, this Society enables all the members to act in a body, so that special courses can be arranged with the *privat docents* and special rates obtained from instrument-makers and booksellers. A correct list composed of good lodgings is in charge of a special committee, and a special committee of men interested in each of the different specialties as well as in the broad domain of medicine and surgery is appointed to collect information regarding various public and private courses of instruction in Medicine, Surgery and the specialties.

The advantages of this Society are so obvious that every American who proposes to study Medicine in Berlin should make application to its president, Dr. W. D. Miller, and within twenty-four hours he will receive accurate and precise information regarding all the private and public courses that are given, and can ar-

range special courses among the members; he will be able to secure a special discount on all books and instruments which he may purchase, and at the same time he will be able to obtain a list of lodgings and restaurants where he may go and feel perfectly comfortable. This information, which he acquires so quickly, would take, in the ordinary course of events, not less than two or three weeks, and, with a strong probability, that he would waste much more time, not to mention the advantage of meeting and knowing all of his countrymen that are in Berlin at the same time.

JUDSON DALANI, M.D.,
Instructor in Clinical Medicine and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Visiting Physician to the University Hospital; Physician to the Rush Hospital for Consumptives.

BOOK NOTICE.

A TREATISE ON SURGERY. P. Blackiston, Son & Co., publishers, Philadelphia.

MOULLIN'S Text-Book on Surgery was first published in April, 1891. So favorable was its reception by the medical profession and press that in a little over twelve months it was recommended at more than twenty medical schools, and the large edition that had been prepared was exhausted. So much for past history.

Early last summer we were fortunate in securing the services of Dr. John B. Hamilton, formerly Surgeon-General of the Marine Hospital Service, now Professor of Surgery at Rush Medical College, Chicago, as editor for a new edition. He has now almost completed his work, and within a short time we expect to place before you the book generally revised so as to represent Surgery as it is to-day, with a number of new and beautifully colored illustrations printed in with the text.

Our claim that Moullin's Surgery is the best text-book for the student and general work of reference for the practitioner is based upon the reviews of a large number of journals that have pronounced it eminently practical, and upon the fact that so many teachers have seen fit to recommend it. But beyond this we may say that broad principles are stated in a clear, authoritative manner, that the relative value of the different subjects has been carefully considered, and that about the whole there is an air of responsibility that renders plain the fact that the author knows whereof he speaks, not only from his own experience but from an acquaintance with American and foreign literature. There is also a uniformity of style, an elegance of diction, that attracts and interests the reader, while it makes plain the subject under discussion.