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THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XXII.] TORONTO, DEC., 1889. [No. 4.

Original Communications.

PHYSICAL EDUCATION.

BY B. E. MCKENZIE, B.A., M.D.

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Competition is felt to-day, not less in education than in commerce; the machine finds nearly as much employment in our school system as in politics. Competition has become a crying evil, so that mental cramming is to-day a barrier in the way of attaining individual or national greatness. Upon the school children, and especially upon the girls, the strain has fallen most heavily. The machine emphasizes what can be put down in black and white, it tends to obliterate the individuality that seeks to assert itself, and by the ever-haunting "examination demon, who is going up and down in the land, seeking whom he may devour," it reduces to an unvarying level all grades of taste and genius which Nature, in her simplicity, has given us.

There is an Eastern fable which tells of a learned physician who cured the Prince of all the Faithful of a seemingly mortal malady, by the daily swinging of a pair of clubs, the mysterious virtues of which diffused themselves through the palms and thence into all parts of the system, carrying renewed health and vigor.

Asclepiades, a Greek physician of the second century is said, by Pliny, to have cured all ills by physical exercise alone.

The principle thus alluded to in fable and history was adopted by the Greeks as an important stone in the foundation upon which they built a superstructure of art, literature, philosophy and physical development which, in many respects, modern nations have not been able to equal. The cultivation of the body by means of gymnastics, fostered by the reward and fame which came from success in their public games, and by the strict application of the laws of heredity, resulted in the nearest approach to physical perfection in an entire people, that the world has ever witnessed. With them physical culture attained to the dignity of a science. The gymnasia not only wielded a power in the development and perfection of the physique, but exerted a greater and more enduring influence upon art and upon intellectual development, and in the formation of an ideal of physical beauty and excellence which reacted upon their art, literature, and entire civilization, in such manner and degree as made them pre-eminently superior to the rest of the world. So intimately interwoven with the whole life of the Greeks, were these physical exercises, that they could not picture to themselves even the Islands of the Blest, without wrestling grounds. One writer says: "A Greek became not a soul, not a body, but a man, a complete, thorough, perfect, all-round being, who was neither a brain with an appendage of legs and arms, nor a physical organism with the brain left out."

The education of an Athenian lad began with his seventh year and fell into three divisions, elementary instruction in the three R's, music, gymnastics. Out of this system grew the typical Greek, whose form was not hampered and trammelled by artificial supports, but was simple, free, natural, gracefully developed; whose intellect, in harmony with its environments, was fitted to run out in spontaneity and find in the world of thought the beauties and excellencies which have made their literature as enduring as time.

Afterward, the love of gymnastics became with some an over-mastering passion, and the games ceased to be a means of individual and national culture, the people became admiring spectators rather than participators, and physical training became debased by professionalism.

Amongst the Romans gymnastics never enjoyed the same reputation and never became a branch of public education, although the soldiers obtained a thorough and varied physical training because of the advantages afforded in military life. Instead of the manly games of the Olympia, we read of the contests of gladiators.

From the days of Greece and Rome till recent

times, gymnastic and athletic proficiency was attained exclusively by the nobility and professional soldiery and found its field of display in tournament and war.

Among modern nations the Germans were the first and have been the most assiduous in their efforts to promote the cause of physical education. As early as 1811 the turnplatz and turnvereine were established in Germany, and a work on the principles of gymnastics was published. Influenced by the example of these societies, similar ones sprang up in Switzerland, Sweden, and France. After the Crimean war a commission was appointed in England to make enquiries into the subject; and based upon the report of the commission, a code of physical exercises was adopted, and is now in force in the British army. To-day, every male German receives a systematic physical education. Not only must the boy give attention to it during his school life, but a system of exercises is employed throughout all the armies of the empire, and every adult male is required to give three years' military service.

In 1881 there were, in the Northern and Middle States, only three educational institutions in a thousand, which gave official sanction and attention to physical education. Up till the present, very little attention has been given to this subject, in this country, and there is no means provided whereby teachers may be thoroughly qualified for aiding that physical growth, which should go hand in hand with intellectual and moral development.

The number of women in a state of semi-invalidism, the many girls with crooked spines, stooping shoulders, contracted chests; the large proportion of school children wearing glasses and the large infant mortality, all attest the lack of that physical development which is an essential pre-requisite to greatness in the individual and the nation, and which can result only from systematic and wisely selected means whereby all the structures and organs which go to make up and sustain the physical existence can be brought to a condition of normal health and efficiency. Worcester says of education, that it comprehends all that series of instruction and discipline which is intended to enlighten the understanding, correct the temper and form the manner and habits of youth and fit them for usefulness in their future stations.

Huxley, in describing a man who has had a liberal education, says: "That he is one who has been so trained in his youth that his body is the ready servant of his will and does with ease and pleasure all the work it is capable of."

Rousseau, recognizing the relationship existing between volitional energy and health of body, expressed the thought tersely, thus: "The feebler the body, the more it commands; the stronger, the more it obeys."

The power of physical training, rightly understood, encouraged and applied to teach habits of endurance, self-abnegation and discipline, is not commonly appreciated. All means of education fail which do not chasten and mould the mind to orderly methods, fit the body for ready obedience to the will and prepare every organ and tissue to give its qnota of support to aid the individual in the accomplishment of life's purposes. Education consists, not so much in the possession of knowledge and in the massing of facts and figures, as in the ability to employ knowledge and use all available data for practical work. While the intellect is limited and diverted from the performance of its legitimate functions by nerves that are out of chord, digestive organs that fail in their appointed work, or blood that is surcharged with waste matter which the organization cannot throw off, the resultant of all the forces at work represents, not as it ought to do, the sum of all, but what remains when the balance is struck in estimating the various agencies opposing one another. It was not alone through the physical force of their armies, that Sparta and afterward all Greece, attained and for years, kept such a commanding and impregnable position among the nations of antiquity. In acquiring that physical training which fitted them for the service of armies, it was imperative to cultivate sobriety, cleanliness, self-restraint, temperance, moderation, and regularity in all things. Then, as now, the cultivation of physical power produced not only brawny muscles and well-knit physique, but increased intellectual vigor and augmented moral power.

Exercise is the chief agent to employ for the purpose of aiding development and for bringing physical structures up to the highest standard of form and usefulness. It may be defined as movement produced by muscular contraction; and it varies in degree, from that which simply moves

the organ or limb itself, to the manifestation of power called for in overcoming the greatest resistance.

Every part of the body is made up of cells, small ultimate portions which are continually changing, particles which have their cycle, birth, life and death, and whose constant change is essential not only to our activity and well-being but to existence itself. With every breath, every muscle contraction, every heart-beat, every thought, cells die and are dismissed by the various tissues of which they had formed a part. Picked up by the ever-moving blood-current, they are hurried on to the organs of elimination and removed from the system as cast-off material. By the digestion of food other cells are being fitted to take the place of those that served their day and were cast off. Taken up by the same blood-current, these new cells are being carried to every part of the body, and each tissue takes up its portion and adapts it to its own purposes. The cessation of this change of new material for that which has fulfilled its period of service means death; its activity means life. The greater the rapidity of the change within physiological limits the more active and effective the life. The more work is done in muscle, and gland, and brain, the more cell change must take place, and hence will result more rapid circulation and respiration, for the blood must course more energetically to bring new material to the needy tissues, and to carry away the worn-out cells; also the lungs must be more active to eliminate the effete matter brought to them by the blood, and to supply oxygen to be carried to all parts of the body.

These are the simple facts underlying the great physiological law of increase by use and decrease by disuse.

The system of bodily training employed by the Greeks, unguided as it was by any ray of physiological knowledge, accomplished its object empirically. By the observation of results they were directed in the selection of the movements which were chosen to form their system of gymnastics. They observed that the strength of the body was in proportion to muscular development, and that muscular development was conditioned upon activity. They did not know that every part of our complex organism is made up of little cells, every one of which has its own cycle of existence, and that (generally) strength and vitality are in proportion to the youth of these cells, to the frequency with which they are changed, by shortening their life history, their removal, and replacement by others. They knew nothing of the increase in the circulation of the blood by which the worn-out cells were hurried away to the eliminatory organs, and by which fresh supplies were brought back to build up depleted tissues; nor that these changes occurred with greatest activity in those parts where there was greatest exertion.

They observed that growth and development followed use, and that the energy begotten in the part was in proportion to the energy called for in the exercise. Though they observed that the breath came quicker as the exercise called forth greater effort, yet they could not know that this occurred in order that the lungs might do their share of the work—implied in more rapid cell-changes—by getting rid of the effete materials which were being hurried to them by the ever-moving blood-current, nor that in this very effort the lungs themselves were conforming to the universal law, that increase of power results from increase of effort. Nor could they know that this increased circulation necessitated greater heart activity, and a consequent growth in cardiac power. Though they knew that increased activity was accompanied by increased moisture upon the surface of the body, and that this increased moisture was a means of improving health, and especially of improving the softness, elasticity and complexion of the skin; yet they could not know that this escape of moisture occurred through the blood parting with some of its fluid constituents, and that by an unvarying physical law the heat of the body was thus lowered and impurities removed from the system.

Thus, by observation alone, must they have chosen such exercises as were best adapted to fit their youth for the duties of that day, such as were helpful in individual culture, excellence and distinction. With such a system as was suitable for the strong youth of noble birth, they were well content; no provision was made to help those of unsound constitution and imperfect growth.

Our knowledge of physiology enables us to propose something better. Skill is called into exercise not only in providing for the improvement of those who are well-favored, fleet and healthy, but

for rendering less unhappy and unfortunate those who are the victims of heredity, disease, accident and ignorance. Like all true knowledge, it evinces its divine origin by making the most bountiful provision for those who most need its blessings.

Our need to-day calls not so much for great strength, for power to march great distances, to lift great weights, for the exercise of personal prowess on the field of battle, as for vital capacity, which shall enable each in his place to pursue his calling unflagging and untiring with most comfort to himself, and most good to his fellows. We want not so much the man who can row or walk a mile, or stand in the prize ring more successfnlly than any other, as we do him who is whole, who is developed all round, fitted alike by the cultivation of his senses and his intellect, of muscle and brain, to do his part, and do it well in life's struggle. There is no position in life where a good sound body with tissues and organs that have attaineed to the high standard to which natural means may bring them, does not fit a man the better for duty, enabling him to bear fatigue, carry life's burdens, and minister to the wants of his fellows.

We who are here to-day have seen men falter and fail in the midst of their work, and we know others—men and women—upon whom the duties of life rest heavily, who run the race of life wearily, though their feet are shod with the purest faith, and their hearts full of the noblest hope, with ambitions leading on to objects most worthy of attainment, and who, even with the goal in view, will falter and fail; and why? All for want of that stamina which would bear up under fatigue, grief, anxiety and work, all because of the casket that was neglected all those years, while the gem of intellect within was being polished and fitted for its high destiny.

It is claimed by some that the varied games and sports to which boys and girls are devoted, especially the out-door sports, are sufficient to give development and healthy tone to the body. Invaluable as these sports are, yet not one of them has for its purpose, nor does it accomplish an educational effect upon any organ or group of muscles. The end in view is success in the game itself, not improvement in the *means* of attaining it. Just as the child whose mind was never directed to other than mental recreation would not be fitted for mental toil, would not call forth the best endowments of head and heart, so mere physical recreation is not all that is needed to build up the best physique. Who among us that has an intelligent, quick-witted boy, would argue that the ordinary mental exercises to which the every-day experiences of life would lead, were sufficient for the education of his mental faculties? Yet, it is as logical to argue that his mental education should be left to nature, and the influences that may chance to touch and mould him, as to contend that the most useful type of physique will result from the physical education which depends upon doing the acts and following the games prompted by inclination.

The development from such causes is likely to be unsymmetrical, because the child will pursue those sports in which he excels. Cricket will develop the legs and the right arm, sculling, the legs and loins, and so of the entire list of sports—partial development is the result. Nearly all our games allot the larger portion of the work to the lower limbs and the right arm, and hence the left arm, shoulder and side of the chest are not developed so well as those ot the right. If this marked the whole evil then the fact would not be of so great importance. The chest walls are chiefly dependent upon the arms for the exercises which develop them, and the condition of the heart and lungs is largely dependent upon the chest cavity and the mobility of its walls.

It is not too much to say that no resource which is available could do more to lessen the large number of deaths which occur among us from disease of the heart and lungs, than such systematic culture in childhood and youth as would give these important organs as much chance for development as is now given to the lower limbs. Except as the result of disease or accident, the lower limbs are but seldom faulty in growth, but in every community many are found whose development of body is not the same on both sides. Exercise which is mere recreation is not adequate to produce uniform and harmonious development, because the employment of the groups of muscles is partial, not general, some being called frequently into action, others seldom or never; and the physiological law is sure, that where there is activity there will be growth. In this partial development it is not to be forgotten that the parts not

lected are those whose well-being is most essential to beauty of form, and a high standard of health.

One reason why the value of systematized physical exercise is lost sight of is, because its benefits are so often supposed to be limited to the development of muscle; its vast influence upon the nervous system, and upon the processes of respiration, circulation and nutrition are but little appreciated. No muscle can contract without the co-operation of the nervous system. If the arms are moved in obedience to the word of command, we have first the impression made upon the ear, then its conveyance to the brain, where it is grasped by the mind, and the will's mandate goes forth along the nerves to the muscles required to make the movement called for, and lastly the contraction of the muscles. In all such exercise calling into play, impartially, the muscles of all parts of the body demanding implicit and immediate obedience, and producing movements the most graceful that can be designed, there cannot fail to come to the boy or girl, greater acuteness of perception, rapidity of action and prompt power of execntion. Not least to be prized is the habit of prompt obedience to command.

(*To be continued.*)

REFLEX NERVOUS PHENOMENA, DUE TO PREPUTIAL CONTRACTIONS.*

BY R. W. BRUCE SMITH, M.D., C.M., SEAFORTH, ONT.

The object of this paper is to briefly relate a few cases coming under my own observation of nervous irritability in childhood, arising as a result of narrow prepuce accompanied by preputial adhesions.

Case I—W. R., a male child, aged five months, of healthy parents and with all the appearance of a robust infant. The father came to my office several times complaining that the child was almost constantly crying and without any apparent cause. Thinking this might be, as is commonly the case in infants, the result of indigestion I prescribed a peptonic mixture with a bromide elixir. This, however, failed to give the desired relief, and I was requested to see the patient the following day. I found that during the previous night, and for several days and nights, the child had cried a great deal, so that at that time he was in a highly nervous condition, and with a slightly increased temperature. The bowels were not constipated, and nourishment had been regularly partaken of until the evening previous to my visit. The mother informed me that nearly three weeks before she had noticed the child growing fretful and during the past few days his crying had become distressing. There was marked evidence of nervous prostration, trembling of the eyelids and convulsive movement of the limbs so that I was at first puzzled to account for the symptons. Having the idea that this might be a case of phimosis, I examined the penis but failed to find the preputial elongation generally met with in that condition. I discovered, however, a pin-hole orifice into which I introduced a small probe, and commenced to slowly dilate. I soon found that adhesions existed between the prepuce and the glans penis, and to break down these passed a director several times slowly around the gland before introducing a small forceps to more fully dilate the prepuce and expose the gland. Making a small slit in the prepuce I succeeded in exposing the corona glandis, behind and pressing upon which, I found a small roll of subaceous matter shaped like a small string and extending more than half way around the penis. I removed this and after cleansing the parts applied a dressing of vaseline and iodoform. The result was very gratifying, for on calling next day, I was told the child had rested well the previous night aad had slept nearly the whole day. I directed the parent to see that the gland was kept perfectly clean and to ascertain every day that the prepuce was freely movable. It is now over eight months since I visited the child who has had no return of the symptoms mentioned, and who has since that time developed very satisfactorily.

Case II—Jas. G., a male child aged eight months, the son of parents of good constitution, brought to my office by his mother who informed me that for four or five weeks the child had been exceedingly fretful and at times seemed to have great difficulty in passing urine. She said she had noticed the child become more or less fretful during micturition since he was three months old but he could never understand the cause. Being

*Read before the Ontario Medical Association, June, 1889.

struck with the peculiar resemblance of this to the previous case occurring only a few weeks before, I examined the penis and found there a solution for the difficulty. While the child was held firmly by the mother and another lady who happened to be present, I drew forward the prepuce and inserted the point of a small forceps into the pin-hole orifice and commenced gradual dilatation. The day following I repeated this procedure and was able to draw the prepuce back beyond the glans where I found a bean-shaped mass of cheesy consistence which had caused considerable local irritation. After removing this and applying a mild astringent dressing the child did well and was completely relieved of both the fretfulness and the dysuria. The mother has reported to me that there has been no return of the symptoms complained of.

Case III—Geo. F., a bright little boy aged three and a half years, born of healthy parents, whose five other children had been healthy from birth. This child had been more fretful than the other children during the first year, but nothing serious had been apprehended until the child had passed the eighteenth month and showed no inclination to walk. About this time he had several convulsions at short intervals and the parents were informed that these attacks had so weakened him that his inability to walk could be thus accounted for. At the age of three years he could scarcely stand alone and was unable to walk without support, and at every step one knee rubbed against the other. The muscles of the legs did not appear at all wasted but the adductors were more than usually rigid to the touch. I have here to confess that I at first considered this an ordinary case of general debility, and thought the parents had been too urgent in their desires to see the child walking and that the weak knees followed as a result of this indiscretion. I accordingly prescribed an emulsion of cod-liver oil, generous nourishment, and tried massage for some time without any appreciable result. The parents became discouraged and discontinued all treatment. Having again an opportunity to see the child I made a careful examination of the penis and found an elongated prepuce, and obtained the reluctant consent of the parents for the simple operation I at once performed. Passing a probe into the narrow orifice and pushing it gently back between the glans and the prepuce, I found the latter in several places so closely connected with the former by adhesions that separation was by no means an easy task. This was accomplished by introducing a grooved director as a guide to a bistoury and then dividing the contracted tissue sufficiently to uncover the glans, behind the corona of which was found a soft chalky-like mass. This was moulded into the shape of a half ring, and by pressure had given an abnormal hardness to the surrounding tissue. After thoroughly cleansing the parts I applied cold water dressings and ordered these to be renewed at frequent intervals for the first twelve hours and afterwards applied iodoform and vaseline. In about a fortnight there was marked evidence of improvement, and although it was some time before he had good use of his limbs he has since progressed favorably. At the end of four months he was able to run about with the other children. I am convinced that this was a case where genital irritation was the cause of perplexing and most unpleasant reflex symptoms.

I have thus briefly alluded to these cases coming under my own observation, in which I feel justified in asserting, that the causative relation of a narrow and contracted prepuce and preputial adhesions to the symptoms were most apparent, as the result of treatment proved. While we are well aware, than an attempt to relieve a nervous disturbance due to some organic lesion in the brain or nervous system, by an operation on the genital organs would be utterly unjustifiable, there can be no doubt that in children we sometimes, and perhaps more frequently than we are aware of, meet with reflex symptoms arising from some abnormal condition of the genitals. The explanation is by no means difficult. We are all familiar with the reflex symptoms due to dental, gastric and uterine disturbances and knowing that no nerves in the human system are so excitable as those supplying the genital organs, we can readily account for the disturbance created by an irritant to this sensitive region. That these reflex symptoms are not always present when the glans is compressed, cannot be considered as an argument against the existence of such a cause, for, do we not frequently hear of depressed fracture of the skull accompanied by no serious results? but this does not prove such an injury to be harmless.

Mr. Edmund Owen, surgeon to the Hospital for

Sick Children (London), says in his work on surgical diseases of children, "Perhaps the commonest cause of hernia is a small preputial or urethral orifice, and next to that I would put the smegma-hiding or adherent prepuce."

Bryant says, "in fifty cases of congenital phimosis, thirty-one had hernia, five had double inguinal hernia, and many had umbilical hernia besides. In no one was the hernia congenital, its earliest occurence being at three weeks. Circumcision was performed in these cases and all were much benefited."

One word regarding the very simple operation for the relief of these cases. The operation of circumcision need not be resorted to when the patient is very young, for the testimony of Sayre in America, and Nélaton and Saint Germain in Europe, favor preputial dilatation by the introduction into the orifice of a simple dilator with two branches, and following this by gradually separating any existing adhesions by the aid of a simple probe or grooved director. Some American writers, however, seem to thoroughly believe in the Mosaic Law, not only from a moral, but also from a sanitary standpoint and reeommend the radical course of circumcision in all suspected cases.

In presenting this subject to this meeting, I shall not attempt to formulate any conclusions other than those to which I have briefly made reference, in directing the attention of those present to a subject upon which text books say so little. I have merely desired to draw attention to the fact, that in some cases, with marked nervous symptoms, we may find a causative relation to those symptoms in an abnormal condition of the penis, and by directing our efforts to relieve that condition, may, perchance, convert a feeble, puny, wakeful and irritable boy into a healthful and happy child.

CLINIC BY WILLIAM PEPPER, M.D.

Prof. of Medicine, University Hospital, Philadelphia.

Case. Woman with multiple cardiac lesions, complicated with serious intra-abdominal trouble; possibly due to paracentesis. The paracentesis followed by a change in the ratio of white corpuscles to red. (Reported by Dr. J. Howe Adams).

We have presented to our notice this morning, the case of a woman, æt. 26, married, one child, and with a family history of rheumatism. She has had the articular form of this trouble herself. This was followed by endocarditis, reducing her to the condition in which we see her at present. She is short of breath, her belly is swollen and she presents an extreme degree of emaciation. She has been tapped ten times since the 1st of May of this year. The liquid which then escaped was of a clear yellowish color, closely like that of healthy urine; while now we see in this specimen which is from the last tapping, a turbi-red fluid of a specific gravity of 1010, in which is floating a pseudo-membranous matter, which will probably prove of importance in diagnosis. Serum which is drawn off in a tapping may at first be clear and of good color, but often on being allowed to stand, especially if in a high cylindrical vessel, it throws down a film like a beautiful veil. This is coagulated fibrin, but not necessarily of inflammatory origin; it is not always right to suspect a peritonitis; it may be due simply to venous obstruction. If, however, the liquor drawn off is turbid, bloody and flocculent, then there is more reason to believe that there is something added to the simple venous congestion.

In tapping one case, a number of years ago, I noticed that the fluid running through the canula, which at first was quite a good straw color, began to grow rather bloody, until it ran as pure blood-color as if I had opened some great vessel; it was anything but reassuring, I can assure you, especially as the case was one of an old colleague who had intrusted himself to me, and I was then quite a young man. It was rather astounding, for I felt sure there could be no vessels within eight or ten inches of the point of tapping; however, the case recovered without apparent loss of more blood or strength, and I regard it now as a rather excessive breaking of over-congested capillaries when the intra-abdominal pressure was removed.

Curiously enough, the only prominent place in which the dropsy appears in this case, now is in the abdomen; the legs were dropsical at one time, but by treatment it has disappeared, leaving them cyanotic and erythematous, while it has repeatedly done so in the belly. The two facts, the appearance of the sernm and the presence of ascites, with no dropsy elsewhere, lead us to believe that there is something added to the heart trouble.

On inspection, we note the extreme emaciation

of the patient. Cyanosis is most marked, running up the arm to the elbow. There is a throb in the cervical vessels, which may be due to the pulsation of the carotid artery, causing the jugular to rise and fall. Look out for this point in all your inspections, for it will make great difference whether the blood is dammed back from a weakened tricuspid valve, or is giving the pulsation from the carotid simply. There is probably a triple lesion; a mitral stenosis, an aortic thickening, and a tricuspid inefficiency. The current in the superficial abdominal vessels in the upper abdominal zone should run up to empty the blood into the subclavian vein, but we see by pressing the veins at different points that the current is in reality downwards as if to reileve the congestion above. The liver does not extend below the margin of the ribs and runs up to about its accustomed limits above; from the extent of the cardiac lesion a much greater size might very reasonably be expected. The way to determine the exact margin of the liver is to use quick pushes rather than by slow careful feeling. In abdominal dropsy in the female it is never safe to omit examination into the possibility of the existence of an ovarian tumor; although in this case, there is nothing which points towards it, ovarian liquor being, as you know, a dirty viscid in character. On turning the patient on her side we find that the resonance which we noted in her inguinal region still remains; it is of that curious quality produced by the mixture of wind and water. This shows that the liquid is not free to move; hence it is not common ascites. We must now see if her pelvic cavity is encroached upon; this determination we will ask Dr. Goodell to make. If it is not ovarian, it can be one other thing, that is, chronic peritonitis of some sort, which has matted together the bowels by bands of adhesions. There are three great causes of chronic peritonitis: syphilis, malignant growths, and tuberculosis. There is no evidence of pulmonary trouble and tubercular processes are rather rare with heart disease. She is entirely free from fever. She is almost too young for malignant disease and there is no trace of specfic trouble. Sometimes repeated tappings may set up a low grade of inflammation, and hence produce the chronic peritonitis, due either to unclean instruments or other causes, which it may be quite impossible to avoid.

At a subsequent date, careful physical exploration showed no evidence of uterine or ovarian disease. The peritoneal cavity quickly filled and she was tapped three times at intervals of three weeks. A paper read before the County Medical Society, by Dr. Guiteras, the new Professor of Pathology at the University of Pennsylvania, in which he stated that in four cases of abdominal dropsy he had noted an increase in the number of white corpuscles in proportion to the red, following paracentesis, suggested the determination of the ratio in this case. Dr. Judson Daland, who is making an exhaustive examination of this reported phenomena, kindly furnishes the following report of this case:—"The examination of the blood showed that the red and white corpuscles were normal in color and contour. The red blood corpuscles were variable in size; some of them were quite large. Repeated observations before the last tapping gave the following results: 3,275,000 red corpuscles and 14,285 white corpsucles; immediately after tapping 3,425,000 red corpuscles and 35,000 white corpuscles. It is evident from the observations that the white corpuscles are present in increased quantities, namely, 20,715 more, *immediately* after the evacuation of the peritoneal effusion while the red blood corpuscles remained practically the same in number. The count of the white corpuscles was made with care, and repeated many times. Not less than 112 squares were enumerated before a decision as to the number of white corpuscles to the cubic millimetre was reached. It is as yet too early to deduce any conclusions from this apparent phenomenon, and I will make extensive observations in a large range of cases before attempting to reach any explanatory theory."

Correspondence.

OUR EDINBURGH LETTER.

(From Our Own Correspondent.)

The Treatment of Varicose Veins at the Edinburgh Royal Infirmary.

Mild cases are treated by the palliative plan; rest, elevation, the application of a Martin's bandage, or the elastic stocking. In the more severe cases this palliative treatment fails to give relief;

then one of two operations is performed for the radical cure.

If only a small number of the veins are varicose, an incision is made parallel to the affected veins, which are then carefully dissected out, and a ligature applied above and below. Several inches or even feet of the affected veins may be dissected out in this way, and if only a limited number of veins are involved, this will be all that is required to effect a permanent cure. After the veins are removed the parts are sutured together, treated as any other incised wound, and union by the first intention sought.

This plan of treatment is limited of course to those cases in which only a few veins are affected, and could not be applied to those so frequently met with, where nearly all the superficial veins and perhaps the deep also are in a varicose condition.

Dr. P. H. Maclaren has introduced an operation for such cases as these, which has been very successful in his hands. His attention was first directed to the radical cure of varicose veins of the scrotum. In these cases he found there was a great redundancy of tissue, and he believed the varicosity to be due to the relaxed tissues not being able to give the veins the support they required. He therefore excised a portion of the scrotum in these cases, and found that, after the operation, the veins received the necessary amount of support and a permanent cure was the result.

The operation as performed by Dr. Maclaren for varicocele is as follows: The parts are shaved and rendered aseptic. The patient being anæsthetized, an assistant grasps the scrotum above and below on the side to be operated upon and draws the tissues well out. The amount of tissue to be removed is then fixed upon and the two layers of scrotum thus drawn out are transfixed at the upper part by a long needle, which is then pushed alternately backwards and forwards through the anterior and posterior layers of the scrotum until the lower part is reached, as is indicated in Fig. 1. The tissues are now divided about one-fourth of an inch external to the needle; the two edges of the scrotum are sutured with horsehair, and, after all bleeding vessels have been tied, dressed antiseptically and union by first intention sought. The needle is not withdrawn until the third or fourth day. The great benefits to be derived from using the needle is that the dartos is kept at rest and union by the first intention results.

After operating with success on a number of these cases, he applied similar treatment in cases of varicose veins of the lower extremities. He found that in varicose conditions of the leg, the skin and superficial tissues were very redundant, and that after the removal of a portion of this redundant tissue, the veins were supported and a radical cure was the result.

He has operated on a great number of these cases, with what might be called perfect results, even in the most chronic cases. One patient who has been treated by this operation has been under observation for over ten months. Before the operation the man was unable to follow any employment, on account of the pain and discomfort caused by the varicose condition of the veins of both legs. Since the operation he has not only been free from pain, but has pursued his former avocation without the slightest discomfort or any sign of the varicosity existing.

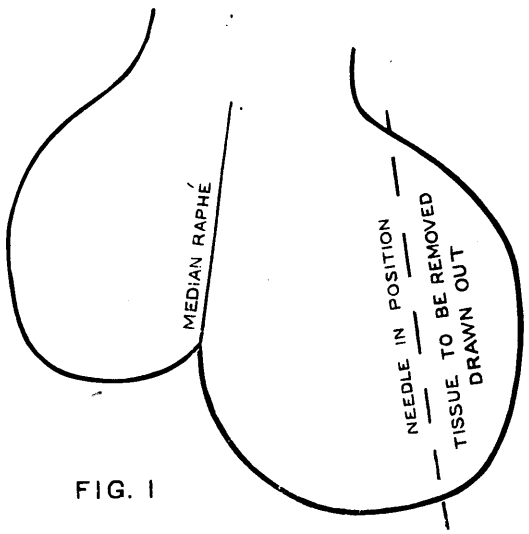

FIG. I

The operation as performed by Dr. Maclaren for varicose veins of the leg is as follows: The part usually operated upon is the posterior aspect of the leg, over the gastrocnemius muscle. The parts having been rendered aseptic and the patient anæsthetized, the operator pulls the redundant tissue well forwards and marks on the skin the amount to be removed. An elliptical incision is then made over the part thus marked out, as seen in Fig. 2. He cuts right down to the deep fascia and rapidly

dissects off the part, tying all bleeding vessels as he proceeds. After seeing that the surface left is absolutely dry, he inserts horsehair sutures, very close together, beginning from above and draws the edges of the wound together. The edges are easily approximated if the assistant firmly presses the deeper tissues out of the way with his forefinger as each suture is tied. The sutures before being tied are represented in Fig. 2.

If at any place the two skin surfaces cannot be drawn together by means of the horsehair suture, he uses silver wire and the button suture to coapt the parts. The wound is then dressed with powdered boracic acid, protective, an abundance of

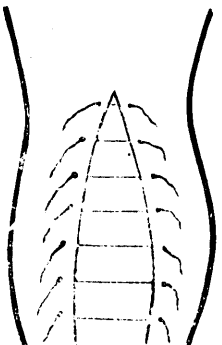

FIG. 2

antiseptic wool, and a gauze bandage tightly applied. The leg is then to be kept at absolute rest until union by first intention has taken place. An anterior splint is therefore applied, which reaches above the knee and below the ankle. The splint is applied to the leg by bandage carried around the ankle, knee and thigh only; not continuing the bandage over the wound. The leg is then elevated, swung to a cradle, and the parts kept at perfect rest for from eight to twelve days, when the sutures are removed, and if union by first intention has taken place, only a linear cicatrix marks the position of the wound.

The two main points in the treatment are, to excise the proper amount of tissue in each case, and to get union of the parts by first intention.

G.

Selected Articles.

THE CURE OF HÆMORRHOIDS BY EXCISION AND CLOSURE WITH THE BURIED ANIMAL SUTURE.

In his paper on this subject Dr. H. O. Marcy, of Boston, said that the recent discussion of the surgical treatment of hæmorrhoids, published in the N. Y. *Med. Jour.*, evoked by a late paper of Mr. Whitehead's, of Manchester, England, had been both timely and interesting. The medication of wounds, and treatment based upon aseptic measures, marked the present as an era of surgical evolution, to which surgery of the rectum should be no exception. Few of the minor surgical diseases caused so much suffering, and gave to the general practitioner such constant repetition of complaints as those of the rectum, and, in return for services rendered, no class of patients were more appreciative and grateful. The teachings of the text-books, with few exceptions, offered very little improvement upon the methods of the past in the treatment of the disease of the rectum. The advocates of the ligature perhaps equalled those who claimed superior advantages to be derived from the use of the clamp and the cautery. Although a practical cure was often obtained from the use of either, he could not but believe that both were surgically defective and should be relegated to history. While it might be conceded that the general practitioner was in a large majority of cases familiar with the pathological conditions pertaining to the hæmorrhoidal diseases, still it might be well to be reminded that the blood was carried with the arterial impulse directly to the part through short branching vessels, and in turn received from the capilliaries into an extraordinary net-work of veins, which emptied through the inferior mesenteric into the portal system. These veins were entirely without valves. Boerhaave and Morgagni had pointed out these anatomical peculiarities, and remarked upon the horizontal position in the lower animals, which thereby took off the superincumbent weight of the blood column. They adduced this as a reason why quadrupeds were not subject to diseases of this nature. He took pleasure in calling attention to a most interesting and learned article on this subject by Dr. Bodenhamer (N. Y. *Med. Jour.*, Jan. 12, 1889, p. 39). It seemed, however, a just criticism that the weight of the venous column

alone acted only in a very subordinate degree as a predisposing cause, although manifestly an important factor after the blood-current becomes gradually retarded in the oftentimes enormously dilated hæmorrhoidal veins.

Were the cause to be found in this peculiar distribution of the portal circulation, the upright position of man would make this condition the rule instead of the exception, and it would be extraordinary to find the varicosities limited to the hæmorrhoidal plexuses and lying almost entirely external to the sphincter muscle. Oftentimes, however, after the pathological conditions became well established, the current through the elastic vessels was so greatly retarded by the weight of the blood-column in the erect position that most patients learned to seek relief by change of posture. Anatomists emphasized the fact that in the normal condition many of the hœmorrhoidal veins were of comparatively large size. In relation to the surrounding pelvic organs these veins occupied a dependent position, and their only support was derived from a loose network of connective tissue. It would be apparent, then, that the anatomy of these thin-walled vessels, their relation to the surrounding parts, and their physiological function, furnished, as it were, a predisposing cause of disease. To this, however, probably might be added a certain condition of weak circulation so often found in persons with thin-walled veins of the lower extremities. It had long been recognized that the varicosities of the hæmorrhoidal vessels, which were probably wanting in the lower animals, and were comparatively rare in the savage races, became a more and more constant factor in the sedentary occupations of modern civilization. A great variety of pelvic diseases in the female and the genito-urinary diseases in the male, complicated with constriction, were active causes of rectal disease. The rectum might be regarded as a convenient cess-pool for the reception of the waste and *débris* of the alimentary canal, which poured into it in a more or less fluid state. The curves of the lower bowel, from the sigmoid flexure downward, were an evident design, in part at least, to vary the support of the weight of the column, and admirably adapted to equalize the pressure. When the rectal contents remained sufficiently soft to produce equable pressure, the circulation was comparatively little disturbed, and defecation was accomplished with very little muscular strain. If, however, there should be retention of the contents, with absorption of the fluid portion going on until the molding process became difficult, the reverse would be true. The overloaded rectum produced pressure upon the venous return current, causing a train of reflex nervous symptoms, and the hyperæsthetic state followed. Although the pathological condition above described produced by far the larger part of the suffering ascribed to so-called "piles," we must not forget that there were other diseased conditions which might be confounded therewith. Small fleshy masses about the folds of the anus, sometimes called condylomata, were very easy to distinguish. These had nothing to do with the hæmorrhoidal veins or mucous membrane, and might be the result of friction or erosion arising from a variety of causes. The so-called villous tumor of the rectum was, however, of sufficient frequency to be taken into consideration. It was not unlike the villous growths of the bladder or other mucous surfaces. This extra vascularity only revealed its presence because of the hæmorrhage, and was apt to be diagnosticated as a bleeding pile. The soft mucous polypus of the rectum was an adenomatous structnre of close relationship to the villous growth, and was sufficiently often the cause of suffering to be borne in mind.

Mr. Whitehead, of Manchester, had emphasized the pathological conditions upon which the author had touched, and insisted that the extraordinary dilatation which the veins often underwent could only be learned by dissection upon the living subject. The author's own attention had been called to the condition many years ago when he found how very commonly the veins of the rectum became enormously dilated in a female who had suffered laceration of the perinæum. It was probable that the changes incident upon retention of the rectal contents and other causes acted to bring about dilatation of the vessels rather than the superincumbent weight of the portal column of blood. When the venous plexus of hæmorrhoidal vessels had become pronouncedly varicosed, they had as a covering the lax submucous tissue of the rectum close to the anus, and when put on tension were protruded as a ring of transverse rugæ around the anal aperture. Certain of the rugæ were developed into rounded protuberances, and sometimes even into fungoid tumors of considerable size. The veins sometimes ruptured into the connective tissue, and changes followed which resulted in tumors of various sizes, color and density, called "external piles." The strain in defecation or gentle pressure by the finger from above downward would frequently cause soft, fleshy, exquisitely sensitive grape-like masses to protrude—"internal piles." The mucous membrane covering these would frequently be found congested and abraded so that more or less continuous hæmorrhage ensued.

The method for the cure of hæmorrhoids by the use of the ligature applied with slight modifications of detail had been considered the safest, surest, and most manageable procedure. The projecting tumors, having been well drawn down, were usually transfixed with a curved needle, armed with a double ligature; this being tied firmly, a portion of the constricted mass was ex-

cised. In this way all the hæmorrhoidal tumors were ligated and the mass was then returned within the sphincter. This was the favorite operation of the late Dr. Van Buren and his followers, and had at present in Mr. Allingham, the famous English surgeon, its most distinguished advocate. The use of the ligature, applied to cause necrosis of tissue and then allowed to remain in the wound, was open to the same general objections which had caused its abandonment. When applied in this manner to the constriction of the large vessels, sloughing necessarily supervened, which meant an infected wound, exposing the patient to the same dangers, although, perhaps, of less degree, as infection in any other part of the body.

That this was not hypothetical criticism the writer thought there was abundant proof. The stoutest advocates of the ligature admitted that abscesses, general septic poisoning, and other dangers, as secondary hæmorrhage, were not wanting in the experience of the most careful and practical surgeons. The use of the clamp and cautery came into vogue and had been specially popularized by the distinguished surgeon, Mr. H. Smith, of London. This procedure the author had early adopted in his own work. It had advantages over the ligature in that the primary wound was aseptic. Then by the time that the slough was ready for separation, the subjacent tissues would be fairly well protected by the abundant proliferation of granulating tissue. In his own experience, the suffering caused by the burning was objectionable, while all wounds caused by burning were invariably slow of repair. He was of the opinion that the results obtained from the use of the cautery were generally of a more satisfactory character than from the ligature. Secondary hæmorrhages were reported to have occurred, and it was claimed that contraction was not uncommon after cauterization. It might be accepted as a fact that the use of the cautery, except in certain conditions in uterine cancer, had been relegated to the past. Even here it found fewer advocates than formerly. Certainly bleeding was to be controlled without its use, and it might be questioned whether deep burning was safer than deep cutting in any disease. Then various crushing instruments had been devised, to be used, however, with or without the ligature, for the purpose of producing more rapid necrosis of the tissue involved. The advantage alleged for the operation of crushing was an avoidance of hæmorrhage, but, on the other hand, some operators reported that hæmorrhage had followed crushing. Theoretically this method seemed to offer little, if any, advantage over the ligature, therefore he had discarded it without trial. There remained something to be said of the cure of hæmorrhoids by the chemical action of certain medicaments injected into the parts. Few of the modern methods had received more speedy attention than this, the so-called "carbolic acid treatment of piles." It had much to warrant its acceptance. Carbolic acid of itself was at that time believed to be the chief of antiseptics, rapidly coagulating the blood and the albuminoids. It had been variously combined with morphine, cocaine, etc., and little pain had followed its use, and patients and physicians had been alike enthusiastic. At present, however, it appeared that the consensus of surgical opinion was that the result was in a large degree disappointing. When a considerable proportion of acid was used, causing necrosis of tissue, no matter how carefully injected, the tissues not infrequently which it was desirable to remove, failed to be acted on, while those which should have been retained were destroyed by sloughing. The explanation was that the fluid introduced into the loose margin of the connective tissue escaped to the extraneous parts. When weaker proportions were used, even after many repetitions of the injections, the hæmorrhoidal vessels remained comparatively unchanged The method of cure by injection was also sometimes objectionable and even dangerous. The writer had seen a young and healthy man made seriously ill, with considerable fever and general septic poisoning supervening upon the injection of hæmorrhoids at the hands of one of our most capable men. The connective tissue around the anus remained for some days œdematous, reddened, and painful. There now remained for discussion the operation of Mr. Whitehead, of cure by excision. This the author of the paper did not hesitate to accept as a step in advance of all surgical procedures previously discussed. It had been demonstrated that the vessels were frequently so deformed as to fail entirely in the original purpose for which they were designed, and the end sought to be obtained by all previous methods had been their destruction and removal. The real objection to destruction had been the fear of hæmorrhage, and, as a means to obviate this, the ligature and clamp and the cautery were devised. Mr. Whitehead had clearly shown that his method of dissection was safe, that the hæmorrhage was not excessive, and that a rapid cure resulted. The method was certainly scientific. By a clean dissection the parts which it was desirable to eliminate were removed. The free edges of the divided tissues were then stitched together, primary union generally resulting. Mr. Whitehead's method was best given in his own words:

"By the use of scissors and dissecting forceps the mucous membrane is divided at its junction with the skin around the entire circumference of the bowel, every irregularity of the skin being carefully followed. The vessels are then exposed by a rapid dissection of the mucous membrane, and the attached hæmorrhoids, thus separated from the submucous bed on which they rest, are

pulled bodily down. Each individual point is brought below the margin of the skin. The mucous membrane below the hæmorrhoids is now divided transversely in successive stages, and the free margin and the severed margin above are stitched, as soon as divided, to the free margin of the skin below by a suitable number of sutures. The complete ring of pile-bearing mucous membrane is thus removed." Mr. Whitehead very wisely emphasized thoroughly paralyzing the sphincters by digital stretching. The bleeding vessels, which were small and easily seized, were immediately twisted upon division. The sutures were interrupted and of braided silk. Mr. Whitehead's operation had been, of course, variously criticised, but, as that gentleman could refer to a record of some three hundred cases in which the operation had been, "to the best of his knowledge and belief," a perfect and permanent cure, there was enough upon which to base a conclusion. Some ten years ago Dr. Marcy said he had operated in two cases of prolapse of the rectum by first, before resection, entirely encircling the prolapsed part upon a row of continuous double sutures. From the excellent results following these operations he had been led to apply the same method to the base of a ring of hæmorrhoidal vessels before resection. For some years this method of suturing had entirely superseded all others in his practice, and had been repeatedly demonstrated to members of the profession. He now offered his method for consideration on account of its great safety and excellent result, as presenting advantages in the treatment of a troublesome affection. Care should be taken previous to the operation to have the large intestines thoroughly emptied, usually by an active cathartic, supplemented by a copious injection given a few hours before the operation. The patient was to be placed in the lithotomy position, the limbs suitably supported, and the parts to be thoroughly cleansed by a sublimate solution as usual. The digital dilatation of the sphincter was carefully made until the muscle was paralysed. The rectum was then washed with sublimate solution, care being taken that none of it was allowed to remain. A pledget of wool, into which iodoform was to be freely dusted, was passed into the rectum, and the subsequent stages of the operation were carried out under irrigation with sublimate solution. Along the line of the junction of the mucous membrane with the skin, either with a knife or scissors, division was made from a central line, posteriorly, from below upward on both sides of the median line above. With a little care this division could be made without injury to the plexus of vessels. The loose connective-tissue fascia was usually separated by the finger or a blunt instrument, cutting any connective-tissue bands which might appear. The mucous membrane above the plexus should be then divided transversely in a somewhat similar manner. The deformed hæmorrhoidal plexus was then separated from its surroundings except at its base. The needle, with eye at point, threaded with tendon, was carried posteriorly behind the mass, unthreaded, and rethreaded with the opposite end and withdrawn, the stitch resembling that taken by the shoemaker, drawing the waxed end of his thread in opposite directions through the hole made with the awl. In this way the entire base was encircled by a line of deep double continuous sutures. This was the stitch the author had for many years used in the coaptation of deep parts by the buried suture—as, for example, in rupture of the perinæum and constricting pedicles of abdominal tumors. In this way it was impossible for any tissue to escape. The stitches were not to be drawn too tight, since they were intended merely to control hæmorrhage and not to produce necrosis of the parts they inclosed. Then with scissors the hæmorrhoidal plexus, just above the line of sutures, was to be dissected away; the mucous membrane to be then stitched by continuous suture to the line of division, either with an over-and-over stitch or with a running blind stitch taken from side to side from within outward. The paper concluded with a description of the usual dressings and after-treatment. If the operation was properly done, it was generally followed by primary union. The patient was remarkably free from pain, and the process went on without trouble. The patient need not keep his bed. The bowels should be moved the third or fourth day. By the method above described the author constricted the blood vessels before division, insuring a much more accurate readjustment and closure of the parts, while the buried animal sutures manifestly presented advantages over interrupted silk sutures, which latter must be thrown off by suppuration.—*New York Med. Jour.*

SIMPLIFIED WATER ANALYSIS.

Dr. Theodore Deecke, special pathologist at the New York State Lunatic Asylum at Utica, has kindly sent us the following corrected copy of a published interview with him in a recent issue of the Utica *Herald*. He said:

"It is a fact that the various processes by which, for hygienic purposes, the organic matter in drinking water may be estimated are still imperfect, and that not one of those generally employed can be considered to justify the claim of absolute value for its results. If in any case every one of the processes is resorted to, the analyst probably may come to definite conclusions whether the water is to be condemned or not, whether or not the organic substances discovered therein are

harmless or hurtful to the human system. Where this is not done, the conclusions are of doubtful value, and the opinion is formed more from the general condition and character of the water than from the special reactions and behaviour of its organic constituents. For this reason, a new and very simple process for determining the nature of organic impurities in water may be perhaps not unwelcome. The only really dangerous contamination of waters of wells and reservoirs—which in this connection come more especially into consideration than the running waters—when they are not otherwise exposed to specific pollution from manufacturing establishments, is their pollution with privy and sewage material. In both there is present such decomposing animal and vegetable refuse as, on one hand, which constitutes the very nidus for the growth and thriving of germs of infectious diseases, and, on the other, is liable to produce organic poisonous compounds in the form of organic alkaloids or acids belonging to the aromatic and fatty series, or both combined.

"The presence of the former, of germs of infectious and infective diseases, can be ascertained by the microscope only, either by examining the deposits directly formed in the water, or by examining microbic cultures made on the well-known organic media, with the deposit retained by the filtration of the water through cotton filters.

"The organic alkaloids, when present even in considerable quantity, cannot be detected either by odor or taste or in visible state as crystalline or amorphous matter, or directly by chemical reactions. The aromatic and fatty compounds and acids may be perceived by smell or taste, but are generally present in such small quantity only that they escape detection without resorting to other means.

"I have used for these latter purposes, in my analyses of well and other waters in this city and from other places for a number of years, the following process, which is the same in substance with the one employed for the detection of organic poisons in organic material and tissues, and which, indeed, gives the most satisfactory results :

"Two to four quarts of the water to be tested will generally suffice. One half is rendered alkaline by adding a small quantity of soda or potassa, the other acidulated by a little suphuric acid. Both samples, well corked, are digested for an hour or two at a temperature not exceeding one hundred to one hundred and ten degrees Fahrenheit. After cooling, the fluids are shaken thoroughly and repeatedly with a proper amount of pure ether. After complete separation of the liquid from the ether, which then has dissolved from the water almost all of the liberated alkaloids, volatile, aromatic or fatty compounds, if such had been present in the sample, the ethereal solution is removed from its surface. It is filtered into a small flask, and the ether carefully distilled off at a temperature not quite reaching its boiling point. The residue is preserved for further examination. One half of the ethereal solution may also be distilled mixed, or another mixed ethereal extract be prepared from one or two quarts of the water if it is deemed necessary.

"The residue in the flask is left exposed to the air until the last traces of ether have evaporated. It is then dried over calcium chloride, when it will be found to be either of an essential oily nature or transformed into a crystalline or amorphous mass, or to consist of a mixture of the three.

"Now in any case where there existed a privy or sewage contamination of the water, this will be rendered at once perceptible in the residue by its odor, which, in the concentrated form of volatile and aromatic compounds, is very characterstic of its source and cannot be mistaken.

"The residue in most cases is of a mixed nature, and by proper manipulations one may succeed in separating the crystallizable and amorphous substances from the oily or volatile ones for further microscopical and chemical investigation, and occasionally may get one or the other characteristic reaction. If, however, a few quarts of water only have been handled, the quantity of the residue is too small in general to permit of the determination of the chemical nature of the alkaloids, acids, or volatile compounds present. This must be left to further investigations by handling large quantities of such contaminated waters, which, on account of my at present limited laboratory facilities, I have not been enabled to carry out.

"Yet successful experiments have been made occasionally during the last seven years, for the purpose of examining the action of these substances upon the animal system by injecting watery or alcoholic solutions of the same into the blood of warm-blooded animals, as mice, birds, and rabbits. It was found that some of these compounds act as most virulent poisons. A few cases may be mentioned here. In one case the ethereal extract was from a well-water in the eastern part of this city, near the streets not provided with sewers. The well was located on premises occupied by a family of nine persons, of whom eight at the time had been suffering for weeks from a severe attack of malarial-fever, which, in two of the cases, had assumed a typhoid character. A few drops of watery solution of the mixed extract injected into a rabbit weighing two pounds and eleven ounces, killed the animal within half an hour. In another case, where a rabbit of about the same weight was killed within two hours and a mouse in eleven minutes, the extract was from the water of a well on a farm situated not far from a barn in which cows and horses were kept, and a heap of manure On the farm at the time was a local epidemic of typhoid-fever, with two deaths—a fact which led

to the examination of the water. The ethereal extract in this case contained, besides crystallizable alkaloids, fatty acids, and volatile aromatic compounds, a remarkable quantity of benzoic acid.

"In a third case the extract was from the water of an at times stagnant pool on a meadow once used as a pasture for cows, but which had been suspected to contain some poisonous weed, for at several times heads of cattle pasturing on it had died suddenly and mysteriously. A few drops of the mixed watery solution injected into a rabbit killed it within twenty minutes. The meadow in question is located about a quarter of a mile beyond the city limits, surrounded by farms, but has been deserted for the last five or six years. It is perhaps worth mentioning that from the same water, at the time when the last death on the pasture occurred, I received pure cultures of the anthrax bacillus.

"For the practical hygienic examination of waters the above method is fully reliable, and seems to be superior, as regards simplicity and delicacy, to any of the other processes. It permits of detecting directly even the minutest admixture of sewage or privy material without fail. I nevertheless always determine the organic matter in toto by ignition, which, besides, on account of the pecularities of the odor of the smoke exhaled at low ignition, may lead to some good judgment as regards the nature and quality too of the organic matter present. The permaganate and the albuminoid processes I consider as very vague and uncertain in their results and in the conclusions drawn from them.

"The products of the ethereal extract after the methods described above are worthy of being investigated more scientifically. Some of them apparently will be found to belong to the class of the so-called ptomanies or cadaver alkaloids, the chemical nature and physiological action of which recently have become the subject of closer study."—*The Sanitarian.*

SOME TENDENCIES OF MODERN MEDICATION.

A marked tendency of recent medication is in the direction of a continuous and limited administration of drugs. This has grown out of the now generally accepted idea, that the patient is the proper subject of treatment, rather than the disease with which he may be afflicted.

The notion that the doctor is simply a prescriber of medicines, and that his function wholly or in chief part ceases there, if it ever had a substantial basis either in theory or in practice, is rapidly disappearing before the advancing light of a more intelligent and successful conception of the practitioner's function. The disease as modified by constitutional diathesis, idiosyncrasies, sanitary surroundings, inherited conditions, and by many other influences which refuse to be classified, becomes a secondary consideration. Indeed, so clear are the indications, and for the most part so uniform the respective lines of medicinal treatment of the more important diseases, that it should become a mere routine matter, simple and relatively easy of execution, to prescribe the standard medicines for a simple unmodified case. But not so with the larger and broader function of treating the patient. As a practical matter, the doctor may often exercise his highest and best skill and accomplish the greatest possible good for his patient by advising the entire suspension of medication, as such. The day has already arrived when the intelligent physician is very wary about ascribing the recovery of his patient to the medicines employed. Thus far has skepticism in regard to the specific power of medicine over disease extended; and hence the tendency of to-day toward a limited and continuous medication.

Another manifest tendency of comparatively recent appearance, but which promises rapid development, is toward the exhibition of relatively small doses, frequently repeated. That an effect can be produced by this method of administration, not only different in character, but preferable in results, seems from our *present* standpoint, to say the least, highly probable.

It occurred to the writer to recently observe the most gratifying results from one-tenth grain doses of calomel repeated hourly until the desired effect was produced, in a case of obstinate constipation and general glandular inactivity, associated with the digestive disturbances of advanced Bright's disease. This peculiar specific action of the remedy was realized much more promptly and satisfactorily, and with far less constitutional disturbance than would have been the case had the old-time single dose of ten grains been exhibited. The sentiment of the profession in favor of this method of medication seems to be rapidly gaining ground, as evidenced by the demand upon our manufacturing chemists for *granules, tablets, etc.*, containing minute doses. As an illustration we may mention what is well-known to all, that tablets containing $\frac{1}{100}$ of a grain of corrosive sublimate are now kept in our leading pharmacies. Manifestly the tendency of the times is toward minutely divided doses; but, be it understood, this statement is not designed to convey the idea of infinitesimal dosage according to the homœopathic plan. Minute dosage is one thing and no dosage quite another.

The tendency of modern medication toward the employment of medicines easy and pleasant of administration has become so manifest and general in its application as to need but a bare allusion. Indeed this tendency seems to have about reached the ultimate stage of realization!

This becomes apparent when we consider the all but universal employment of active principles, alkaloids, and concentrated medicines in general. It is hardly claimed that the therapeutical effects of remedies as a whole are improved by the use of their active principles. Indeed, I think there is ground for the fear that in some instances the active principle does not represent all that is valuable and desirable in the therapeutical effect of the drug. However, the tendency to a pleasant medication has become so imperative in its demands as to overcome some possible disadvantages, for it is a well-established therapeutical principle that all things else being equal the pleasant dose is much more likely to accomplish the desired result than the nauseous one, and *just here* we find the explanation for the comparatively recent establishment of so many houses all over the land engaged in the preparation of medicines in palatable forms.

Another possible tendency of recent origin is seen in the employment of triturates. By the minute subdivision and separation of the particles of a medicinal substance, through the agency of an admixture, it is claimed—and perhaps on a rational basis—that the power and effect of the agent are thereby not only increased but a new action is developed. The time honored "Dover's powder," is a great example of a triturate. That the trituration gives the combination additional therapeutic effect over the different elements of the mixture is beyond doubt.

The superior action of this form of medication is supposed to be due to the more prompt and thorough subjection of the remedy to the action of the digestive juices.

It is with misgiving that I record in this connection another tendency of the times in regard to medication. I refer to the disposition to be satisfied with impure and otherwise inferior drugs. The extreme desirability of absolutely pure medicine up to the pharmaceutical requirements in potency as well as purity, to him who proposes to cure disease by their use, goes without saying. It is, however, a palpable fact that physicians as a whole are very mild in their suggestions for a purer and more reliable pharmacy. If they were as decided and emphatic in their demands as the importance of the matter requires, the evil of inferior medicines would rapidly disappear. A craze in pure drugs would be salutary in its results, both in relation to the sick and to the character and efficiency of the profession.

Clearly purity and potency of medicines should be, unhappily what it is not, and the doctors are the cause of it, a marked and decided tendency of modern medication.—*Med. and Surg. Rep.*

For the *constipation* concomitant with *gastric cancer*, Prof. DaCosta advises rectal injections of 3j of glycerine.

DR. BULAU'S OPERATION FOR EMPYEMA.

In connection with the achievements of Hamburg physicians, I will briefly describe Dr. Bülau's method of operating for empyema, which has for many years been extensively practised in that city, but which has hitherto, chiefly in consequence of his never publishing anything on the subject, not been so generally appreciated as it deserves. It was warmly recommended to the notice of the profession at the meeting at Wiesbaden by Dr. Eisenlohr, and has since, among others, been applied in the Charité at Berlin by Geh. Rath Leyden, who speaks very favorably of it, as an elegant and convenient operation. The details are as follows: After the necessary disinfection, a small incision is made in the skin at the spot chosen, the most suitable place being in the axilla in an intercostal space as near to the lowest level of the empyema as the individual case allows. As this cut is about the most painful part of the whole proceeding, anæsthesia is unnecessary, a not unimportant danger thus being entirely eliminated. A stout, round trocar is plunged into the pleural cavity, the stilet is withdrawn, and an elastic catheter, just accurately filling the lumen of the cannula is slipped in. Dr. Bülau prefers a Nélaton catheter to an ordinary rubber drainage tube, as it is not so compressible; a point of some weight. The catheter is supplied at its internal extremity with two or three openings to admit of free exit of pus. It is inserted a few inches into the pleural cavity and the sheath of the trocar is then removed, the catheter being held closed either by hand or by a clamp, to prevent the possible entrance of air while manipulating. The edges of the wound maintain by their elasticity, firm contact with the catheter, which is then fixed to the wall of the thorax where it emerges from the pleural cavity by thin layers of cotton, wool and collodion a little powdered iodoform having first been sprinkled on the wound. In this manner a perfect air-tight closure is effected. In addition a silk thread should be tied round the catheter where it emerges from the chest and the two ends fastened by means of adhesive plaster or strips of gauze pasted on the skin of the thorax. A little pad of cotton wool may in addition be wrapped round the whole and fastened with a roller to guard the catheter from being strained in case the patient be restless. This last precaution may, however, be injurious if applied before the collodion dressing is perfectly dry, as the air-tight occlusion, which is the salient point of this method, is liable to be impeded thereby. The outer end of the catheter (the thick edge having, of course, been cut off to admit of free passage through the sheath of the trocar), is now

joined by a small piece of glass piping to an india-rubber tube reaching to the ground and filled (by the aid of a funnel and clamps) with a three per cent. solution of boracic acid. On lowering the outer end of this tube, after the clamp has been removed, the fluid within acts by the syphon principle on the pus in the thorax and a steady outflow is at once established, which is led into a glass jar containing a small quantity of some disinfectant (boracic acid), sufficient to prevent air from reaching the opening of the tube. In order to keep this from floating to the top of the fluid, the funnel is left in the end of the tube and may also be weighted with a little ring of lead. By this means the pus is pretty rapidly removed from the pleural cavity, the lung distending proportionately at the same time. After some days it becomes necessary to shorten the tube within the thorax, and to fix it anew, as the aperture tends to widen in course of time. If the flow gets blocked in the first few days, this is generally due to stoppage in the outer tube, which is easily remedied, care being taken to retain the syphon action. When strong enough to leave their beds, the patients may be placed on a chair during the daytime, and towards the end of treatment they can even be allowed to walk about, the glass jar being replaced by a bottle, which the patient carries in his breeches pocket. Almost at any time of the year one will find in one or the other of the wards a patient of this kind with his little bottle in his pocket, a representative of the sage's *omnia mea mecum porto*. The method is naturally equally applicable to non-purulent exudations in the pleura where it affords the advantage of avoiding repeated tapping, so often necessary in this affection. Two cases of abscess of the liver, one due, as was finally shown, to suppurating echinococcus, and the other probably of dysenteric origin, were both treated by this simple method with complete recovery.—German Correspondence, *Oc. Med. Times.*

MEDICAL NOTES.

Among the causes for *angina pectoris*, Prof. Bartholow mentions tobacco, used either excessively or by the young.

Calomel being a hepatic sedative is indicated when the *liver is overacting*, producing bile in excess.—Prof. Bartholow.

Dr Van Harlingen, for *scabies*:—

℞—Naphtholin,
Sulphuris, ... āā ʒ iv.
Adipis, ... ʒ iv.—M.

In the treatment of *diphtheria* by mercurials, Prof. Da Costa prefers minute doses of corrosive sublimate from the start, together with feeding, stimulus, etc.

For *dyspepsia*, accompanied by flatus, eructation and vomiting, give creasote or carbolic acid to prevent fermentation, alkalies between meals to overcome acidity.—Prof. Da Costa.

For the *nephritis of scarlatina*, early, when the urine contains blood, digitalis is the remedy; but later, when the urine loses its bloody character, Basham's mixture will be useful.—Prof. Da Costa.

As a means of aborting *acute bronchitis*, Prof. Da Costa advises hot drinks and foot bath at bedtime, and the administration of 10 to 20 grains quinine; also keep the patient in the house for a few days.

For *amenorrhœa*:—

℞—Aloes pulv.,
Ferri sulph. exsiccat.,
Terebinth alb., ... āā gr. xij.—M.
Fiat pil. xij. Sig.—One t. d. —Prof. Parvin.

After administering the antidote, pilocarpine, in *atropine poisoning*, do not neglect to draw off the urine with a catheter, for the bladder may absorb the atropine and defeat the action of the antidote.—Prof. Holland.

For a case of *exophthalmic goitre*, Prof. Bartholow directed the following:—

℞—Picrotoxin, ... gr. $\frac{1}{10}$.
Ext. ergotæ aquos., . . . gr. iiss.—M.
Fiat pil. j. Sig —t. d.

In a receut case of *hysteria* at the Jefferson Medical College Clinic, Prof. Da Costa prescribed valerianate of zinc, gr. ij. four times a day, and at night—

℞—Chloral hydrat., ... gr. x.
Sodii bromid., ... gr. xx.—M.

Rest, milk and a nourishing and stimulating diet were prescribed. During her monthly sickness she was directed to take apiol, gr. v, six globules in the twenty-four hours before and during menstruation, the zinc preparation being omitted at that time.

In the operation for *excision of the testicle* great care should be exercised in the treatment of the spermatic cord; it should be tied *en masse*; always ligate the arteries separately; also the veins and vas deferens.—Prof. Gross.

In some cases where the officinal syrup of iodide of iron does not agree with children, Dr. Rex found a good substitute in—

℞—Potassii iodidi,
Ferri pyrophosph., . . āā gr. xvj.
Syrup limonis,
Aquæ menthæ piperit, . āā f ʒ j.—M.
Sig.—A teaspoonful t. d.

A man whose chest and arms were covered with

tænia versicolor was brought before the clinic by Dr. Van Harlingen, and the following prescribed—

℞—Sodii hyposulph.,
Glycerin, ... āā ℥ iv.
Aquæ, ... q. s. ad ℥ vj.—M.
Sig.—Apply twice daily.

To determine the site of *obstruction of the bowels*, the accumulation may often be felt through the abdominal walls with the hands; in case this cannot be accomplished, the following symptoms are of value for determining the site of the obstruction: If the obstruction be high up there is little secretion of urine, if low down there is free secretion of urine.—Prof. Da Costa.

For a case of *secondary syphilis*, at the clinic, the patient being in a weak and anæmic condition, Prof. Gross directed—

℞—Mass. hydrarg., ... gr. ij.
Quiniæ sulphat.,
Ferri sulph. exsiccat., . . āā gr. j.
Opii pulv., ... gr. ¼.—M
Fiat pil. j. Sig.—t. d., after meals.

Prof. Forbes states with emphasis that, to remove accumulated *sebum* from the ears, no ear spoon or probe should be used, there being great danger of tearing the membrana tympani. A dilute solution of glycerin in tepid water should be used several times a day to syringe out the ear, thus softening the accumulation and allowing it to come away without the use of instruments which might injure the membrane.

For a boy six years old brought before the clinic suffering with *thread worms*, the following prescriptions were given—

℞—Hydrarg. chlorid. mitis, . . gr. iv.
Santonin, ... gr. j.—M.
Fiat chartæ iv. Sig.—One every hour.

After this had passed through the system, an injection of the following, a teaspoonful to an ounce of tepid water, twice daily—

℞—Extract quassiæ fluid,
Extract ergotæ fluid, . . āā f ℥ j.
Aquæ, ... q. s. ad f ℥ ij.—M.
—Dr. Rex.—*Coll. and Clin. Rec.*

ON PILOCARPINE IN DEAFNESS.

Dr. Field thinks the remedy useless in senile deafness and attributes the many failures of the treatment reported due to the fact that the patients have been over sixty years of age. He says:

"I would ask the profession to suspend their judgment for a time on this question, as to the efficacy of pilocarpine injections in labyrinthine disease, and even in chronic catarrh of the middle ear without Eustachian obstruction. I have had more successes than failures in my own selected cases, and I am continually hearing of encouraging results from others."

He reports three new cases.

"1. A medical man consulted me some time ago, and said he was so deaf that he was afraid he must give up practice. I suggested he should try pilocarpine injections for six weeks. He now writes (July 7th): 'I used the nightly injections for six weeks, with almost a complete cure; you cannot think how thankful I am for the restoration of my hearing.'

"2. A lady, aged thirty-four, very deaf for fifteen years, writes: 'I am glad to say I have received much benefit from your treatment. I can now hear general conversation and take part in it; I can also hear musical instruments playing in the streets and the minister speaking from the pulpit, and also have less noise in my ears.'

"3. A lady who had been deaf for seventeen years, unable to hear without a trumpet, writes: 'On the first day I was injected I was unable to hear a watch or clock tick. On the ninth day, noticed sound in my own voice; on the fifteenth day, could hear my own watch tick for the first time for eight years; twenty-second day, noticed immense improvement, heard bells, knocks, watch two inches distant from right ear, and faintly at left; fiftieth day, continued improvement; fifty-seventh day, heard sermon with trumpet; sixty-fourth day, heard sermon without trumpet.' She remarks on the general result: 'Immense improvement in hearing; can now hear all the clocks in the house tick. Much easier to maintain conversation with one person. Much more conscious of sounds in the house.'"

Dr. H. M. Jones says, in my "Practitioner's Handbook on Diseases of the Ear," is the following: "It is a question if we avail ourselves of the action of pilocarpine as frequently as we should. It is probably the most certain and powerful of all our drugs in cases suitable for its administration, where the reduction of vascular tension is our object, and in which we desire to check effusion and control the tendency to extravasation. These are exactly the conditions in the earlier stages of Ménière's disease and other forms of vertigo in which labyrinthine effusions are threatened. I may add that I first used pilocarpine subcutaneously in labyrinthine vertigo in 1879. I have since (as in a remarkably successful case of typical Ménière's disease, referred to in my 'Handbook' in 1885) repeatedly advised and resorted to the use of pilocarpine in labyrinthine vertigo. My success has been marked in some instances, and failure as complete in others has followed its employment. I may say in conclusion, that notwithstanding my unfavorable relations with this drug in one memorable case, I consider as a reducer of

vascular tension, especially in ocular hypertension and effusion, when given subcutaneously in appropriate cases, it stands unequalled, and that prudently administered, it is as safe a remedy as any other powerful therapeutic agent we are daily using for other therapeutic indications."

Dr. H. Barrett has used it in four cases. These occurred in the persons of three gentlemen, whose ages varied from forty-five to twenty-three, and one lady, aged twenty-one. In each case the treatment was continued for six weeks, and in each of the male cases material improvement was effected. In the lady's case, he could not find any worth mentioning. It was not merely that he detected improvement in the three male patients by the usual methods of testing, but they expressed themselves as hearing with much greater facility.

His experience with the small number of cases mentioned led him to believe that the full benefit of the treatment could not be gained in a less time than six weeks; and it is probable that in many cases an even longer period would be better.—*Br. Med. Jour.*

CREASOTE IN TUBERCULOSIS.—Professor Sommerbrodt, of Breslau, in two communications to the "Therapeutische Monatshefte," declares that an experience of over five thousand cases has proved to his own satisfaction that creasote is not merely a useful drug for the symptomatic treatment of tuberculosis, as has been conceded by others, but that it exerts a specific influence on the disease by the resistance it offers to the cultivation of tubercle bacilli. Dr. P. Guttmann had by his experiments shown that tubercle bacilli could scarcely be cultivated in sterilized serum containing $\frac{1}{1000}$ of its volume of creasote, and the culture entirely failed when the solution was a little more concentrated. He concludes that if it were only possible to administer sufficient creasote for the blood to contain that drug for some time in the proportion of $\frac{1}{1000}$ of its own quantity, tubercle bacilli would probably cease to develop. This, he contends, is impossible, not only because the required quantity of creasote in the blood would be more than twenty grains, but because it would be impossible to determine what quantity of creasote would have to be administered to make twenty grains of it circulate in the blood. Sommerbrodt believes that it is possible to give the necessary quantity of creasote. He has been prescribing for some time to many hundreds of tuberculous patients capsules of creasote, each containing one grain of the drug. These capsules were taken, three the first day, and every succeeding day one more until the eighteenth day, after which the same quantity—from twenty to twenty-five grains per day—was continued for many months. The author says that it is impossible to presume that the twenty grains of creasote have already entirely passed out of the blood by the time the second or third dose of the drug is given, so that probably such an accumulation of creasote takes place in the tissues as to fulfil Dr. Guttmann's postulate. He has, at any rate, had the most gratifying success with this medication, and his experience was that the more creasote a patient could bear in a day the greater was this success. The *modus operandi* of the creasote, Dr. Sommerbrodt says, has not yet been sufficiently cleared up. . . . He suggests, therefore, that serum from a man who has for some time taken more than twenty grains of creasote be used to cultivate tubercle bacilli, so as to find out if this acts differently from the serum of another person used for the same purpose.—*Lancet.*

DEATH AT THE COMMENCEMENT OF CHLOROFORM INHALATION.—"A curious death occurred at Birmingham, recently, during the administration of chloroform. A lady, about 25 years of age, of very nervous, excitable temperament, desired to have some teeth extracted, and insisted upon an anæsthetic. In the presence of her husband and the dentist, her medical attendant administered chloroform. The patient was seated in an easy chair, and, after inhaling a few breaths of chloro form, she slipped down in the chair, and her pulse and breathing were both found to have stopped. Artificial respiration was at once resorted to, but without success. It seems perfectly clear that the patient was not anæsthetised when she died, as she had only just commenced to inhale the chloroform, and, of course, no attempt had been made to extract her teeth. The coroner's jury returned a verdict that death was due to syncope, and that no blame whatever attached to the administrator." Syncope, as has long been known, will result from any very violent emotion, and especially from the effects of fear. In a case recorded in Germany a few years back, a female patient visited a dentist, and requested him to extract some carious teeth, demanding, at the same time, that she should be chloroformed. The dentist, very properly, explained the risks of chloroform, and suggested nitrous oxide; but his patient persisted, and he consented to humor her. Having, however, a wholesome dread of chloroform, he substituted eau-de-Cologne, and bade her inhale the supposed anæsthetic from a folded towel. After two or three inspirations she suddenly fell from the chair, and died. That death occurs from fear in some cases during the earliest stage of chloroforming is unquestionable; and as it is predisposed to by the sitting posture, and by forcibly restraining the patient's voluntary movements, there can be very little doubt that in every case in which chloroform is to be administered, the recumbent posture should be insisted upon, and a loose dressing-gown substituted for the usual workaday costume. There is another point of no small importance, which is

that chloroform increases the liability to death from "reflex syncope." A person partly under chloroform is more prone to die from fright than one to whom chloroform has not been administered. Nor must it be forgotten that deaths occur when only one or two inspirations of chloroform have been taken; this is liable to take place when a too concentrated vapour (that is, one of greater strength than 4%) is employed. In the event of syncope occurring in one of the ways above indicated, the line of treatment which offers the greatest chance of success is total inversion of the patient, while care is taken that the rima glottidis is maintained patent for entrance of air. Dr. Chisholm, who has strongly supported this, Nélaton's original manœuvre, has recorded some highly instructive cases in which the method of inversion being promptly performed, effected resuscitation, and so saved the patient's life. But here a caution must be given. Nélaton's method is valuable only in primary syncope, and is absolutely dangerous in cases of heart failure consecutive upon pulmonary engorgement and overfilling of the right heart; or, in short, when respiration stops before the heart ceases to beat. Cases belonging to this last category do not occur, as a rule, until the later stages of chloroformisation, and the respiratory failure is then due to overdosage with the anæsthetic.—*Brit. Med. Jour.*

Recent Experience of Electrolysis in Uterine Fibroids.—An interesting discussion on the treatment of fibroid tumours took place at the American Gynæcological Society last month. Dr. P. F. Mundé said that he had found that the cessation of growth produced by Apostoli's method was not permanent. In his opinion the best treatment for the subperitoneal variety, in cases in which treatment of a surgical character was required, was removal of the uterus with the tumour, or removal of the ovaries alone. In the interstitial variety, the tumour could often be removed without removing the uterus; in the submucous variety, the tumour alone would require removal. He reported three cases in which he had performed oöphorectomy for the relief of uterine tumours the results had been satisfactory. In six cases in which subperitoneal tumours had been removed through the abdomen, recovery had taken place in four; in all cases the pedicle had been treated by the extra-peritoneal method. He considered that laparotomy should not be performed if a tumour was causing no serious trouble, and no operation was indicated in most cases in which the menopause was imminent.

Dr. W. Gill Wylie, on the other hand, held that if there were pain and failing health about the time of the menopause, it was usually an indication that degeneration was taking place, and hysterectomy would probably be indicated. Fibroid tumours, he thought, were like all organic matter, and had their periods of growth and decay; he believed that the life of a tumour was from two to eight years. The use of a curette sometimes controlled hæmorrhage, but if it failed he preferred to remove the tubes and ovaries. He spoke hopefully of hysterectomy, having had a death-rate of only 10 per cent., and being persuaded that he could attain still better results in the future. He spoke with some reservation of electrolysis, as his experience had only extended over two years, but he expressed his belief that its value had been overestimated. If it did no harm, it would at least cause delay, and thus might remove a patient's only chance for relief by operation; though electricity would doubtless stop bleeding from fungous growths of the uterus, it might also cause damage, and was, in his experience, no safer than the curette.

A more favorable opinion of electrolysis was expressed by Dr. Reamy, who said that he had met with cases in which oöphorectomy would not always stop the hæmorrhage caused by uterine tumours, and Dr. G. J. Engelmann, while admitting that his results in the treatment of uterine fibroids by electricity had not come up to his expectations, said that the effect had been excellent in cases in which the uterus was surrounded by hard masses of exudate. The same was true in the treatment of both profuse and scanty menstruation. In most cases in which electricity had been used by him the patients had become more comfortable. In poor working-women this was, he considered, of great consequence

Dr. J. R. Chadwick, on the other hand, spoke very strongly against electrolysis. He said that he had followed Apostoli's directions carefully in twenty-four cases, and had seen improvement in but one. In that case the hæmorrhage was checked for three years. In none of them had the tumours been reduced in size. In two cases death had resulted, and two others had been nearly fatal. Two other speakers, however, Dr. Van de Warker and Dr. Mann, mentioned cases in which the treatment had been used with success, and Dr. Mundé stated that he had seen three tumours disappear after galvano-puncture.

It will thus be seen that very considerable difference of opinion continues to exist among gynæcologists in America who have given electrolysis a more or less extended trial.—*Br. Med. Jour.*

Goitre Treated Successfully with Strophanthus.—Up to the present date I have treated successfully five cases of goitre without a single failure.

Miss Anna C., æt. 22, called on me, Dec. 10, 1888, suffering from "big-neck," as she called it. Various remedies (such as ergot, bromides, and digitalis, were given internally, and injections of

carbolic acid and ergotin made into the gland) were tried without any appreciable results. At last I prescribed strophanthus for her in ten-drop doses, three times a day. At the time she commenced taking strophanthus, her neck measured fourteen inches. In ten days it measured thirteen inches, and in three weeks twelve inches. The strophanthus was given in ten-drop doses, three times a day, for one week, and then increased to twelve drops three times a day, and, finally, up to sixteen drops three times a day. The enlargement subsided very rapidly, and in two months she declared herself well, and, to all appearances, she was cured. The only unpleasant features about the treatment in all cases that I have treated, is the profound dizziness and faintness.

Miss Jennie R., æt. 16, called on me, Jan. 8, 1889, with an immense goitre. It measured thirteen and one-half inches. She was put upon the tincture of strophanthus, and her recovery was as prompt and satisfactory as the first case reported. She was discharged cured, March 15.

The other cases were similar to these, and equally rapid. My attention was first attracted to the value of strophanthus in goitre in a most singular manner. Last December, Mrs. R. sent for me to treat her for some heart trouble. She was short of breath, suffered from palpitation, and had a very bad capillary circulation. She informed me that digitalis acted like a poison to her. She also showed me her goitre, an enormous one, and said that her former physician had given her ergot and digitalis for it, without any effect, save to make her deathly sick. She needed a heart tonic, and I prescribed it for her in big doses (ten drops every four hours). I left her, and saw no more of her for three weeks or more. When she did show up, she was much improved, and the most astonishing part of all was, her neck was decidedly smaller. Her breathing was good, and she felt much better, and she was greatly relieved, but never cured, for the simple reason she would not take it any longer.—S. T. Yount, M.D., in *Medical Waif.*

MALE FERN AND CALOMEL FOR TAPE-WORM.—In the treatment of tænia, Dr. Duchesne strongly recommends male fern combined with calomel, according to the following formula:

R—Eth. extract male fern, . . ʒ ij.
Calomel, ... gr. xij.—M.

Sig.—Make 16 capsules, which are given two at a time, every ten minutes until all are taken.

The great advantage of this preparation is that the patient has nothing to drink, and that the purgative is taken along with the worm-medicine. For some people, especially women, capsules are difficult to take, in which case the medicine is perhaps best taken with molasses. Sometimes the capsules provoke colicky pains, but these can be avoided by taking twenty grains of antipyrin fifteen minutes before the capsules. With these capsules Duchesne has yet to experience his first failure, and he has already used them in hundreds of cases. Male fern is the only remedy that will successfully expel the bothriocephalus. The treatment of tænia in children is a difficult matter, but he has been regularly successful with the following plan: After fasting twelve hours, administer the following preparation to a child of five years:

R—Eth. extract male fern, . . ʒ j.
Calomel, ... gr. vj.
Sugar, ... ʒ ij.
Gelatin, q. s. to make a jelly of ordinary consistence.

The patient should be told to take an injection of salt water when the worm appears at the anus, and then sit over a vessel of warm water to float the worm aud prevent it breaking from its own weight. The one point always to be remembered, on which success depends, whatever the vermifuge used, is the necessity of administering the purgative soon after the substance which stupefies the worm.—*The Weekly Med. Rev.*

CONTAGIOUSNESS OF PHTHISIS.—The report of the committee appointed last year was made by Dr. William Porter, of St. Louis, Mo. He thought that the word portageous was more accurate than contagious. He thinks the evidences of transmissibility in tuberculosis are conclusive. Two hundred and fifty-one English physicians, in active practice in families, have replied in favor of the theory of the transmissibility of tuberculosis. The New York Board of Health has passed resolutions which acknowledge this contagion. The fact has been published that there have been no cases of tuberculosis among the nurses and house physicians at Brompton Hospital. This is true, on account of the excellent hygiene of that institution, and does not prove the non-contagiousness of the disease. It has been written that there was no tuberculosis among the North American Indians, and but little among the early settlers of New England. One hundred years ago the climate of New York was thought to be good for tuberculosis by Europeans, who sent their patients there; then, later, the prairies of Illinois were lauded for the same purpose; later still, the mountains of Colorado and the valleys of California. He emphasized the fact that the care of localities used as resorts for consumptives was very important, so that they do not get infected with the disease. He recommended that consumptive patients use cuspidors in which there was a 1 to 1,000 solution of bichloride, as it has been demonstrated that a weaker solution has not al-

ways the potency sufficient to destroy the bacilli. He recommended, as a prophylactic measure to the spread of tuberculosis, the most careful inspection of meat and milk. He considered the future of this subject a bright one.—*Med. Rec.*

Creasote: Formulæ for the Administration of. — Dr. Keferstein *(Therap. Monatsch.)* gives some very good formulas for the administration of creasote. The one at first recommended by Dr. Bouchardat, and later on by Dr. Frantzel, has been modified by the author as follows:

℞—Creasote, ... gr. xx.
Alcohol, ... ʒ vj.
Cinnamon water, ... ʒ iij.
Cinnamon syrup, ... ʒ vj.—M.

Sig.—One teaspoonful three times daily.

For the pill form the following is recommended:

℞—Creasote, ... gr. lx.
Powdered marshmallow root,
Purified liquorice, . . . āā ʒ jss.
Mucilage of gum arabic, . . q.s.—M.

Div. pill. No. cxx. Coat with gelatin. Sig. —One pill three times daily.

In irritative cough and diarrhœa the following is administered:

℞—Creasote, ... gr. xxx.
Acetate of lead,
Opium (pure), ... āā gr. v.
Extract of liquorice, . . ʒ jss.
Mucilage of gum arabic, . q.s.—M.

Div. pill. No. 50. Sig.—One pill three times daily.

For children, creasote in the form of the following emulsion seems best adapted:

℞—Creasote, ... gr. xx.
Dissolve in almond oil, . . ℥ j.
Gum arabic, ... ℥ v.
Water, ... ℥ iij.— M.

Make an emulsion and add

Comp. tinct. of orange peel, gtt. xv.
Oil sugar of peppermint, . ʒ j.—M.

Sig.—One teaspoonful two to five times daily.

For drop doses the author uses the following:

℞—Creasote, ... gr. xlv.
Tincture of cinnamon, . . ʒ j.—M.

Sig.—Fifty drops three times daily in a half a cup of warmed milk or warmed sweetened water, or Malaga wine, etc.—*Deutsche Med. Wochen.*

Diagnosis and Treatment of Scrofulous Glands.—I cannot help thinking that excision of scrofulous glands is an operation which rests on sound surgical principles. We have a diseased, condition in organs which the body can well spare—a condition which tends constantly to cause infection by continuity of adjoining glands, and even by means of the blood, to develop tuberculous disease in distant parts. Why should this diseased product be allowed to remain to work its own sweet will unmolested and undisturbed? Tuberculous disease is removed from all other accessible parts or organs: why should glands be privileged? I submit there is every reason why they should be removed, and removed thoroughly. Take the case of a family of scrofulous tendencies. One member only may actually develop the disease, say, in the form of scrofulous glands; if this child's diseased glands are thoroughly removed, if all sources of irritation are removed and the child's health established by being sent to the seaside, that child is put back in the position of his brothers and sisters who have never had the disease. He is not more likely to have a return of the scrofulous gland than his brothers and sisters are to develop them—in fact, he is cured. The only valid argument that could be used against the excision of scrofulous glands is the possibility of undue risk. Scrofulous glands are situated usually in the midst of important vessels and structures, and their removal might be considered dangerous. I can only state that I have excised scrofulous glands for many years, and that I have never lost a case. I attribute this success partly to good-fortune, but mainly to the fact that I never incur, by premature closing of the wound, the slightst risk of retention of discharges or bagging. I have operated on many cases of great enlargement I have removed more than a pound's weight in glands from one patient, and more than one hundred in number from another. I have excised glands in a case where the mass was sufficiently large to threaten suffocation. My colleagues are doing the same, and we can prove, by a great number of cases, that the operation is not attended with undue risk, and that the results are good.—W. K. Treves in *Lancet*.

A Case of Diabetes Mellitus.—Dr. Ivan Michael relates the following case in *Deutsch. Arch. f. Kl. Med.*: A robust man, æt. 20 years, began to present the symptoms of a moderately severe diabetes, without any apparent cause. After three months his increasing weakness and extreme thirst forced him to seek the hospital. While there he had passed through an otitis media suppurative, left, but his general condition improved so much that he was discharged at the end of three months at his own request. Shortly after leaving the hospital his ear trouble returned, and his strength rapidly failed at the same time; he was readmitted to the hospital and died two days afterward in a state of coma, and about six months after the first sign of diabetes.

At his first admission to hospital, an examination of the urine gave a plain acetone reaction and 2½ per cent. of sugar.

At the post-mortem, a free cysticercus racemosus was found in the fourth ventricle; there were exuberant granulations on the ependyma of the fourth ventricle. During life there had been nothing save an occasional passing headache, that might have indicated a lesion of the central nervous system; this was probably owing to the slow growth of the tumor.

According to Prof. Steinbruegge, inflammations of the middle ear are not at all rare in diabetes. Several cases of cysticercus of the fourth ventricle have been described, in which there was no accompanying mellituria; in one case there was diabetes insipidus.—*Deutsch. Med. Zeit.*

THE DISSEMINATION OF TUBERCULOSIS. — The Berlin correspondent of the *Medical Press* says:—"I have already repeatedly alluded to the labors of Dr. Cornet, in the Hygienic Institute under the auspices of Prof. Robert Koch, in regard to the dissemination and prevention of phthisis. Being a Bavarian by birth, he some time back sent a copy of his publications to the Bavarian Government, with the request that they should put the correctness or otherwise of his views to the test. It was not to be expected that they should undertake an extended inquiry at the dictate of a private individual, but they did pass on the writings to the Ober Medizinal Auschuss. The referent on the occasion, Professor Bollinger, has decided to enter on an investigation as regards prisons. It is notorious that a great number of prisoners, nearly one-third, die of phthisis. Professor Bollinger has determined that they shall not die of phthisis contracted within the prison walls, *i.e.*, if Koch's views on its etiology are correct. For the future, all cells are to be disinfected as thoroughly as after cholera or the plague. Further than this, all prisoners already phthisical, or suspected of being so, are to be removed. All sputa are to be disposed of in the way recommended by Dr. Cornet. The proposed experiment has all the appearances of being a crucial one, and the results will be watched all over the world with great interest."—*Med. Rec.*

ALOPECIA PRÆMATURA.—Dr. Oscar Lassar has an interesting paper on the nature and treatment of alopecia (præmatura) furfuracea. This, the commonest form of baldness, is, according to the author, extremely contagious, and can be experimentally communicated from man to the lower animals, while every day it is unconsciously being spread widely among the general population. No specific organism has yet been isolated, but a number of cases are given to prove the contagious nature of the disease. The following treatment is recommended as being efficacious in most cases; The hair is washed daily with tar or other soap for ten or fifteen minutes, after which the soap is carefully removed with abundance of water. It is then rubbed with the following lotions: (1) hydragyri perchloridum (½ per cent. sol.) 150 parts, glycerin and eau-de-cologne of each 50 parts; (2) B-napthol 1 part, absolute alcohol 200 parts. After carefnl drying, the following pomade is used: Acid salicylic 2 parts, tincture of benzoin 3 parts, olive oil to 100 parts. The cure may take six weeks or longer, and careful prophylaxis with regard to brushes and combs must be carried out. —*Br. Med. Jour.*

A SIMPLE METHOD OF REDUCING DISLOCATIONS OF THE HIP.—Dr. Lewis A. Stimson, of New York, describes in the *N. Y. Med. Jour.* a method which has served him when other manipulations had failed in backward dislocations of the hip-joint. The principle involved is that of making the weight of the limb a coadjutor in the reduction instead of an opponent. The patient is brought to the side of the bed, the injured limb is made to hang directly down, while the knee is fixed at a right-angle. The surgeon supports the ankle while he gently moves the limb from side to side, when presently the muscles will be found to be relaxed, then with a slight pressure downward with one hand in the hollow of the knee, the bone will generally slip into place with an audible snap. The downward pressure can also be effected by placing a heavy sand-bag, five or six pounds, upon the upper part of the leg and in the hollow of the knee. This simple method occurred to Dr. Stimson one summer day when he was exhausted in his efforts to make reduction by other well-known procedures. The first time he tried it, the attempt was successful in less than one minute; and the success in two other and more reoently reported clinics indicates that the plan may succeed in many cases.—*Practice.*

INFLUENCE OF ALIMENTATION ON THE COMPOSITION OF MILK IN WOMEN.—Dr. Zaleski submits the following conclusions:

1. A milk too rich in fatty matters may exercise a deleterious influence on the health of the child.

2. An alimentation abundant and rich in albumen augments greatly the quantity of fatty matter contained in the milk; it diminishes the quantity of lactose, and has but little influence on the other elements.

3. A suitable diet will permit to a certain extent the obtaining of a necessary lacteal composition for each child in each particular case.

4. Alimentation exercises, therefore, a marked influence on the composition of the lacteal secretion, in man as well as in animals.

5. The fatty matters in milk are probably pro-

duced, directly or indirectly, from the albuminoid substances introduced by alimentation.—*La France Méd.*

TREATMENT OF BALDNESS.—Dr. E. Besnier states that the falling out of the hair may be checked and a new growth started by the following treatment. The hair should be cut short and a mild sinapism or rubefacient applied to the scalp; then every five days the following lotion is to be applied:

℞—Acid. acetic,
Chloroformi, ... āā q. s.—M.

The above should be used cautiously, as it is an irritant, and stimulates the hair powerfully. In connection with the above, the following pomade should be used:

℞—Acid. salicylic, ... gr. xv.
Sulph. precip., ... ℥ jss.
Vaselini, ... ℥ v.—M.

This pomade should be applied fresh every morning, the scalp having been previously washed. Fatty substances retard the growth of the hair and should not be used.—*Jour. de Méd. de Paris.*

EFFECTS OF PROLONGED CHLOROFORM ANÆSTHESIA.—"Some observations, made about two years ago by Dr. Ungar, pointed to fatty degeneration of the heart and liver as the cause of death after repeated prolonged administration of chloroform. Further experiments on dogs have recently been made by Dr. Strassman, which appear to confirm this view. Dr. Strassman found that the first organ to be affected was the liver, then the heart, and after that other viscera. The nature of the morbid change was not a fatty degeneration, but fatty infiltration. The actual cause of death in fatal cases appeared to be the cardiac affection, as in all such a very marked degree of change was found in the heart. In non-fatal cases the morbid change was found to have disappeared in a few weeks' time. When morphine was given previous to the chloroform, less of the latter was required, and, consequently, the changes produced were not so considerably as when the ordinary amount was given. Animals suffering from hunger, loss of blood, etc., were especially predisposed to the morbid changes due to chloroform."—*Lancet.*

HEREDITY.—Sir William Turner, Professor of Anatomy in the University of Edinburgh, delivered an address on "Heredity," in which, while pointing out that in some cases structural lesions, such as hare-lip, color-blindness, and deaf-mutism, are transmitted, he also maintained, in opposition to some physiologists, that acquired characters can be transmitted from parent to offspring. He said, in concluding his address, that whatever the origin of man's frame, whether by evolution or otherwise, it could scarcely be expected ever to attain greater perfection than at present. Man was, however, also endowed with a spiritual nature, and the kind of evolution to be hoped and striven for was the perfecting of this spiritual nature, so that the standard of the whole human race might be elevated and brought into more harmonious relation with that which was holy and divine.—*Med. Rec.*

THE INFLUENCE OF POSITION UPON THE PHYSICAL EXAMINATION OF THE HEART.—Dr. H. Zerhinser, *Med. Tijdschr. voor Gen.*, states that in young people in changing from the standing to the reclining posture apex beat moves not only laterally, but also vertically. This explains why in many persons with normal hearts the apex beat is found in the fifth interspace in the upright position, and in the fourth interspace on lying down. In many youthful individuals there is found dullness over the sternum on lying down, which is confined to its left half and is continuous with the cardiac dullness. In some this disappears on standing up, in others it remains unchanged. The aortic second sound is frequently weaker than the pulmonary second sound. This generally occurs only on lying down and is more common in ill-developed than in large and robust chests. Systolic and diastolic murmurs, chiefly mitral, are often found in young people in the course of an acute articular rheumatism, that cannot be heard in the standing or sitting posture, but quickly return when the patient lies down. It is not improbable that in these patients the conditions which govern the transmission of sound to the chest wall are different from those in older individuals.—*Deutsch. Med. Zt.*—*Weekly Med. Rev.*

GELSEMINUM IN HEADACHE.—Editor *Medical World*:—When you have a case of headache with flushed face, bright eyes, contracted pupils, throbbing temporal arteries, you can cure it with as much certainty as you can cure hunger with ham and eggs. Be sure you have a good reliable fluid extract of gelseminum, then give five drops every hour until cured. I formerly gave twenty drops at once, but some people are as readily affected with five drops as others are by twenty.—J. H. MYERS, M.D., Lewiston, Oct. 10, 1889.

DOCTOR—"Not so well to-day, eh? Have you kept him quiet and given him his medicine regularly?" Mrs. Richard Bevylin Buckner—"Dey 'ain't been nobody in de room wid him 'cept me an' de children, so he's been nice an' quiet; an' I give him de med'cine like you tole me—three spoonfuls every hour." Doctor—"Great heavens, woman, it's a wonder he's alive! I said one spoonful every three hours." Mrs. Buckner—"Well, now, Doctah, dey ain't no diff'rence between one three an' three ones. Count 'em fo' yo'self an' see."—*Harper's Bazar.*

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TORONTO, DECEMBER, 1889.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

THE VALUE OF BEEF TEA AS A NUTRIENT.

In our last issue we referred to this matter and proposed to show that as a *food*, beef-tea is practically useless. In the manufacture of this article various methods are adopted, with a view to ob tain the best results. Thus the amount of heat applied may be sufficient to coagulate albumen, or it may be less than that amount; or again cold water may be used to macerate the flesh. When cold water is used a larger percentage of juice is obtained, than when heat is applied, about six parts per hundred being the result from the former, and three in the latter process.

In some manufactories the whole body of the meat is macerated and strained, any portion not small enough to pass through the colander being again divided until all passes into the so-called extract. An analysis of such a preparation, when one pound of beef was used to four pints of water, gave the following results: water, 94.65 parts; albuminates and crystalline bodies, kreatin, etc., 4.25 parts; fat, 0.20 parts; salts, 0.90 parts. This compound must be of greatly more value than the ordinary beef tea, for the whole body of the meat is incorporated in it, but the difficulty is, that where solid food is not permissible it should not be allowed. In a sample made with *two pounds* of meat to *two pints* of water, macerated for four hours and subsequently simmered for six hours, the analysis showed as follows: water, 98.48 parts; albuminates, and crystalline bodies, kreatin, etc., 0.90 parts; fats, 0.07; salts, 0.55 parts. In this case the compound was strained but the solid meat *débris* was not put in.

By a comparison of these two analyses it will readily be seen, how little value is to be placed upon either beef-extract or home-made beef tea when the solid parts of the meat are excluded. Dr. Hassal's experiments made long ago showed that, under the most favorable conditions, at least 14½ lbs. of meat would be required to yield enough nitrogenous material to supply the daily waste of one individual. This being the case we can see what poor results must the from the imbibition of the beef tea made from a "whole pound of beefsteak." It has been shown that Liebig's extract is valueless as a *food* by the fact that dogs fed on it died sooner than when left unfed, other conditions being the same in the two series of animals. Indie Liebig does not claim that his extract is a food at all. He states that "the greatest care is taken to exclude from his extract all fibrin, gelatine, albumen, and fat," and adds, "that its component parts do not give strength where there is none, and that to extractives and salts is due all the value it possesses; that it is to be classed with tea and coffee; and that it neither economizes carbon for our temperature, nor nitrogen for the sustenance of our tissues." He also states the only difference between ordinary beef tea and the extract is that the latter contains less water than the former.

These are facts which properly understood will prevent the exhibition of beef-tea, when *food* is necessary. If a *stimulant* only is required then beef tea has a *rôle* to play, as also it may have as a flavorer of other foods. But to give a patient, starving for nitrogenous compounds, beef tea or beef extract prepared in anyway whatever, is to give him a stone when he demands bread.

It might not be uninteresting here to note that the quality of meat used in the preparation of the various extracts is not all it might be, the enormous horns of the Texas steers shown in the engravings on the packages of beef tea notwithstanding. In a recent number of the *Edinburg Scotsman* it is stated that a seizure of diseased horses was recently made by Inspector Aplin at Newcastle-on-Tyne. The animals which were in the last

stages of decrepitude and disease, were found in a field at Tynemouth, and the man in charge on being questioned about them, stated that they were to be shipped from Shields to Hamburg, where they were intended to be converted into extract of meat. The horses were bought in Northumberland, and cost 15s. each. He would get 2s. a stone for them in Hamburg on condition that they arrived there alive. So infirm were the poor old animals that they had to be driven through Northumberland at the rate of a mile and a half an hour.

The *Medical Press* of London also states that a man at Colchester has been fined 40 shillings for driving a dying horse with cruelty. The equine was taken into port for transhipment to Antwerp, where, it seems, they boil down old screws and send the results back to English invalids for beef tea.

ANTIPYRINE IN DIABETES.

Recent observations by Germain Sée, Eichorst, and several other prominent French physicians, have apparently established the value of antipyrine in this formidable disease. It appears not only to have the power of reducing, or entirely removing sugar excreted, and of suppressing the excess of urine in diabetes insipidus, but what is of more importance, of restoring the general health, and remedying the subjective symptoms of those suffering from these diseases. This therapeutical property of antipyrine was first observed by Germain Sée, while administering it to a diabetic patient for the relief of neuralgia, and its further use with other diabetic patients proves the value of the remedy. Not only in his hands, but also in the hands of others, Eichhorst found that every case of diabetes insipidus in which he administered it was benefited or entirely cured, and many other physicians have attested its value in these diseases. Germain Sée's theory is, that the overproduction of glucose is restrained by the depression of the nervous system, brought about by antipyrine, thus diminishing the nutritive and chemical processes within the system. The source of supply must be cut off, as far as possible, by the proper antibetic diet, although he does not entirely exclude bread and potatoes, but is firmly convinced that about seven ounces of fresh bread and an equal amount of boiled potatoes should be allowed every twenty-four hours, to satisfy the craving for carbo-hydrates, and their good effects on the general health.

The dose which has been found suitable in this malady is from grs. xv. to xxv. three times a day.

We sincerely trust that further experience may confirm the alleged therapeutical value of this remedy on those hitherto intractable maladies, and that we may not be disappointed when we test them, as has frequently occurred with many other new remedies. So far as we are aware, no reliable remedy for these diseases has hitherto been known, and one on which we can depend will be a source of comfort to the physician, and an inestimable boon to the patient. It will be wise to allow the matter to remain *sub judice* until further evidence is adduced, and the remedy has been given a fair trial, before judgment is pronounced, although we trustfully and anxiously desire to find a verdict in its favor. A remedy of this character, a supply for a long-felt want, will not be long in thoroughly proving either its value or its impotency on these prevalent maladies. That its value may be established, and the alleged virtue claimed for it may not be found wanting is a consummation devoutly to be wished.

UNPROFESSIONAL ADVERTISING. AND THE ONTARIO MEDICAL COUNCIL.

The Ontario Medical Council has been endeavoring to give force and meaning to the recently added clause which gives them similar powers to those held by the Upper Canada Law Society, viz., to strike off the roll any practitioner who has been proved guilty of disgraceful aud unprofessional conduct; and the committee appointed by the Medical Council has been recently at work in Chatham and Toronto. The committee consists of Dr. Day, of Trenton, Chairman—Drs. H. H. Wright, Toronto; Russell, Hamilton; Logan, Ottawa; Bray, Chatham. From the thorough and very careful manner in which this committee, under their able chairman, are endeavoring to carry out the spirit and meaning of the Act, the Ontario Medical Council is to be heartily congratulated. Whilst it is well known that long and disgraceful advertisements are in the greatest degree pernicious in their effects upon

the general public, apart from being always the work of unprincipled charlatans, it is in some cases difficult to prove and substantiate the fact by sworn testimony, and occasionally we find members of the profession who ought to know better, blaming the Council for not ridding some locality of the travellIng quack, when they are unwilling to come forward and testify as to what they know concerning such; as also what practices are evidently those such as only the unprincipled and deceptive would adopt. We feel sure that the action of this committee will, in its effect, be most salutary, and many of those whose ability consists merely in writing up a flagrant and catch penny advertisement, will think it wise to draw in their horns in time. We may here express the hope that, throughout the Province of Ontario, the gentlemen who are devoting so much time and labor in this direction, will meet with that assistance and encouragement which their efforts warrant.

TRINITY MEDICAL COLLEGE—ANNUAL BANQUET.

The thirteenth annual banquet of Trinity Medical College was held at the Queen's Hotel, on the night of the 19th ult. The number of students and guests was something over 200. The chair was taken by C. B. Coughlin, who, throughout, proved an excellent master of ceremonies. The room was handsomely decorated, and every person present had reason to be satisfied with the manner in which the students managed this, *the* event of their academical year. The other officers were:—

First Vice-President; J. T. Fotheringham; Second Vice-President, A. S. Tilley; Third Vice-President, W. Doan; Toaster, C. B. Oliver; Secretary, R. McGee; Committee—H. Ghent, A. A. Sutherland, J. Crooks, W. E. Brown, T. W. Jones, B. McGill, H. Frank.

A large number of distinguished guests were present, among whom were:—Dr. Geikie, Dean of the Medical Faculty of Trinity College; Hon. George W. Allan, Chancellor of Trinity University; Rev. John Langtry, Rev. M. Milligan, Mr. John Cameron, Dr. Wm. Burns, Dr. McFarlane, Dr. O'Reilly, Dr. Clouse, Dr. Sheard. On the left of the Chairman sat Hon. G. W. Ross, Minister of Education; Hon. John Beverley Robinson; Dr. Aikins, Dean of the Medical Faculty of Toronto University; Mr. Walter S. Lee; Principal Dickson, of Upper Canada College; Mr. Patrick Hughes, of the Hospital Trust; Chancellor MacVicar, of McMaster University; Mr. Barlow Cumberland, Dr. Temple, Dr. Graham, Dr. Powell, Prof. Kirkland, Prof. Shuttleworth, Dr. Baines, Dr. Ryerson, Dr. Spence, Dr. Wishart, Dr. Theo. Covernton, Dr. Spilsbury, Dr. Grasett, Dr. Robertson, Dr. Gordon, Dr. Winnett, Rev. Mr. Symons, George R. R. Cockburn, M.P.

The *menu* card displayed a good deal of taste as well as humor. Shakespeare was to the fore, as well as Horace and Byron, in the mottoes of the card. The following are samples:

All human history attests
That happiness for man, the hungry sinner,
Since Eve ate apples most depends on dinner—
—*Don Juan.*

Your stomachs are too young,
And abstinence engenders maladies—
—*Love's Labor Lost.*

We sat feasting on meats unspeakable and sweet wines.
—*Homer.*

Now good digestion wait on appetite, and health on both. —*Macbeth.*

Nunc est bibendum. —*Horace.*

For the benefit of the Alumni of Trinity who were not able to attend, we give the following prescription, ordered for each guest, which may be of interest as coming from the Dean:

℞.—Mist. spt. vin. gallici. c. ss.
Ft. collyrium.
Sig.—Oj. sæpissime sumendum.

It is signed by the Dean, who every one knows is a Scotchman, but it is extremely like "Paddy's eyewater," if rendered into English.

The viands were amply discussed, and then came the speeches, which were as good in their way as were the eatables. The chairman, Mr. Coughlin, in a happy speech, full of expressions of pride in and loyalty to Trinity Medical College, quite carried away his audience by his eloquence and enthusiasm. The Hon. G. W. Ross next proposed the toast of Trinity University. Among many good things, he said Trinity had an honored record of forty years. She supplied the country with men eminent in all the professions. She follows the lines of Old Country Universities, and he was glad she still flourished. There was once a time when he had hoped to see a consolidation of all the universities of the province, but the public did not agree with him, and it was the

duty of the politician to bow before the will of the people. He hoped that the richness of the record of Trinity Medical College would continue to grow and extend.

The Hon. G. W. Allan replied in a thoughtful speech, in which he encouraged the present class to emulate the successes, and strive for a similar high honour to those which have been achieved by the sons of Trinity Medical College in the past.

Hon. John Beverley Robinson proposed the toast of Trinity Medical College. He was in his happiest mood, and brought down the house by stories well told anent the country doctor of a quarter of a century ago. Dr. Geikie replied in a forcible and eloquent speech. Decentralization in university matters, with equal rights in medicine, were the subjects of his theme. All he wanted was equal rights with all other universities, a fair field and no favor for any individual institution. No institution should get a grant or favor that all the others did not receive. The interests of Trinity were very near to his heart, and he would always fight for equal rights and cling to it with the perseverance of a Scotchman and the tenacity of an English bull-dog.

"The Toronto General Hospital" brought responses from the Superintendent, Dr. Charles O'Reilly, and Mr. Patrick Hughes, both gentlemen eliciting generous applause by their references to the good work carried on by the institution. Then came the "Learned Professions," and replies thereto by the Rev. G. M. Milligan, Mr. Barlow Cumberland and Dr. Temple. Mr. Milligan was, as usual, eloquent and humorous, but when he defended the students from unjust charges, the applause became quite deafening. The other toasts were, "Graduates," "Sister Institutions," "The Press," and "The Ladies," which were duly honored.

The dinner was in every respect a complete success, and the students of Trinity are to be congratulated upon the orderly and gentlemanly tone which characterized the proceedings from first to last.

OPENING OF A HOSPITAL IN ORILLIA.

The formal opening oi the Red Cross Hospital at Orillia took place on the 6th ult. Among the medical men present were Drs. Corbett, Shaw, McLean, McDonald, Harvie, Ardagh, Brown, Gilchrist, Campbell, Ware and Mulcahy, of Orilliia, Dr. Clutton, of Edgar; Drs. Harvie and Butler, of Coldwater; Dr. Hanley, of Waubaushene, and Dr. Elliott, of Gravenhurst.

The staff of physicians will be comprised of all the medical men in Orillia, who will in regular rotation be the visiting doctors. Any patient will have the option of selecting his own doctor from the names on the list, but would in that case be called upon to pay the regular fees. Competent and certificated nurses will be employed; in fact, nothing will be left undone that can in any way add to the comfort of patients. The permanent iron hospital beds are being imported expressly from England. The two large wards have a combined capacity of twenty-five beds, besides which, twenty-two private patients, can be accommodated.

HISTORY OF THE MEDICAL PROFESSION. — Dr. Canniff has requested us to draw the attention of our readers to the announcement made some time ago of his earnest desire to obtain information relative to the early doctors of the Province of Ontario. He would be thankful for any facts in connection with any of them, or if any would communicate to him the name and address of any descendant to whom he might apply. He has already a biographical sketch of about seventy of these pioneers of the profession, but there is a number of whom he has very little information. It is his desire to make the work as complete as possible. The following is the announcement referred to:

"The descendants of the early doctors of Upper Canada will be interested to learn that there is being prepared an historical account of those pioneer practitioners, by Dr. Canniff, the author of "The Settlement of Upper Canada." The work will give an account of the several steps in legislation to secure a proper standing of the profession from the establishment of the Province of Upper Canada up to about the year 1850; 2nd, an account of the proceedings of the Upper Canada Medical Board; 3rd, a list of the medical men during that period, with biographical sketches. The doctor urgently requests that the descendants of these worthies will kindly furnish him at once with informmation on the following points:—1. birthplace and date; 2, place of medical study and the degrees; 3, time of arrival in Canada; 5, places where he practised; 5, incidents in his

professional life; 6. marriage, children and death. —*The Daily Globe*, 25th Feb., 1889.

FATAL RESULT FROM NITROUS OXIDE.—Says the *Br. Med. Jour.*: Our Edinburgh Correspondent last week drew attention to a death which took place in the operating room of a dentist after the administration of nitrous oxide. The occurrence is fortunately very rare, but it seems advisable to ask whether this anæsthetic is as safe as it is usually considered to be. The patient, Lady Milne, was a woman aged 71, of stout build, and under treatment for fatty degeneration of the heart. She had been referred to the dentist by her medical man, in order to have two teeth removed and an opening made into the antrum It appears that Lady Milne very much dreaded the operation, and was heard to remark she feared she would not survive it. At 9 a.m. she breakfasted, but it seems her food remained wholly undigested, for during the performance of artificial respiration, undertaken when breathing ceased, it was ejected unchanged. The operation took place at noon. The dentist noticed whilst he gave the gas, that Lady Milne breathed very shallowly, and he begged her to inspire more forcibly, but this she failed to do, for, as was afterwards discovered, her corsets and clothing were so tightly bound round her that normal breathing was simply impossible. As soon as consciousness had gone the teeth were extracted and the antrum perforated. It was then observed by the dentist and his assistant that Lady Milne had become livid, had ceased to breathe, and her heart had stopped beating. Although artificial respiration was resort to, the tongue being drawn forward, while the stays were with difficulty slit up with a knife, and nitrite of amyl exhibited, she never showed signs of life. Medical aid was promptly summoned, but in vain. That nitrous oxide will be blamed is certain, but a dispassionate consideration of the circumstances seems to point rather to the neglect of precaution on the part of the patient than to any particular danger from the anæsthetic. It is clear Lady Milne died from mechanical rather than from poisonous agency. Persons, even with fatty heart, although of course they are the least adapted for any kind of anæsthetic, take nitrous oxide with impunity; but the recumbent posture, with absolutely loose clothing and a stomach not distended with gases and undigested food, are conditions which can hardly be omitted without grave risk. The dentist who gave Lady Milne gas seems to have regarded her statement about her weak heart as merely the expression of a highly nervous woman, but we cannot but think it is wise in all such cases to give the patient the benefit of the doubt, and adopt the precautions to which we have above alluded.

NEW BREAD FOR DIABETIC PATIENTS.—Says the Paris correspondent of the *Br. Med. Jour*: M. G. Pouchet, Professor at the Museum, describes in the science column of the *Siécle* a new food stuff for diabetic patients, containing an abundance of nitrogenous substance and entirely free from starch. All gluten bread contains a certain proportion of starch. The bread in question is made from the embryos of corn. M. Danysz, the discoverer of this new bread, has succeeded in isolating the embryo from its farinaceous endosperm, and has also been able to remove from the embryo all oily or other substance calculated to injure its flavor. After long research M. Danysz has obtained a large quantity of corn embryos; from these flour has been made which is extremely nutritious. Bread made with it is easily digested, and is said to be agreeable to the palate. In many of the Paris hospitals this bread is now used for diabetic patients.

WHITE LEAD IN ERYSIPELAS.—The use of white lead as a mask or covering in erysipelas is not new. It has been advocated for a number of years, and largely and successfully used. Dr. Sturver says, *Med. News*:—I have tried quite a number of the most highly lauded remedies, including the combination of sulphichthyolate of ammonium and lanolin, which is claimed by many to be a specific in this disease, but in my hands white lead paint has exerted a more favorable influence than anything else. It very promptly relieves the burning pain and feeling of tension which are so marked in severe cases; it limits the spread of the disease process, and forms an impermeable covering over the affected parts, thereby preventing the dissemination of diseased particles. If this disease, as is now generally admitted, be caused by pathogenic microörganisms, this power of the treatment to limit the spread of the disease germs should lead to its more general adoption.

PARIS EXHIBITION.—W. R. Warner & Co. have received a silver medal at the Paris World's Fair, being the highest of its kind, in recognition of the following claims:

First.—W. R. Warner & Co.'s Pills, quick solubility and accuracy.

Second.—Reliability and permanency unsurpassed.

Third.—Perfection in coating, thorough composition and accurate subdivision.

Fourth.—Excellence in solubility of the finished product in from 4 to 6 minutes.

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Also for Warner & Co.'s Effervescent Salts.

First.—Superior effervescing properties.

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Third.—Stability of the effervescing quality sustained by critical examination.

This is the 13th World's Fair Medal which attest to their superiority. Physicians should be careful to specify Warner & Co.

THE INOCULABILITY OF CANCER.—The question as to the contagiousness of cancer has been receiving considerable attention during the past few years. Much has been written by experimenters, *pro* and *con*, with the result that no definite conclusion has been reached. Lately, Dr. Hanau, of Zurich, has given his experience with regard to the inoculation of cancer. In November, 1888, he transplanted two portions of a carcinomatous lymphatic gland, taken from a female rat, into the scrotum in two old rats. In one of these there was found, two months later, a general carcinomatous infection of the peritoneum. In the other, two nodules of a cancerous nature were found on the gubernaculum testes and cauda epididymis. In these new growths the structure was identical with the original growth. Dr. Hanau believes believes that the active agents in infection are live epithelial cells, and not pathogenic microbes.

J. M. RITTER, M.D., Richmond, Ia., says: My experience with S. H. Kennedy's Extract of Pinus Canadensis has been highly satisfactory, especially in the treatment of ghonorrhœa and gleet. In these lesions I regard S. H. Kennedy's Extract of Pinus Canadensis as the remedy par excellence. In one obstinate case of gleet, particularly, I obtained the very best results from the remedy as an injection; the case was one of six months' standing, the patient had consulted other physicians, but with negative results. I prescribed the Pinus Canadensis (White) as an injection, properly diluted. The malady yielded immediately, the discharge lessened, and finally yielded entirely, to the great delight of the patient.

DIPHTHERITIC SORE THROAT.—This common expression is referred to by the editor of the Indiana *Med. Jour.* as follows: "There is no such disease known to medical science. An individual either has or has not diphtheria. If the former is the opinion of the physician, let him say so; if the diagnosis is uncertain, it is also best to say that or nothing. Surely there is no excuse for the use, under such circumstances, of terms which are both professionally and popularly misleading, and which imply a belief that there is a condition which has a diphtheritic element and yet is not diphtheria."

The above would apply with equal force and truth to the old women who wear pants, are members of the medical profession, and habitually say that so-and-so "almost had typhoid fever."

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.—The Executive Committee of this institution have established a clinic for diseases of the rectum, to be under the care of Dr. Charles B. Kelsey, for the treatment of poor persons suffering from these diseases. Dr. Kelsey will also give clinical instruction in the Post-Graduate School on this subject.

It is believed that this is the first institution in New York City to organize such a clinic, which has been long needed. The high and wide reputation of Dr. Kelsey, founded upon years of special work, will afford a guarantee that the cases will be skillfully treated. Dr. J. Blair Gibbs will assist Dr. Kelsey in this new departure.

TURPENTINE IN POST-PARTUM HÆMORRHAGE.—Mayne has used turpentine in post-partum hæmorrhage for several years (*Med. Times and Reg.*), with very good results. When the usual means, such as kneading the uterus, insertion of the hand, cold, subcutaneous injections of ergotin, etc., have proved ineffectual, contraction of the uterus followed immediately after insertion of a piece of

linen, saturated with oil of turpentine, into the uterus, and bringing it in contact with the walls; and all hæmorrhage ceased. In several cases where the patients were nearly pulseless, it acted also as a stimulant. He never saw it fail, and it is well borne by the patients.

ENDOMETRITIS.—For sub-acute cases of this malady, Terrier uses medicated pencils introduced into the uterus. He recommends, *Sem. Méd.*

℞—Iodoformi . . . . . gr. cl.
Gummi tragacanth . . . gr. vijss
Glycerini,
Aquæ destil., āā . . . . q. s.
Ut. fiant bacilla (pencils) No. x.

The pencils made according to this formula are said to be about the size of sticks of nitrate of silver. Resorcin or salol may be used instead of iodoform.

Terrier recommends the following formula for making corrosive sublimate pencils:

℞—Hydrarg. chlor. cor. . . gr. vijss.
Talc, ... ʒ vjss.
Gummi tragacanth, . . gr. xxiij.
Aquæ destil.,
Glycerini, āā . . . . q. s.
Ut cilli No. 50.

The vagina is first washed out with a one per thousand solution of corrosive sublimate, and then the pencils are introduced into the cavity of the uterus. They are prevented from slipping out by tamponing the vagina with iodoform gauze.

ANTIPYRIN IN ENURESIS. — Starting with the idea that enuresis is due to a spasm of the fibres which preside the expulsion of the urine, Drs. Perret and Devic (*Jour. Am. Med. Assoc.*) treated two cases of essential nocturnal incontinence of urine, the one aged 11 years and the other 12 years, to whom he administered from two to three grams of antipyrin per day. The first case, which was that of a boy, was cured in ten days after treatment, and the second, a girl, was cured in fourteen days. Even after the suppression of antipyrin the enuresis was not reproduced.

ALCOHOLIC INDULGENCE.—A committee of the British Medical Association reports: (1) That habitual indulgence in alcoholic liquors beyond the most moderate amount has a distinct tendency to shorten life, the average shortening being roughly proportionate to the degree of indulgence. (2) That of men who have passed the age of twenty-five, the strictly temperate, on the average, live at least ten years longer than those who become decidedly intemperate. From our personal observation of the amount of drinking indulged in in Great Britain, this state of facts will soon depopulate the country.

THE INFECTIVE PERIOD OF COMMON DISEASES.—Dr. James Finlayson, in the *Glasgow Med. Jour.*, tabulates the views of the latest authorities, on the period of infectivity of contagious diseases. He gives the infective period for scarlet fever as from seven to eight weeks; measles, three to four weeks; rötheln rather less; mumps varies from two to four weeks, and whooping-cough is usually put down to eight weeks or more. The paper is a very instructive one, and every general practitioner would do well to keep a copy of it always ready for reference.—*Med. Record.*

FOR DANDRUFF.—Dr. A. J. Harrison, of Bristol, recommends, *Le Prog. Méd.*, the following salve for dandruff:

℞—Caustic potash, ... gr. viij.
Phenic acid, ... gr. xxiv.
Lanolin, } . . . āā ʒ jv.—M.
Cocoanut oil, }

This preparation should be rubbed into the scalp morning and evening. Complete cure is usually effected in one to three months.

HUXLEY says, *apropos* of the "R" in September, that in the consumption of the delicious bivalve, "Very few persons, I suppose, imagine that when this slippery morsel glides along the palate, they are swallowing a piece a piece of machinery far more complicated than a watch."

Chas. Chadwick, Otis R. Wyeth, Louis A. Schoen, Geo. J. Schoen, Chas. F. Hermann, Geo. Eyssell and Horace L. Roy, have been fined $500 and costs for counterfeiting a trade mark preparation known as "Bromidia."—*Kansas City Star.*

NIGHT SWEATS OF PHTHISIS.—Rosenbach recommends (*Schweiz. Corr. Bl.*) for this trouble the application of an ice bladder to the abdomen for a few hours during the night. It is well borne and more efficacious than atropine or other remedies.

Canadian Graduates Abroad.—We are glad to learn that Dr. G. S. Rennie (Trin. '89), succeeded in taking the highest number of marks at the recent L.R C.S. Ed. examination. Dr. W. A. Dixon (Trin. '89), stood third on the list.

The degree of D.C.L. was conferred upon Dr. Geikie at the recent Convocation at Trinity University.

Books and Pamphlets.

Through The Ivory Gate : Studies in Psychology and History, by William W. Ireland, M.D., Edinburgh, Corresponding Member of the Psychiatric Society of St. Petersburg, etc. Edinburgh : Bell & Bradtfue Toronto : Carveth & Co. Pp. 311. 1889.

This work by the gifted author of the "Blot upon the Brain," should be well received by those interested in psychological researches. These studies with the histories are intended to be a continuation of the papers on Mohammed, Joan of Arc, Mohammed Toghlak and others in the above mentioned work. This present work contains historical sketches of the lives of Swedenborg, King Louis of Bavaria, Charles J. Guiteau, Louis Riel, Thebaw of Burmah and others. The opinion of the author, that "all the characters mentioned suffered from some mental derangement," that "they were led away by delusions or uncontrollable passions from the right comprehension of things or the right line of conduct," would appear to be clearly made out. We commend the work to all interested in psychology.

Wood's Medical and Surgical Monographs—Consisting of original treatises and complete reproductions in English, of books and Monographs selected from the latest literature of foreign countries, with illustrations, etc. Published monthly at $10 per year. Single copies, $1. New York : William Wood & Co., 56 & 58 Lafayette Place. Toronto : Vannevar & Co.

The October and September numbers of these excellent works contain respectively :—The Influence of the Male Element upon the Female Organism, by John Brown, M.D. The Internal and External Temperature of the Human Body as Modified by Muscle-Kneading, by A. Symons Eccles, M.B. The Diseases of the Breast, by Thomas Bryant, F.R.C.S. On the Surgery of the Knee-Joint, by C. B. Keetley, F.R.C.S. Aids to Ophthalmic Medicine and Surgery, by Jonathan Hutchinson, Jr. Bacteriological Technology for Physicians, by Dr. C. J. Salomonsen.

The Principles and Practice of Surgery. By John Ashhurst, Jr., M.D., Professor of Clinical Surgery in University of Pennsylvania, etc. Fifth Edition, Enlarged and Revised, with 642 Illustrations. Philadelphia : Lea Brothers & Co.

Any work from the pen of so well known an author, requires little more commendation ; and the present work on surgery is ahead of previous issues. It is a clear and concise, but comprehensive work, setting forth the modern modes of surgical practice. It also contains very valuable information relating to diagnosis. The diseases of the Eye and Ear are well and ably handled, and in our opinion enhances the value of the fifth edition. The work is abundantly illustrated, and the subject matter handled in a masterly manner. We highly commend this work as one of the best text books on surgery with which we are acquainted.

The Physician's Visiting List For 1890. Philadelphia : P. Blakiston, Son & Co. [Toronto : Carveth & Co.

This always popular visiting list has now reached its 39th year of publication. It contains much useful information, among which may be mentioned a list of new remedies ; Posological Table ; Sylvester's method of producing artificial respiration ; Examination of Urine ; Disinfectants, etc. We bespeak for it a continuance of past success.

The Medical News Visiting List For 1890, by Lea Brothers & Co., Philadelphia. Toronto : Carveth & Co.

This list is now entering upon its fifth year, is established on its merits, and requires no encomium from us. It has been accepted by the profession as one of utility and convenience. The list for next year is clearly an improvement on those of former years. It contains over forty pages of memoranda, in fact is a *vade mecum* of no inconsiderable value.