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## Original Communications.

### PULMONARY CONSUMPTION IN THE LIGHT OF MODERN RESEARCH.

By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis, New York Post-Graduate Medical School and Hospital; Attending Physician, Outdoor Department (Diseases of the Chest) Bellevue Hospital.

While more than fifteen per cent of all deaths in the civilized world can still be traced to pulmonary consumption, no further apology is necessary for discussing this subject. Such a mortality alone is sufficient reason for us to persevere in our efforts to trace out the source of this evil, and to devise some radical means for its prevention. Moreover, the renewed interest which recent discoveries have awakened in general medicine is fully shared by this particular malady, and a fresh impetus has been given toward the solution of a problem which hitherto had seemed almost hopeless. Nevertheless, I must confess to some diffidence in debating this theme at a time when so many startling revelations are being made in regard to the etiology of disease, and when, from this unsettled state of our science, an argument based upon a premise of to-day may turn out to be illogical in view of the discovery of to-morrow. Still, a sufficiently large number of facts appear to be conclusively established to justify our considera-

tion of the germ-theory in its relation to pulmonary tuberculosis. I therefore undertake this topic without promising any special novelty, for my work is in the field rather than the laboratory of medicine; but with an earnest desire to elucidate the various questions involved in the present aspect of the matter and to do my share toward promulgating the latest results of modern research. And at the outset of my essay let me acknowledge the great obligations we are under to the large number of patient, painstaking workers, whose time is mostly spent behind curtains, with closed doors, peering into the but recently explored land of the bacteria, the dark continent of infection, whose miasma has been exhaling disease and death from a poisonous vegetation heretofore undiscovered.

There is a trait peculiar to a mind imbued with the real scientific spirit which is especially commendable. No seeker after the truth feels it incumbent on himself to uphold a claim which has been proved untenable. Demonstrate the fallacy of an hypothesis and it is immediately thrown aside for one that will bear verification. Meantime, however, the imagination plays a most important part in the progress of scientific investigation; for some of our most useful discoveries have long anticipated their final confirmation. An idea,

but vague in its inception, ere long assumes definite shape, and is grasped by the progressive few, only to languish in the congenial atmosphere of general indifference, until some more fortunate observers find the profession at large prepared for its acceptance.

From the period of Galen down through the history of medicine the infection of phthisis had been surmised at various times, until Villemin, Cohnheim and others showed that tubercle is inoculable, and, finally, the involved data were disentangled by Koch, in the separation and culture of micro-organisms, and the tubercular bacilli, wholly freed from complicating material, were categorically proved the cause, without which no tubercle is possible. Granting that "all germinal conceptions are the product of their age rather than of any individual mind," it assuredly fell upon this distinguished biologist to be the spokesman of his generation.

To me the germ-theory is a very fascinating explanation of the mystery that formerly enshrouded many of our fatal maladies. Furthermore, the brilliant results that have been achieved in surgery through the operations of Lister and his followers, upon this hypothesis, are most convincing proofs of the correctness of so wonderful a conception. And though we may never be able to do more than utilize our newly acquired facts in the avoidance of threatening trouble, yet who can foretell the good that will accrue to man therefrom, when he comes, as in time he must come, to an adequate realization of its importance. Nor need we relinquish the hope that industrious experimenters will some day discover the secret of bacterial warfare, so that innocuous germs can be marshalled to drive the disease-producing fungi from the field. Seeing that micro-biologists already have ascertained that many bacteria inhabit the animal tissues which are in no way injurious to them, and also have remarked the same struggle for existence in the realm of mi-

croscopic that obtains between plants and between animals in the macroscopic world and, moreover, that repeatedly benignant germs have succeeded in overpowering the pathogenic variety, and have caused their extinction, it is not a very improbable conjecture that, in the rear future, these allies of the human race may be separated, cultivated and impressed into our service to extirpate those hostile species.

That new ideas often should meet with stout opposition, solely on account of their novelty, seems to those convinced of their worth profoundly discouraging. But may not this be a fortunate circumstance, even though fraught with some delay? for in the end a rational mean is frequently the outcome of two irrational extremities. And in the workings of nature time apparently is of very little consequence.

The great mortality resulting from pulmonary tuberculosis is shorn of some of its terrors by the duration of the malady. Were the annual deaths from this affection to occur in the course of a few days, instead of a year, the public will require no urging to be convinced of the absolute need of strictly observing preventive measures. For tuberculosis is a preventable disease, and one of the unnecessary afflictions of the human race. And man, in reality, is his own worst enemy, because, in the blindness of his ignorance, or the culpability of his selfishness, he goes about spreading disease and death for himself and his fellow-man.

All forms of phthisis probably are due to the presence of tubercle, in varying proportions, and all tubercle is the outgrowth of a microscopic, disease-producing germ known as the bacillus tuberculosis. Without this parasitic plant, however depraved the constitution, there will be no tuberculosis, and also, fortunately, with this morbid agent there will be no phthisis, unless the vitality of the tissues is impaired.

These liliputians of the vegetable kingdom are dwellers in a shadowy land, in

which their forms and habits are being studied through magnifying media, where-with the inventive mind of man has supplemented the natural limits of his vision. And soon, by the aid of photography, we may be able to dip, nay, have already dipped, more deeply into this obscure region than the human eye can penetrate.

Taken in through the inspired air or by means of contaminated food, these infusoria are distributed throughout the body, and find lodgment at points of least resistance, where they become foci of irritation and provoke a modified inflammatory process, which results in the development of tubercle. But the mere introduction of these bacteria into the system will not invariably cause tuberculosis, since the healthy tissue as a rule repels any attempt of the germs to establish themselves, and, were this not so, humanity ere now would have been exterminated.

The bacilli, or their putrefactive products termed ptomaines, enter the circulation, and by their effect upon the heat centres cause an elevation of temperature, which is an outward expression of the inward conflict that is being carried on to expel the poisonous principle, and as all nature is rythmical in its action, the fever partakes of this inherent character. Hence the cessation of the pyrexia is a sign of the inactivity of the fermentation, and if the organic structures have not suffered too great havoc in the struggle, recovery from the affection may take place; but if the tissues are extensively destroyed, death may ensue from the inability of the patient to survive the disorganization. Thus the famous saying of Niemeyer, that the greatest danger for the majority of consumptives is that they are apt to become tuberculous, must undergo revision in the light of recent developments; for the greatest danger now threatening mankind is that cells of a retrograde metamorphosis may chance to encounter the tubercle bacillus in its wanderings.

Bacteria abound in enclosures and in

densely populated towns, whereas they are not found, especially at great elevations, in the open country. Likewise phthisis prevails to a much greater extent in the cities than in rural districts and among the sedentary than amid those otherwise circumstanced, and, practically, the disease seldom exists at high altitudes. Domesticated animals that are crowded together and wild beasts confined in cages often die of tuberculosis. So, also, soldiers packed too closely in barracks, and inmates of prisons with insufficient breathing space have an excessive mortality from consumption.

While we believe that the germs of tubercle are not often directly transmitted to offspring, nevertheless, degraded cells enter into the new organisms, which form an inviting nidus for the ubiquitous bacillus. If it is true that each of the millions of cells that constitute the individual has a representative in the protoplasmic matter which combines for the evolution of the succeeding generation, then it is not strange that the cells which go to make up the lungs in another development should be relatively deficient in vitality. There is no difficulty in comprehending inheritance among some of the lowest forms of life, for the homogeneous body of the parent simply divides in two or more parts, a process called fission, and ceases its personal existence, while the descendants continue their separate lives, similar in every respect to the proximate ancestor. But, when we rise to the more highly evolved and differentiated animal texture, where each cell has its special function, and all cells a mutual dependence, such self-division would be fatal alike to parent and child. Hence the hypothesis of an assemblage of physiological units representing the entire fabric of the body in the sperm-cell and germ-cell of the progenitors, whose integrity in this process is practically maintained. This comprises all there is of the so-called inheritance of phthisis. On the other hand, an acquired insecurity from the pathogenic germ is due to innumerable

causes which conspire to lower the tone of the system in general, and of the lungs in particular. One source of structural weakness which has especially impressed me is that the waste products circulating through the organism are oftentimes not properly oxygenated on account of defective respiration, and these form an attractive field for the harmful bacteria; whereas, a thorough daily bath of the tissues in well-purified blood consumes the ptomaines, and by keeping the cells of the body in a sound condition starves the germs that have chanced to gain admission. Furthermore, in my opinion, some of the undefiled animal fluids alone are the best germicides. An illustration of the probable truth of these suppositions is the marked infrequency of phthisis in those who lead active outdoor lives as compared with persons of sedentary habits, and, while it is partly to be explained by the increased danger of infection in the latter, still, the other element in the causation is not always sufficiently appreciated.

I must devote a moment, in passing, to the very ingenious and interesting interpretation of one of the supposed functions of the white blood-corpuscles. They are thought to exercise a sanitary supervision throughout the frame, and, whenever poisonous ptomaines or disease-producing germs lodge therein, these guardians of the vital economy rush to the place of danger, and there, closing about the intruders, endeavor to destroy them, and thus protect the system from noxious invasion. Whereas, opposing this ingenious answer to a very perplexing question, follows the assertion that these leucocytes do not kill the bacteria, but that an innate though varying germicidal power exists in the healthy blood-serum, while the white corpuscles are, in a limited degree, the scavengers, as it were, rather than the custodians of the tissues, and this belief is more in harmony than the former one with the theory which I previously advanced.

Now let us consider what would naturally

follow if this little micro-organism is, what many believe it to be, the exciting cause of phthisis. It is found almost constantly in large numbers, among the material coughed up by diseased subjects, and it is known to retain its vitality for varying periods after desiccation; consequently, there is every reason to suppose that the bacteria floating in a fine dust about the air, more especially of a room, would find their way by inhalation into the lungs. Also, they might fall upon an abraded surface and be carried into the circulation. Likewise, they would settle upon articles of nutriment and be taken into the stomach, and thence, by absorption, into the system. Further, tuberculosis taints some of the many animals utilized by man as food, and the bacilli are found in the milk of infected cows. Therefore, these germs might be introduced into the system with underdone meat and in milk that has not been boiled.

Wherever the population is most dense, there the disease ought to prevail, and particularly among the poor and the ignorant of our community.

Again, conversely, what has been revealed day by day, to verify these inductions? Long before the discovery and cultivation of the micro-organisms, pulmonary consumption was conveyed to the lower animals by inoculation.

Dust taken from the walls of rooms in private houses and public hospitals, occupied by phthisical patients, in the same manner, has been productive of tuberculosis with these helpless victims of scientific investigation. Then of a number of dogs made to inhale the dried sputa of consumptives, a few became infected within three weeks, and, ultimately, all gave evidence of the malady. What is more, the disease has been induced in rabbits, lambs and swine by milk from diseased cows, and several animals have been contaminated through feeding upon meat that was tuberculous. Finally came the isolation and tillage of the specific bacillus already noted, which still

caused phthisis when introduced into the system under favoring conditions.

The death rate from tuberculosis in some cloisters has been as high as fifty per cent., and in many prisons it has risen above sixty per cent. And the loss of life from this cause among manufacturers is said to be twice as great as that of agriculturists.

After many years of regular, though not constant, relations with phthisical patients, my experience leads me to the conclusion that either the disease is never contagious in the common acceptation of the term, or else the physicians whom I have known under similar conditions to myself are especially exempt from such influences. And the former seems the more rational conclusion; but, on the other hand, it has been amply demonstrated that persons living in permanent intercourse with these patients often become infected with the disease. Moreover, the examples of its dissemination under these circumstances are too frequent to be accounted for by mere coincidence. Indeed, the mortality among nurses between the ages of fifteen and twenty is shown by Cornet to be six times greater than that of the entire population.

The well-known experiment of Trudeau aptly illustrates certain points I am desirous of making clear, therefore I briefly touch upon his investigation. Some rabbits inoculated by him with the tubercular bacilli, and placed in relations deleterious to health, became tuberculous. Another group of these same rodents, likewise confined, but not subjected to infection, did not develop the disease. While still another group, like the first, inoculated, yet not put in a similar situation, but, on the contrary, favorably located as to hygiene, mostly escaped the malady.

Enlarging upon the mortality of phthisis, in order to emphasize the importance of an intelligent and systematic prophylaxis, we must not lose sight of the fact that this affection is somewhat self-limited, and that it has not infrequently blazed up, or smould-

ered for a time, and then died out for lack of fuel. So that the death rate in proportion to the number of cases, could they be known, is not, after all, so alarming. And that the bacteria do not multiply outside the animal body, and that the breath of human beings does not, as a rule, contain these micro-organisms, are facts in favor of the limitations of the virulence of the malady.

With regard to the detection of the disease in the beginning of the course, I must confess that our resources are circumscribed, and that, at this stage, the history and symptoms bear an equal if not a greater weight than the physical signs upon the results of our examination.

In the treatment of pulmonary consumption we have two factors to consider, namely, the predisposing and the exciting causes, and one is as momentous in its effects as the other.

There is a truism common to all living things from the lowest to the highest; existence cannot long continue without food, and the food of the tubercular bacilli are the debased blood and tissue which have been inherited or acquired. To mitigate a baneful inheritance and to regenerate a vital decadence are the indications on one side, while, on the other, the bacteria not only must be deprived of sustenance within, but also actively pressed to extermination outside of the human organism. It seems to me, at this epoch of things medical, a mistaken and too hasty a generalization to conclude that, after the bacilli have entrenched themselves in the system, that their destruction can be accomplished without, at the same time, destroying their entrenchment. First, then, comes the subject of inheritance, about which a strange lethargy appears to have settled upon mankind. The stupid disregard that is still shown by many to the entire physiology of animal life is only excelled by the appalling consequences that overtake the innocent martyrs to parental negligence. A man with a tubercular family history, and possibly a

phthical diathesis, should be made to understand that he is a potential source of much sorrow and misery if he selects for a wife a woman with a similar record and constitution. Contrariwise, an intermarriage with a family free from all such predispositions will do not a little to curb that downward tendency. Therefore a child with good blood for a legacy, even from one parent, has every reason to expect immunity from the disease, if he is reared intelligently. Such children must be properly clothed, very carefully fed, and encouraged to spend the greater part of their daily life in the open air, and not in the too frequently ill-ventilated school-room. Probably nothing is more conducive to the complete renovation of the inner man than horseback riding. Vocal gymnastics is another useful exercise for the same object. And the regular practice of deep breathing with closed mouth out-of-doors, for both children and adult, while the blood-stream is coursing through the veins, is a purifier that is equalled by no drug in existence.

The necessity of destroying the expectation of consumptives is imperative, because the dry sputa still contain bacilli in great numbers, which lodge in every corner and cranny of a house, whence they are stirred up and inhaled by the patient as well as his associates. While rigid adherence to a thorough disinfection of all clothing and utensils exposed to contamination will reduce the danger of close companionship to a minimum, nevertheless, the only absolute safety lies in segregation; seeing that to occupy the same bed, or merely the same sleeping-room with a sufferer from this disease is to court a similar fate if not to insure it.

Our legislators would do well to investigate an impending danger from the laxity in the inspection of cattle and milk, for upon the nature of the food-supply depends the health of the citizen and the welfare of the commonwealth. In fact, the old saying that an ounce of prevention is worth a

pound of cure has lost none of its significance in the developments of bacteriology.

Although we have no drugs that will cure pulmonary consumption, yet we are in possession of many useful remedies for its trying symptoms. And, dealing with the disease, it is of primal consequence to keep in view the goal for which we may reasonably strive, namely, to elevate the tone of the tissues and the fluids that bathe them to a sanitary pitch, where they themselves are the best of germicides. Bacteria do not thrive upon such nourishment.

An explanation of the fact that rapidly gained fatness is not always attended by a like increase in the strength of a phthical subject is found in the statement that this kind of accumulation implies physiological impoverishment, and, associated with it, there is often a deposit of oil in the tissues, where there should be more highly vitalized elements. That is to say, obesity is accompanied by more or less fatty infiltration, if not degeneration.

Migration promises much for a patient, but I desire to distinctly state my belief that there is nothing which can be deemed specific in any climate. Moreover, what special influence certain regions will have upon the individual cannot be foretold with that precision often attempted by the over-confident practitioner. To be sure it does not appear unreasonable to suppose that a mild sedative atmosphere is best suited to a delicate, highly nervous organization, which naturally shrinks from the all-important out-door life in the low temperature of the highlands; and contrariwise, a vigorous, phlegmatic subject of tuberculosis in its early stage would do well in the clear, cold, bracing weather of a mountainous country. But, notwithstanding all this, experience produces very anomalous results, inasmuch as one of the most remarkable recoveries from phthisis that I have known occurred in a charity patient at my clinic in the not over-salubrious air of New York.

Solar light and heat are the sources of all

life, and just in proportion as plants or animals are deprived of the sun's rays they become deficient in vitality. Consider, for instance, the low grade of human development in the Arctic regions. A majority of the natives are so busily engaged in converting food into the heat essential to simple existence that all higher physiological and sociological evolution is dwarfed by the struggle. The stimulating effects of cold, combined with the all-vital sunlight, is undoubtedly of benefit to those sufficiently vigorous to respond to the stimulation. On the other hand, the balmy air of a more temperate zone, also purified by these life-giving rays, is not infrequently best constituted to restore the lost strength of sufferers from consumption. Hence we find that some improve in a cold, others in a warm climate, and there is no tangible reason because one person prospers in a place that another will have the same experience. Even the dampness of a sea-voyage, provided the ship is well ventilated, does not outweigh the benefits of unlimited pure air. Still, I would enter my protest against the indiscriminate sending of patients from home and its comforts. The annoyances of travel, and the depressing effects of an enforced absence from one's fireside, oftentimes hasten rather than retard the onward progress of a malady already, perchance, too far advanced toward a fatal termination. Furthermore, banishing a patient to some place barren of everything but climate not infrequently defeats the purpose of the change, so slight is the opportunity for suitable diversion. And now and then consumptives are demoralized beyond measure at sanatoria by daily contact with those suffering with the same complaint.

In conclusion, let me briefly reiterate what I have been endeavoring to prove, phthisis pulmonalis is an infectious disease, only the soil must be fertile or the bacteria will not take root and grow; that the inheritance of the affection is simply the descent of the degraded cells—presenting a

vulnerable point for a possible encounter with the vagrant germs. That all specific treatment is futile, in view of our present knowledge; and though persistent destruction of the infectious matter is our best means of prophylaxis, yet to restore the vitality of the lung-tissue is as important as to destroy the tubercular bacilli. And, moreover, not a few cases of phthisis have a self-limitation, which is a comforting thought for whoever is afflicted, while, at the same time, it is a disquieting reflection for the numerous noisy advocates of the very latest unfailling remedy.—*Gaillard's Medical Journal*.

#### THE TIME FOR SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION.

In the paper on intestinal obstruction Dr. Keene insists on the necessity for earlier surgical interference than has usually been practiced, especially in country districts. Dr. Richardson (*British Medical Journal*) summarizes his views on this subject as follows:

1. In all cases the use of milder measures, such as purgatives, enemata and massage, may be safely carried out until the supervention of faecal vomiting.
2. As soon as this is established an exploratory incision into the abdomen should be made without delay.
3. Obscurity of diagnosis in presence of this symptom ought not to stand in the way of an operation.
4. Clinical experience has taught that there is very little chance of recovery when once stercoraceous vomiting has begun, unless an operation be performed.
5. Symptoms of collapse are not a contra-indication to operative interference.—*Canada Lancet*.

#### PRESERVATION OF CAT-GUT LIGATURES.

Professor Gross is not at all in favor of carbolized oil as a preservative of cat-gut ligatures, claiming that it merely forms a nidus for germs. He recommends putting the animal ligature in a weak chromic acid solution and glycerine for about a week, and then placing in the following mixture until needed.

R.—Alcohol . . . . . part 15.  
 Glycerine . . . . . part 1.  
 Acid carbolic . . . . . 10 p. c.

M.

The placing of the cat-gut in a 1-1000 corrosive sublimate solution, just before using, makes it soft and pliable.



## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Regular Meeting, June 13th, 1890.*

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. Reed, Allan, Kinloch, Kirkpatrick, Shepherd, W. Gardner, Jas. Stewart, J. Gardner, Proudfoot, Laphorn Smith, Birkett, Jack, Evans, McCarthy, Telfer, Jas. Cameron, J. A. Macdonell, Spendlove, E. Blackader, Schmidt and Campbell.

After reading of minutes of last meeting, Drs. Telfer and O'Connor were elected members of the society.

Pathological specimens. Dr. Armstrong showed the specimens from a case of ulcerative appendicitis resulting in perforation, peritonitis and death. The patient had always complained of dysmenorrhoea, and on Tuesday when she began to suffer from pain in the lower part of the abdomen it was supposed to be due to this cause. It continued to increase, and on Saturday for the first time the pain began to be localized in the right side, and there was considerable tympanitis. On Sunday she was much better, but on Monday the symptoms became much more serious, the temperature rising to 103 and the pulse to 140. At half-past three on Monday she was in a state of collapse, and the abdomen was opened as an exploratory measure. Fœcal matter was found in the peritoneal cavity, and near the appendix there were found several concretions about the size of beans. The neighboring intestine was in a state of gangrene. The patient died shortly afterwards.

Dr. Shepherd called attention to the fact that there had been no rise of temperature until just before death, and he stated that the temperature was of very little service as a guide to the extent of peritonitis, some patients dying without the temperature ever rising above normal. Neither is the absence of pain an evidence that all is going well.

Dr. Johnson showed two large fibroid tumors of the breast sent from Jamaica. He remarked that the usual fibroids of the breast were nodular, but in this case the structure was uniform. The smaller tumor was firmer than the larger, which he thought was due to its being older and in process of retraction. He also showed a rather rare form of fibroma of the breast removed by Dr. Shepherd, in which the fibroid structure had grown into the glandular structure instead of between it as in the first case. 3. A specimen of perineuritis of the vagus nerve. There was atrophy of the medullary sheath on the affected side, showing that it was subacute and had lasted some time.

Dr. J. C. Cameron then read a paper on a

case of labor complicated by a uterine fibroma as follows:—Uterine myomata or fibromata are common enough in the non-pregnant, and of late years the attention of gynecologists has been prominently directed to the symptoms, diagnosis and treatment of these tumors by the controversy going on between the followers of Apostoli and Tait. Obstetricians do not so frequently meet with these tumors, and it is rare for labor to be impeded or seriously obstructed by the presence of a cervical myoma. In pregnancy their injurious influence depends mainly on their size and situation. If subperitoneal, small and situated near the fundus they do not usually affect the course of gestation and labor to any appreciable extent. They grow as the uterus grows and involute as it involutes. If interstitial or situated in the fundus or body they are very apt to cause abortion or predispose to hemorrhage or to rupture of the uterine walls. If cervical in about half of the cases the tumors are pedunculated and may be easily removed or pushed out of the way during labor, but if interstitial and large they not only offer a mechanical impediment to the advance of the child, but are besides subjected to much pressure and strain and are liable to slough or break down after the termination of labor, subjecting the mother to the dangers of septic absorption. The case I submit to you this evening is one of interstitial fibroma of the cervix, seriously delaying and impeding labor, destroying the life of the child and eventually that of the mother. There are several interesting points in the matter of diagnosis and treatment to which I would invite your attention. Mrs. C., aged 28, was admitted to the Montreal maternity on the 19th of April, 1890, in active labor, recommended by Dr. Molson, under whose care she had been. The family and personal history was good. Menstruation established at the age of thirteen, regular, painless and not too free. Last menstrual period concluded 20th of August, 1889. With the exception of slight morning sickness she enjoyed good health till the latter part of January, when she began to feel generally out of sorts, but had no local symptoms. On the 1st of February she went to Ottawa by rail, and felt very much shaken up by the jolting of the cars, and complained a good deal of abdominal pain. On her return the abdominal pain continued, and she began to feel restless and uneasy at night; one cold night she had to get up and walk around the room to obtain relief. Next morning she felt severe pain in the right iliac region, and noticed a small swelling there which was tender to touch. The swelling, pain and the tenderness in that place continued from that time to the onset of labor. About the end of March she began to suffer from occasional attacks of vomiting and from a short hacking cough, which caused her much annoyance and disturbed her sleep. The foetal movements

were quite distinct. About the 15th of April the abdominal pains increased in severity and she got very little sleep. On the 18th, about six p. m., the pain became very severe and almost continuous. On the 19th, about six a. m., a quantity of liquor amnii came away and the continuous abdominal pain became almost unbearable. For four nights she had scarcely slept and for seventeen hours the uterus had been in a state of almost constant contraction, and she was consequently very weak and exhausted. The abdominal tumor was prominent and somewhat irregular in outline, the uterus was in a state of tonic contraction and very sensitive to touch. Palpation under such circumstances was not only inexpedient but useless. The foetal heart sounds could not be heard. By vaginal examination no presenting part could be made out. The undilated os was high up, almost out of reach, although there was no contraction of pelvis. The bladder and rectum having been emptied, a draught of liquor opii sedativus, 25 minims, was administered. During the afternoon she dosed frequently and retained a quantity of milk and beef tea. By evening the os could be reached somewhat more easily and admitted the tip of one finger, but was still too high for any presenting part to be made out. A draught of liquor opii sedativus, 15 minims, was given every four hours during the night, and she rested fairly well and retained a good deal of nourishment. On the 20th, at 10 a. m., the os was a little more dilated, but still high up; a presenting part could be felt but not diagnosed. The uterus was less rigidly contracted and a foetal outline could be indistinctly made out high up on the left side. On the right side below the level of the umbilicus indistinct fluctuation was found. A slight sulcus or depression seemed to run obliquely across the anterior surface of the uterus from the right border to about the level of the umbilicus to the middle of the symphysis. To the right of this shallow sulcus fluctuation could be felt; but to the left none. The uterine muscle was still in a state of chronic contraction making palpation difficult and unsatisfactory. The opium was continued and administered as freely as possible. At four p. m. the condition of things was practically unchanged. At 3.15 p. m. the pains became much more severe, the os suddenly dilated, and the head, very much blackened and compressed, came rapidly down and the child was born spontaneously at 8.50 p. m., 251 days from the cessation of menstruation, fifty hours from beginning of violent labor pains. The child was a female, well nourished, weighing six pounds. The bones of the head were very movable and overlapped considerably. A long wedge-shaped caput succedaneum occupied the vertex between the anterior and posterior fontanelles. Notwithstanding the birth of the child the abdominal tumor did not seem

to be much reduced in size. But the oblique sulcus on the right was more weakened and fluctuation more evident. The cervix still remained very high up; on passing in two fingers a fluctuating mass extending almost as low as the external os was felt bulging from the right side, the left side of the cervix seemed normal. Distinct fluctuation could be made out between the fingers inside the cervix and the external hand at the level of the umbilicus at the right. By careful palpation the tumor was found to occupy the whole of the right iliac fossa and more than half the brim. It extended as high as the umbilicus and as far as the middle line to the left, pushing the uterus upwards and to the left. The placenta which was attached to the fundus was expelled by the Crede method without difficulty. A hot intra-uterine douche was given, and then the well contracted fundus could be felt on the left a little above the upper border of the tumor from which it was separated by a deep sulcus. There was no hemorrhage and the patient passed a comfortable night, taking nourishment freely at intervals. On the 21st, at 3 a. m., temp. 100; p. 120, she complained a great deal of flatus and her hacking cough. A turpentine enema gave some relief, but during the day the flatus increased, the cough became more distressing, epigastric pain and vomiting set in. At 1 p. m. temp. 101; p. 160. Dr. Gardner saw her in consultation during the afternoon.

The chief points of interest in the case are:—

1. The rapid growth of the tumor. The patient's health was good till the end of January. Then she began to feel out of sorts, and towards the end of February after a railway journey, which distressed her very much, she first noticed a swelling in the right iliac region, painful and tender to the touch. In seven weeks it had grown so as to block up the right side of the pelvis, fill up the right iliac fossa and extend on the right side of the abdomen as high as the umbilicus.

2. Rapid degeneration. Originally solid it began to break down in the centre, probably at or shortly before the onset of labor, fluid formed so rapidly that it bulged into the crevix and fluctuation could be made out externally, and by combined external and internal palpation.

It is not clear whether degeneration began before labor and whether the hacking cough, vomiting and sleeplessness during the last few weeks are in any way attributable to systematic poisoning by the absorption of the products of degeneration.

3. Effects of the tumor on pregnancy and labor. It did not affect the development of the foetus, which was large and well nourished, it probably helped to excite uterine action prematurely and bring on labor four or five weeks before time. When labor set in, irritation of the tumor made uterine contractions tetanic in

character, and the child soon perished from asphyxia. It afforded a mechanical impediment to the descent of the foetus while the os was undilated and the cervical tumor lay over the right half of the brim. When the tetanic contractions were somewhat relaxed by opium, the cervix and lower segment were slowly taken up into the cavity, the os opened and the uterus so to speak piled itself up over the child. The tumor was pulled up along with the cervix, and thus so much displaced from the brim that the wedge-shaped head slipped past it and labor was speedily terminated. There was no hemorrhage during or after labor which points to the cervical origin of the tumor; the presence of the tumor not only did not prevent the firm contractions of the uterus after being emptied of its contents, but even stimulated such contractions.

**Diagnosis.** A positive diagnosis was impossible. The liquor amnii had been some hours away, the uterus was in a state of tonic contraction moulded about the contour of the child, sensitive to touch, and still more vigorous contractions following any attempt at palpation. The patient was a primipara vagina narrow and long, the undilated os almost out of reach, so that very little information could be gained in that way. As the violent uterine action yielded to opium fluctuation could be felt on the right side quite distinct and separated from the main portion of the uterus. At once this suggested the possibility of a twin pregnancy with two distinct amniotic sacs. One sac remaining unruptured and preventing the descent of the child from the sac which had ruptured and dissipating the force of an exhausted and irritated uterus. Pregnancy in the horn of a bicornate uterus or in a double uterus would not explain the absence of any presenting part at the brim. The tumor was too low for an ovarian tumor and seemed too soft and fluctuating for a fibroid.

**Treatment.** When she entered the maternity weak from want of food, exhausted from want of sleep and continuous violent uterine action for seventeen hours with the liquor amnii away, the os undilated and out of reach and the uterus in a state of tonic contraction, the case seemed very grave. As might be expected the foetal heart sounds could not be heard; such violent uninterrupted uterine action would very soon asphyxiate the foetus. So that in deciding upon a line of treatment the mother's interests only had to be considered. Any attempt to deliver artificially by forceps or version or to reduce the bulk of the child by embryotomy was out of the question, the os being undilated and out of reach. The choice of means lay between Caesarean section and an expectant treatment with full doses of opium and liberal feeding. The patient's condition was unfavorable for section, and moreover her child was probably dead. The statistics of section in such cases are very

bad owing to the exhausted condition of the patient before the operation can be performed.

Dr. Wm. Gardner then stated that he was called in consultation to the patient referred to by Dr. J. C. Cameron, and after careful examination advised that abdominal section be performed at once. At 7.15 p.m. the patient was etherized and after the abdomen had been carefully scrubbed, an incision was made six inches long and the abdomen opened. A quantity of peritoneal fluid escaped. The tumor was found to be semi-solid, sessile and incorporated with the uterus and larger than a foetal head in size. It was decided to remove the uterus as the tumor could not be separated from it. The whole mass was then brought out through the wound, which had been enlarged, and a trocar plunged into it, when a quantity of semi-purulent fluid escaped. An Esmarek was then applied to the cervix and a serre noeud was applied over it and tightened, and the whole mass was cut away above the wire. Two pins were then fastened through the stump and the ends covered with a flat piece of metal. The sponges were then removed from the peritoneal cavity and the whole washed out with warm water. The wound was then closed and two glass drainage tubes left in, one in Douglas pouch and the other in the cavity left by the tumor. At 8.45 p.m. the patient was put to bed and hot bottles placed around her. Hypodermics of brandy had been administered during the operation, and an enema of brandy and six ounces of beef tea were given. The patient gradually became conscious, but remained very weak and in a state of shock. She coughed a good deal throughout the evening. At 9.30 the contents of the drainage tube were withdrawn by means of a glass syringe and a rubber tube, amounting to about an ounce bloody fluid altogether. At midnight another beef tea and brandy enema was given which was only partly retained. The patient gradually sank and died at one a.m., the temperature before death rising to 105. The trocar opening was enlarged, and the finger thrust into a large cavity containing thin purulent fluid and a nodular mass could be broken up without much difficulty. This was enucleated as thoroughly as possible, a serre noeud was applied as low as possible around the mass, and a large sized drainage tube inserted into the cavity whence the tumor was enucleated. The transfixing pins were applied and the mass amputated, through the pedicle thus formed projected the end of the glass drainage tube which was thus constructed by the serre noeud. The cavity drained by this tube extended to the floor of the pelvis between the folds of the right broad ligament to point on a level with or perhaps a little lower than the external os uteri. The peritoneal cavity was washed out and the sutures in the abdominal wall being so applied as to surround the stump. A long median incision from umbilicus to pubes being made, and the hand

being introduced the impressions received from external palpation were confirmed, a shallow sulcus or depression separating the tumor on the right side from the fundus of the uterus. On it being traced towards the pelvic brim the uterus and tumor were found to completely fill the space. The incision was extended upwards and the fundus uteri and tumor turned out. As the tumor fluctuated a trocar was thrust into it, and a quantity of sero-purulent fluid escaped.

Discussion. Dr. Laphorn Smith said that the ground had been thoroughly gone over by Drs. Cameron and Gardner, and that there remained very little to discuss. He had had a rather large experience with fibroids and he had found most of them to be in women who were either unmarried or who if married were sterile. This was probably due to the fact that very soon after the appearance of a fibroid the mucous membrane of the uterus becomes so diseased that it was not fit to nourish the ovum, and partly because there was generally mechanical obstruction to the entrance of the semen. He had, however, seen several cases become pregnant and the pregnancy terminated happily. He was opposed to interference in the majority of cases, the experience of those who had interfered not being encouraging. He did not think that the liquid which was found in the cavity of the tumor was due to breaking down, but that it was rather due to distention of a lymph space. It was a common thing in fibroids of any size to find accumulations of fluid in the peritoneal cavity. He thought that this was due to pressure of the tumor on a large vein, in other words to exudation from mechanical obstruction.

Dr. Johnston also thought that the fluid was due to distention of lymph spaces, as there had not been time for degeneration to have taken place.

Dr. Cameron thought that the reason why women with fibroids were so often sterile was that they aborted almost immediately, such abortion being mistaken for a prolonged period.

Dr. Gardner remembered three cases of women with fibroids being delivered. The first was the wife of a medical man, who was delivered prematurely. She had intense after-pains. All went well during a fortnight, when what appeared to be a period came on with very severe pain. She had a rigor, and the case seemed so urgent that an operation was decided upon. The tumor was removed piecemeal by the vagina and the uterus was kept aseptic by almost constant irrigation, and she recovered. The second case was a patient of Dr. Gurd, who had several sub-peritoneal fibroids, and who was successfully delivered at seven months by a midwife. The third was a patient who was delivered at full time. Several large fibroids which were in the way were pushed up-out of the pelvis up into the abdomen, but the patient died half an hour afterwards from internal hemorrhage.

## Progress of Science.

### THE APPLICATION OF THE PRINCIPLE OF SELF-HELP AND SELF REGULATION TO THE MEDICAL PROFESSION OF THE STATE.

BY GEO. HOMAN, M. D.,

*Secretary State Board of Health of Missouri, St. Louis, Mo.*

[Read before the Missouri State Medical Association.]

It must have occurred to every one who has given serious thought to the subject that the time is ripening for another forward movement on the part of the physicians of the State; when a further advance in legislation may properly be demanded on behalf of our profession; when the beneficial fruit of wise enactments may be secured greater than is now possible, even if the administration of the present law regulating medical practice had never been hampered and beset by divers hindering causes and circumstances, that are so well known to many members of this Association that no statement in detail is now necessary.

That the profession in its forward progress has not realized all the benefit possible to be derived from the present law during the nearly seven years of its existence is true; this has been because difficulties and obstacles early arose that could only be overcome and removed by time and patience, but the practical demonstration of the full possibilities of such a law, ably administered for a period of nearly thirteen years, has been witnessed in a neighboring State, so that profiting by the experience of others and knowing very nearly its metes and bounds, its strength and weakness, we in this State can, if we chose, so shape and order our future course as to avoid the elements of weakness and keep safely the elements of strength found in existing legislation.

It would appear therefore to be the part of wisdom and prudence if a further advance step shall be resolved upon to consider in what direction lies safety and prosperity—how the profession in the largest sense may be most benefited.

As I view the matter there is no choice of paths—the only true course lies plain before us, and it is in a direction in keeping with all the traditions of our political system, and accords fully with the exercise and enjoyment of rational freedom and widest liberty. This course, therefore, is advised rather than to take the chances of continuing under our present law with the eventual likelihood of having in the end to face the untoward possibilities and detrimental contingencies that are a part of the very fibre and woof of its substance; for in this case, in the

light of others' experience with a law almost identical, we can truly "look into the seeds of time and say, which grain will grow, and which will not."

The disadvantages that arise from having duties so various and dissimilar as those relating to sanitary matters and those concerning the regulation of medical practice committed to the same official hands have very forcibly arrested the attention of the present members of the State Board of Health, and they may have been made to feel that the public health affairs of the State would be better cared for by the legislative power, and the interests of the medical profession placed on a more fit and surer footing if these duties and functions were absolutely divorced and their administration separately provided for.

A principal element of weakness in State Boards of Health, to whom is confided this double duty is to be found in the manner of their creation and perpetuation, they have their springs in political sources howsoever hidden these may be, being always to a greater or less degree the outcome and expression of political feeling and action manifested through the legislative and executive departments of the State governments; and in the course of their existence complications seem inevitably to arise which cripple their usefulness that may be traced to their root in the false principle of their inception and foundation.

Not restriction, not supervision or regulation by the State, but a wider liberty should be demanded by physicians, the right to regulate themselves, to administer the affairs of their own profession in their own way, through and by representatives chosen by themselves.

A criticism that may readily and with justice be made concerning a body created and constituted as is the State Board of Health, not only in this but in other States, is that the appointing power, although acting in the best attainable light and with the very best intentions, may yet fail to make selections for such positions that are truly representative and acceptable to the body of the profession; hence, luke-warmness on their part in the support accorded to such an official body, or even positive hostility may follow.

This objection may be raised against any method devised for the appointment and confirmation of any body having official relations to the medical profession, into which any political considerations may enter, the common consequence may be that any given action taken or result reached will not be a true reflex of the will of the profession concerned.

If this much be conceded with regard to existing conditions and a change demanded the next step in order is to find a practicable remedy one that will keep and save all the good that has been gained under the present law and will at the same time always avoid the great danger of

discomfiture or catastrophe in the operation and outcome of that law, as shown by experience elsewhere.

As a suggestion to this end the Annual Report of the State Board of Health for last year is as follows:

"As a means of avoiding this objection and relieving the Board of all duties save those of a purely sanitary nature, and as a measure of justice to physicians, it is suggested that the entire matter of regulating medical practice and education in this State be placed exclusively in the hands of the medical profession.

"This may be done by the enactment of a law authorizing the incorporation of the medical profession including every legally qualified member in the State, with the right and duty to elect, under suitable regulations a governing body out of their own membership, securing to all shades of medical opinion the right of proportional representation, and to which body would be referred for consideration and decision all questions relating to the regulation of practice, the requirements and standard of medical education, standing of schools, discipline of offenders, etc., etc.

"This course would lodge responsibility for the honor, advancement and attainments of the profession in the hands of physicians themselves; and howsoever high or low these respective standards might rise or fall they would correctly portray the condition, and truly represent the will of the profession, and all the consequent merit or discredit would attach solely to medical men."

This is the deliberately expressed view of the Board on this subject after some years experience and observation of the practical workings of the law, and it appears to me that many strong considerations impel to a further step in the way pointed out; it would be a move for self-government, a right dear to all free men,—it makes for medical autonomy, for the emancipation of the profession from conditions that are too closely linked to party politics and policies. While as a governmental procedure it is of the profession, for the profession, by the profession, it yet works no wrong to the public, but on the contrary would promote the general safety and welfare by making deliberately chosen representative medical opinion the judge of the moral fitness and professional qualifications of those seeking to offer their services to the people; and, if faithfully carried out, would guarantee a higher order of intelligence, a higher standard of attainment, and generally superior endowments on the part of physicians to come.

Although the relations and contact of physicians with the public may be closer in some respects than are those of other learned professions, and while the State has the undoubted right to demand and exact of them the performance of certain duties and services as tending to

the welfare of the whole, still there appears to me no more valid reason for the existence of a special statute for the government of doctors than there is for the regulation and restriction of lawyers or clergymen. Physicians should be as capable of self-help and self-regulation as are the members of any other profession, and the right to do so should be asserted and maintained under all circumstances.

I shall leave to others the task of marshaling the arguments against the principle herein advanced and the step recommended, if any sound arguments or reasons to that end can be found. To me there are none other than the common objections of a do-nothing, let-alone policy that seldom fails to be heard when progress is demanded.

The principle of self-help and self-regulation as here and now set forth is by no means a new one; in a more or less modified form it is to be found in practical working shape on this continent, in certain parts of which it has been in existence with the best results for a number of years.

But aside from the fact that it has been tried and found successful it should be accepted and supported because it is the right principle to pursue in this matter, as I am fully persuaded, and should advocate it on that ground alone but would have been glad to see the physicians of Missouri the pioneers on this continent in such a progressive movement.

As it is the medical profession of the State can if they wish, by moving in the direction indicated, take rank with the foremost; the time for it draws near and the signs are promising; at the most its adaptation to the existing situation if authorized by legislation is a matter of mere detail and adjustment, and with the hope and confidence that the views herein expressed may find in every candid mind a substantial support, the matter is committed to the honest judgment, the calm consideration and sound discretion of this honorable body.

Drs. Shoemaker and Auld, in the *Medical Bulletin* April 1890, speaks highly of Belladonna in spasmodic neuroses of the air-passages (as asthma whooping-cough, laryngismus stridulus hic-cough, and similar disorders) in the form of atropine hypodermatically, or the fumes of burning leaves by inhalation, or as a good plaster externally. An active belladonna plaster will afford relief in angina pectoris. In chronic bronchitis with profuse secretion it reduces both the cough and the secretion. It is also useful in some cardiac neuroses, in colliquative diarrhoea, irritability of the bladder, and in collapse of the febrile state with great depression of the vital powers. When used for the relief of neuralgia the injections should be, whenever possible, in the immediate vicinity of the affected nerve.

## THE CONTAGIOUSNESS OF THE PULMONARY PHTHISIS.\*

The Paris Academy of Medicine recently held an earnest debate, in which some of its most distinguished members took part, on the subject of the contagiousness of pulmonary phthisis. The resolution offered by Dr. Villemin were overruled, and resolutions less clear and defined adopted in their stead. In a remarkable study on the subject, published by Doctor Cimbali, of Rome, the following conclusions were reached:—

1. Phthisis is a contagious disease, contact being the usual means of propagation.

2. The vehicles of contagion of phthisis are the milk of tuberculous cows and the sputum of phthisical persons, and infection may be communicated by the gastro-enteric or the respiratory mucus membrane.

3. The transmission of phthisis, as a specific disease, is rare, but the predisposition to contract it is frequent.

4. All persons exposed to the action of the germs of phthisis are not liable, in consequence, to contract the disease. Those only who have a predisposition to it will be attacked by it.

5. The most favorable conditions for contracting phthisis are: Youth a cachectic condition, constitutional or acquired debility, catarrhal affections of the respiratory organs, and the presence of phthisis in father and mother.

Prophylactic measures should have a double object:—

1. To prevent the germs of phthisis from spreading freely and infecting healthy persons.

2. To increase the resistance of organisms predisposed to phthisis, and recommend the avoidance, as far as possible, of association with persons affected with tuberculosis.

Phthisis being usually a chronic affection and very general in some countries, the majority of persons affected by it being able to go about their usual avocations, often for a long period, without suspecting their condition, the progress of the disease, which is often mistaken for a simple bronchial catarrh, being very insidious, it is difficult, while fully recognizing the contagious character of the disease, to insist upon the isolation of phthisical persons. Society would not permit the isolation of from one-quarter to one-seventh of its members, nor would science venture to advise so stringent a measure, which, beside being an attempt against individual liberty, would be of difficult execution. Isolation is practicable only in hospitals.

Disinfection or destruction of the medium containing the germs of phthisis and constituting the vehicle of contagion is strongly recommended. Every phthisical person should

\* Translated for the U. S. Marine Hospital Bureau (Abstract of "Sanitary Reports," June 6th, 1890), from *Le Journal d'Hygiene*, Paris, May 15th, 1890.

expectorate into a cuspidor. This cuspidor should contain water or a disinfecting liquid, and should be furnished with a cover. The sputum should be destroyed by heat, and the vessel cleansed with boiling water. There are other preventive measures which are important, but of difficult execution. These are:—

The disinfection of all articles that have belonged to a phthisical person before they are used by a healthy person. Houses in which phthisical subjects have lived should be rigorously disinfected before occupation by healthy persons. Milk from cows known to be tuberculous should not be used as food before being boiled. If these means were employed the agents of phthisis would be less widely disseminated and the disease would consequently be less frequent.

All persons predisposed to phthisis should as far as possible avoid places in which the disease may be contracted (colleges, barracks, workshops, etc.). The children of phthisical persons should not live in the house with their parents.

As most persons predisposed to phthisis offer feeble resistance, and a vigorous, robust organism is a soil little adapted to the growth of the bacilli of phthisis, all possible precautions should be recommended, and hygienic and therapeutic rules, the object of which is the improvement of nutrition and the building up of physical strength, should be carefully indicated.

Phthisical subjects, if young and descended from phthisical parents, should have occupations which permit them to pass the greater part of the day in open air. A simple and regular life, plain and substantial food, a country life, hydrotherapy, gymnastic exercises, excursions in the mountains, etc., are to be recommended for building up the strength of consumptives. It is indisputable that if the measures, general and individual, recommended as preventive of the disease were adopted, the number of persons attacked by phthisis would be greatly diminished. Unfortunately phthisical persons live the ordinary life and disseminate the germs contained in their sputum. Physicians should strongly recommend the prophylactic measures suggested by science and experience, and insist upon the dangers of their non-observance.—*College and Clinical Record.*

#### SWELLED TESTICLE.

One of the best local applications for swelled testicle is a poultice composed of one part of tobacco to four of linseed meal. The meal furnishes heat and moisture, while the tobacco usually relieves the pain in a short time. This same poultice is very soothing when applied over the pubes in cystitis.—*Kansas Medical Journal.*

#### REMOTE EFFECTS OF OVARIAN OPERATIONS.

Within very recent times more than one leader in abdominal surgery has raised his voice against the vast array of ill-considered ovarian operations reported in our medical journals. The technique of oophorectomy has been so thoroughly systematized that in itself it is now one of the easier surgical operations. A first successful abdominal section seems to have the same effect upon an operator as the taste of blood upon an Indian tiger. A thirst insatiable is aroused, and life is spent in the search for new victims. Cases running into double and triple figures are cited where all the worst features of the most stubborn nature have disappeared as though the surgeon's knife were gifted with the power of an enchanter's wand. In the hands of experienced operators the death-rate is rapidly approaching the vanishing point. The temptation is great, then, in obscure cases, stubbornly resisting the ordinary means of treatment, to advise and practice a procedure attended with such brilliant success. There can be no question of the sincerity of those most progressive in this department of surgery, nor can their statements in regard to the results obtained be questioned. It must be borne in mind, however, that these results are observed a few weeks or a few months after the operation. As the probability of life is, for the patient, often from twenty to forty years, the query at once suggests itself: Are these results lasting? Is the patient's condition definitely and permanently bettered? Will she continue to look upon the operation as a blessing which has converted a miserable existence into a life of comparative or absolute health and comfort? That this is frequently the case is conclusively proven by reported cases. That it is so constantly the case as to constitute a justification for this operation in the absence of urgent and direct symptoms remains yet to be proven. In this relation the paper of Glaevecks (*Arch. f. Gyn.*, Bd. XXXV, H. I.) is most timely. He states that in nearly all cases where the ovaries were removed the mental condition was decidedly affected, in many instances a condition of melancholia being produced.

Writing upon the same subject, Coe alludes to the frequency of persistent cerebral hyperæmia, of ovarian psychoses, and even of active insanity, all well recognized as sequelæ of this operation. He also calls the attention to the number of cases in which adhesions, consequent upon oophorectomy, have produced such marked pain and interference with function that the possibility of this complication should make the surgeon hesitate before advising the knife.

The fact that many of these operations primarily fail of their purpose must also be recog-

nized. Now that the army of unsexed women has reached such formidable proportions, there are probably few practitioners who have not witnessed scenes of domestic infelicity productive of more misery than any amount of physical suffering.

It is, we believe, by a careful study of the remote sequelæ of these operations, by a consideration of the many unsuccessful cases, by a knowledge of the effect of such mutilation upon domestic relations, that the operator will be guided in pursuing a wise and temperate course.—*University Medical Magazine.*

### SUBMUCOUS RESTORATION OF CARTILAGE IN DEVIATIONS OF THE SEPTUM; A NEW OPERATION.

BY JOHN B. ROBERTS, M. D., PHILADELPHIA, PA.

There are cases in which simple division of the nasal septum, with the use of pins to hold the divided partition properly in place, is not efficacious, because the cartilage contains too much tissue to be held in a straight line after its abnormal curves have been corrected. It is easily understood that, since the shortest distance between two points is a straight line, a curve or bent septum forced into a straight line by dilation of the nostril or by incision, has a tendency to reproduce the curvature within a few weeks after the operation. In such cases it is usually necessary to remove a portion of the septal cartilage, if permanence is to be given to the straight position obtained by the operation. This is sometimes done by excision of a portion of the septum by means of a nasal punch or a knife, thus leaving an opening between the two nares. The operation which I describe, and which is a resection of the cartilage beneath the mucous membrane, makes no opening between the two nares, and yet gets rid of the surplus septal tissue.

The operation should be commenced by dilation of the occluded nostril with the finger or a pair of dilating forceps; the mucous membrane covering the septum of the occluded side is then incised by means of a blunt tenotome. The incision should be a long curved one, with the convexity towards the floor of the nostril, and should be commenced as far back as is necessary to make a flap large enough to uncover the curved piece of cartilage. A flat, dull instrument is then slipped under the mucous membrane and used to separate this membrane from the triangular cartilage and vomer. A finger in the opposite nostril gives rigidity to the septum during the manipulations. After the large flap of mucous membrane has been elevated, a blunt-pointed tenotome is thrust under the mucous membrane, which hangs down like a curtain, and is used to cut out an elliptical portion

of the cartilage corresponding in size with the angle or curve in the deviated septum that the surgeon desires to remove. During this stage of the operation the little finger of the other hand in the opposite nostril is used to prevent perforation of the mucous membrane in the nostril opposite that of the operation. A blunt instrument is then thrust through the incision in the cartilage, and used to separate the portion of cartilage, which is to be taken out, from its mucous membrane on the side opposite the occluded nostril. The elliptical piece to be resected is then lifted out with forceps and the large flap of mucous membrane permitted to drop in place like a curtain. One or two sutures of catgut may then be put in the mucous membrane at the anterior portion of the wound in order to hold the flap in place.

The operation is readily performed and seems to be a distinct improvement in nasal surgery. So far as I know it is novel.

My observations have led me to believe that a great many cases of crooked nose or occluded nares are not due to fracture or congenital deformity, but to interstitial growth of the septal cartilage. It is impossible to increase the area of a partition situated between fixed borders without causing the partition to assume a curve. The triangular cartilage cannot extend upward, downward, or backward, because of its margins in these directions being fixed, hence, when it increases in area by abnormal growth it assumes curves and distorts the anterior portion of the nose.

I have recently operated upon a case in which the crookedness of the nose was very marked, and had been increasing within the last few years. In this case it was quite evident that the deformity depended upon a double curve of the septal cartilage, which was apparently due to abnormal interstitial growth.

Submucous resection of the cartilage is, it seems to me, a good method for relieving many cases of nasal deformity. The removal of angular or curved portions of cartilage without cutting away the mucous tissue is an operation giving rise to no great hemorrhage, although, of course, the bleeding is free.

I show to night an elliptical section of cartilage the result of an operation done by this method. In this case, as the members will see I cut out a portion of the bone as well as of the cartilage, and I subsequently removed another small piece of bone at the back part of the nares, by using a saw pushed under the mucous flap. The small portion of bone attached to the elliptical strip in the specimen was removed by the incisions made with the tenotome. The anterior portion of the bone of the septum is so thin that it is easily cut through with a tenotome.

The relief of nasal obstruction was immediate and very satisfactory in this case.—*Weekly Med. Review, St. Louis.*



## THE RELATION OF MASTICATION TO PHYSICAL DEVELOPMENT.

Everything which influences the health of the people is of interest to physicians, and no question more important than dietetics could engage the attention of such a representative body as the American Medical Association. No one could understand the powerful influence which improper food is capable of exerting upon physical structure and development so well as they, and this subject deserves the special study of American physicians who are desirous of seeing a healthy and vigorous race grow up in this Western Hemisphere. De Toqueville said that the white race in this continent is doomed to extinction. If this ever comes true, it will be because of the long continued neglect of some of the simplest rules of physiology.

That there are at the present time a large number of adults with imperfect teeth is a well known fact. Poor teeth means poor mastication, poor digestion, poor health and poor physical development. The early loss of teeth among the people of this country is explained by the unscientific habits of feeding generally practiced among young children. When the infant is brought up on pap and pre-digested foods the function of mastication is not required. As a result of want of use, the jaws imperfectly develop; the arch is narrow and the teeth are crowded and irregular. Nature does not reduce the number of teeth, but she attempts to force thirty-two teeth into jaws that have only room for twenty-four, and the quality of the teeth is not up to the standard, so that they readily commence to decay. When the child has grown up, it is too late to prevent the mischief. The decay of teeth is more due to insufficient nourishment than to injury or decay of the enamel.

The rational means of preventing the state of affairs just referred to is to commence early, and give the child food that requires mastication. The result will be increased function of the gums, teeth and salivary glands, and of the masticatory muscles, and the full development of the lower part of the face, with a corresponding improvement in the appearance of the man. In the average family the questions of diet are relegated to the cook, whose duty seems to be to provide food which is so soft as not to require to be chewed, and is accompanied by large quantities of coffee, or tea, or ice-water, which takes the place of the salivary secretions. The evil effects of this system of feeding can be seen on every hand. The remedy suggests itself.

Mastication is the most important step; by it the food is reduced to a pulp and is thoroughly incorporated with saliva. The act of chewing also stimulates the flow of the gastric-juice, and is necessary to perfect stomach digestion. General health of the body intimately depends upon digestion and assimilation of sufficient food of pro-

per character, but no matter how a man regulates his diet he cannot altogether overcome the evils of his early training in this direction. Just here we are confronted with a danger which strikes at the very life-blood of the nation, and is already sapping its strength,

If the proper care be observed in rearing children and giving them sound wholesome food requiring the use of their masticatory muscles, there is no reason why a superior race of men might not be developed, just as we raise the fastest horses and the finest cattle in the world. The appeal is made to physicians especially, to see that the glorious birthright of the American citizen is not bartered away for a mess of pottage or other soft food.

By pursuing the plans adopted by the ancient Greeks, we might not only equal their achievements, but even surpass them in physical development and personal beauty.—Dr. E. A. Wood, in *Dietetic Gazette*.

## TREATMENT OF EXOPHTHALMIC GOITRE.

Dr. E. C. Seguin (*N. Y. Med. Jour.*) says; The usual treatment by iodide of potassium, iron, etc., and by Galvanization of the neck, is familiar to all. The two new measures I wish to call your attention to are first, the systematic employment of aconitine, and, second, bandaging of the protruding eyeballs. In 1884 I rather accidentally discovered that aconitine (the crystallized aconitine of Duquesnel) exerted a powerful reducing influence on nervous or irritative fast pulse—*i. e.*, a fast pulse with high tension and normal heart, easily distinguished from the fast pulse of cardiac disease or general debility or fever. Aconitine, in doses of one two-hundredth of a grain, greatly reduces the pulse-rate and also the arterial tension. In Basedow's disease I give from three to eight pills a day—enough to produce slight tingling in the lips and extremities—for day and weeks, occasionally stopping for a few days. On the average, it is necessary to give two pills three times a day; under this the pulse-rate steadily falls from the upper limits of 160 to 140 a minute to below 100. After that the fall is slower; but in many cases goes on until 90, 80, and even 60 beats are recorded to the minute. At the same time the eyes and neck usually improve. This treatment occasionally fails, but it never does any harm. I have used it in quite a number of cases, some without goitre and exophthalmia, since 1884, and it has been tried with good results by several of my professional friends.—At the same time iodide of potassium or iron may be given, and Galvanism applied in the usual way.

Bandaging of the eyes has never to my knowledge been practiced. In the last two years I

have tried it in two cases with excellent results; complete reduction of the exophthalmia in one case. A carefully moulded pad of soft cotton is placed over each eye, filling the orbit, and a light (of not more than three turns) flannel bandage applied with gentle but decided pressure. At first I do this for only an hour twice a day; later for periods of two to four hours. In one of the cases the bandage was applied at 10 p. m., and allowed to remain all night. During the progress of the second case, which, though it existed for at least three years, is much improved, I have made occasional ophthalmoscopic examinations without detecting any damage due to the pressure. The pressure should not be great, as it is intended simply to counteract the dilation of vessels in the orbit which is the usual immediate cause of the exophthalmia.

#### CONSUMPTIVE TENDENCIES AS INFLUENCED BY TRIPS ACROSS THE COUNTRY IN A CARRIAGE.

There is a strong conviction that life in the open air serves an excellent purpose in warding off threatened attacks of phthisis, or in curing it. Generally, however, it is believed that to obtain the benefits of air, a locality distant from the patient's home is imperative; on the mountains, by the sea, at the South or in the North, etc. As a matter of fact, most patients are unable to leave their homes. If treated at all, they must be treated in the state in which they reside.

Many years ago a physician who had spent nearly eighty years in Vermont, over fifty of which he was in active practice, told the writer that shortly after he began the practice of medicine he broke down, and was told by his medical advisors that he was attacked by the consumption. He took his horse and wagon, and for three months spent his time in riding about New England and New York. He would travel far or near, daily, according to his inclination. At the end of the period he returned to his home and professional work, and continued it almost without interruption, till nearly eighty years of age. He died at last, not from any disease, but as the "deacon's one horse shay" vanished, all at once, without any apparent cause.

In minor forms, this observation of the effects of open air travel, has many times been confirmed by the reports of careful observers. Dr. H. I. Bowditch (*Med News*) gives a valuable contribution in support of the value of open air travel to consumptives. In 1808 his father had all the indications of consumption. With a friend he took a tour of New England in a one-horse chaise. The first day he traveled twenty-five miles, but his exhaustion and hemoptysis were so great that he was urged to return home to die. But he pushed on, and every day brought

him improved health. After his return home, he took regular open air exercise, and died of carcinoma of the stomach, thirty years later, at the age of sixty-five. One lung presented evidence of an ancient cicatrix at its apex, but both were otherwise healthy.

He said his father married his cousin, who died of chronic phthisis two years before his father. Of eight children, one died at birth, and one at eleven. All the others arrived at adult age, and married, several being still living. Of the ninety-three direct descendants of his father, not one was phthisical. This result is attributed to the journey, supplemented by the following out-door exercise, and careful regulation of the health of his children.

Dr. Bowditch thinks that many patients die from want of open-air treatment. He directs each of his phthisical patients to walk daily from three to six miles; never to stay at home all day unless a violent storm be raging. If the weather be very cold, he directs them to wear respirators. He forbids standing still on the street to talk with friends. He thinks that by following this plan, patients may be cured at home, and while still conducting their business. This seems sound sense. Better use the air at our doors and near our homes, before we fly to other air hundreds or thousands of miles away.

To those unable to walk sufficiently far to reach the best air near home, without excessive fatigue, it is advisable to use a horse and buggy, or a team driven by the patient, which is far better. The therapeutic value of a spirited span of thoroughbreds, to one able to manage them, is very great, and these, too, can be added to the effects of the open air proper. Consumptives are only one of many classes of people who would thus be benefited.—*Amer. Lancet*.

#### CHLOROFORM IN NORMAL LABOR.

Dr. V. O. Hardon, in the *Atlanta Medical and Surgical Journal*, translates a paper on this subject by Dr. Porak, of Paris (*Jour. de Médecine*), from which we quote the following summary: The intermittent use of chloroform in small doses during labor is a wonderful sedative for general nervous disturbances. Though an unreliable analgesic, it produces sleep, sometimes the suppression, or at least the diminution of the pain which accompanies uterine contraction, notable diminution of consciousness, and often absolute suspension of memory. On the other hand, its action is variable according to the susceptibility of the patient, according to the nature of the agent employed, and according to the mode of its administration. Its disadvantages are trivial in comparison with its advantages. The sum total of phenomena observed during its administration furnish the rules for its employment.

## HOW TO DEAL WITH THE PLACENTA.

The proper method of dealing with the placenta is one of the vexed questions of midwifery. Credé's method of expression is generally in favor with modern teachers of the art of obstetrics, but at the same time has many vigorous opponents. Recently it was announced that Credé himself had abandoned the method, but this report was found upon investigation to be entirely unwarranted. The principal objections to Credé's method are that it involves waiting some minutes after the birth of the child before delivering the placenta, that the manipulation of the womb is injurious to that organ, and that post-partum hemorrhage, retention of the membranes and even septic infection are encouraged by it.

Dr. Wm. T. Lusk answered these objections in an address delivered before the New York County Medical Association, and said that in his experience it succeeded ninety-nine times out of a hundred, in fact in all cases except where the placenta was adherent. The truth is that many of the objectors to Credé's method do not understand it. This was notably the case with Charpentier, who denounced the practice and advocated traction upon the cord instead, but any one who reads Charpentier's work on obstetrics it is evident that he has utterly failed to comprehend what Credé's plan is and how it is to be carried out. Lusk's description is so good that it is reproduced below, even at the risk of causing many of our readers to denounce it as a medical chestnut. He says: "The Credé method consists in first applying light and afterward stronger friction to the fundus of the uterus, until an energetic contraction is obtained. At its height the uterus is grasped so that the fundus rests in the palm of the hand, and the body is pressed between the thumb and fingers. The effect of external pressure thus exerted is to force the placenta from the uterus, or, in case of failure, the process is to be repeated. In experienced hands it is likely to be expelled by the third or fourth uterine contraction." It should have been added that these contractions are to be waited for at least twenty minutes.—*Northwestern Lancet.*

## SIGNIFICANCE OF A "CHOKED DISC."

The so-called "choked disc" signifies only that the free circulation in the optic disc is interfered with, whatever the cause may be. Any condition, anywhere, that causes sufficient pressure on the veins that return the blood from the optic nerves, to prevent its free use and easy flow, at once causes the development of "choked disc." The pressure allows the arterial blood to pass into the nerves, but prevents the venous blood from returning. The result is that a decidedly "passive" congestion of the discs takes place. This condition is what is designated

"choked disc." While it may be the result of a tumor, it does not by any means, indicate the presence of one in the brain, since any disturbance of the circulation in the nerve, from whatever cause, gives rise to the same condition. I have seen "choked disc" caused by a tumor in the orbit behind the ball, by acute or chronic meningitis, by serous effusion within the skull, by various syphilitic affections and by various kinds of injuries of the head—in a word it results from any condition that interferes with the venous circulation in the optic disc. On the contrary, a person may die of tumor of the brain without any disturbance of the discs whatever. Graefe reported a case of tumor of the brain that involved and destroyed the entire optic chiasm, so that the nerves could not be traced through the tumor at all; yet the vision was good and no "choked discs" were present. The conclusion therefore is that a "choked disc" is positive evidence of interruption of the nervous circulation in the nerves, but does not point to the presence of a tumor of the brain.

"Choked disc" and "optic neuritis" are sometimes spoken of as meaning the same thing.—This is a grave mistake. The former is a *passive* congestion, while the latter is an *active* inflammation of the nerves.

The localizing value of the "choked disc" is very uncertain and unreliable. It usually comes on late in the progress of a tumor of the brain, when there is so much cerebral disturbance that it has comparatively little value as a means of localization. Visual defect, as hemianopsia, in the history of the trouble, would be a much better localizer.—A. D. WILLIAMS, M. D., in *St. Louis Med. and Surg. Jour.*

## THE BINDER.

To bind or not to bind the parturient female is a question with which the obstetrician still allows his mind to wrestle. At a recent meeting of the Obstetrical Society of London, it was concluded, in effect, that the doctor had better do as the patient felt inclined. The matter ought not to be left in such a doubtful state.—Kigdoms rise and fall, great nations disappear, cyclonic storms and volcanic fires change the face of nature, but babies continue to be born, and the mother insists on having a binder, or knowing the reason why.

The Obstetrical Society of London should not trifle with topics of such eternal moment.—for our part, we say do not bind. The alleged comfort secured is imaginary, the idea that the binder can restore the figure is unscientific and unphysiological, its supposed power in helping involution is purely hypothetical, and the whole conception of a binder is unnatural and abhorrent to common sense.

The binder is a relic, not of barbarism, for

barbarian are too sensible to bind, but of a half enlightenment that is worse than ignorance. The physician who binds now-a-days, does it out of a weak compliance to an imperious mother-in-law or officious nurse. He should, out of respect to his art, rise above such trammels to his medical skill, and his intellectual independence.—*Med. Record.*

#### THE IMPORTANCE OF THE PRACTICE OF WASHING OUT THE PERITONEAL CAVITY AS A MEANS OF SECURING A NATURAL DISPOSITION OF THE INTESTINES AFTER ABDOMINAL SECTION.

Malcolm, in a short but suggestive paper again calls attention to the great danger which may result to the patient after laparotomy from simple paralysis of the bowel, though peritonitis may be entirely absent. Raw peritoneal surfaces are very apt to unite, even if they are entirely healthy. It is impossible after a laparotomy to arrange the coils of intestine in such a position that they will not at some time become adherent. In sponging they are very apt to be disturbed and thrown into unnatural relations. By irrigating the cavity we cause the intestines to float upward and thus undo any twists that may be formed. Now if the fluid is sucked out of the cavity, instead of being withdrawn with sponges, they will settle down in their natural positions just the same as when ascitic fluid is evacuated. Persistent vomiting after laparotomy seems to be beneficial rather than otherwise, since by pressure of the diaphragm and abdominal muscles the bowels are rearranged, as it were, and made to assume their normal relations. The important point to be borne in mind is that it is not so much the fact that the intestines contract adhesions to adjacent parts which give rise to subsequent persistent pain or obstruction, as it is that they become adherent in unnatural positions.—*American Journal of Medical Science.*

#### THE REMOVAL OF WARTS BY ELECTROLYSIS.

Dr. Patrzek (*Internat. Klin. Rundschau*) introduces the needle electrodes through the base of the wart in such a manner that they emerge on the opposite sides, without coming in contact. During the passage of the current the wart is kept moist with a lukewarm salt solution. The wart becomes white, pale, then blackish and soft in the course of two to five minutes, when needles are withdrawn. After the operation the wart shrivels up, and falls off in form of a hard, black body, under which the skin is slightly reddened.—*Prager Medicinische Wochenschrift.*

#### Items of Interest to the Profession.

*Merz's Bulletin* gives three excellent and seasonable formulae, published originally in *The Practitioner*, the strength of the ingredients being adapted to the U. S. Phar. :

IN INFANTS' "SUMMER COMPLAINT: "—Tincture Indian cannabis, twenty-four drops; spirit of chloroform, five drops; tincture kino, 1 fl. dr.; peppermint-water, to make 7 fl. dr.; add, distilled water, 1 fl. dr. Shake well. Teaspoonful every one or two or three hours.

The diuretic properties of Calomel are emphasized in the report of three cases of cardiac lesion by Dr. E. G. Carvene (*Therap. Monatshefte*: April, 1890, in *Therap. Gazette*, June 16th), resulting in severe dropsy, in which the use of calomel produced the most striking relief. In these three cases digitalis, and strophanthus had been used, and almost without effect.—Calomel was, therefore, substituted in doses usually of 1½ grains every two hours, with an almost immediate increase in the diuresis. In some cases slight diarrhoea was produced, but no symptoms of stomatitis occurred, perhaps through the regular employment of gargles of potassium chlorate and brushing of the gums with tincture of myrrh.

According to the *St. Louis Polyclinic*, to prevent the blood from settling under a bruise, there is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycerin. This should be painted all over the surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.

According to the *Boston Med. and Surg. Journal*, June 12th, 1890; the literature of the

past year contains reports, more or less complete, of two cases of pancreatic hemorrhage, two of hemorrhagic pancreatitis, three, probably four, of gangrenous pancreatitis, in addition to the five cases of acute pancreatitis of earlier occurrence and publicly alluded to for the first time by Revers and Hausemann, a total of ten or eleven cases of acute pancreatitis, in two of which a correct ante-mortem diagnosis was more or less definitely made. This statement is confirmatory of the conclusion, that acute inflammation of the pancreas is much more frequent than is generally thought. It is to be hoped

stituted physically and physiologically like him. Others must ascertain for themselves the regimen best suited to develop their powers of intellectual labor and be governed in the quantity, quality and time for taking of food by the demands of their own organism.

In studying the THERAPEUTICS OF INTESTINAL ABSORPTION, Dr. Leubuscher (*La Médecine Moderne*, in *Ther. Gazette*, June 16th) arrived at the following conclusions: Quinine and morphine, even in a weak solution, diminish intestinal absorption. Morphine exercises the same action, even when it penetrates into the organism by the hypodermic method. Alcohol in very weak solution (one-half to two per cent.) increases absorption, but it rapidly diminishes it when the solution is made stronger. Glycerine has no action in this respect. Chloride of sodium in small doses increases absorption. Carlsbad water is without influence. Experiments made on man show that the iodide of potassium is eliminated slowly when it has been administered in concentrated alcoholic solution. In the urine the iodide is more rapidly and abundantly eliminated when it is given in a moderate amount of alcohol. In glycerin, water, or milk, the iodide is less rapidly eliminated by the urine.

Prof. Barton Cooke Hirst describes in the *Med. News*, May 24th, the case of a dying woman in the LAST STAGE OF GESTATION, fo

whom he advised the resident physician in charge of the case, to dilate the cervical canal with his fingers, insert his hand and do a version followed by immediate extraction, surmising, as it proved, correctly, that the tissues of the dying woman could offer no resistance to these manoeuvres. The child was born in less than five minutes. He adds that, where the procedure just described is at all possible, he believes it should always be preferred to post-mortem Caesarean section. By waiting for the mother's death one may lose the infant as well; the post-mortem section is a disfiguring and bloody operation which would horrify the friends of the patient, and for which their consent could not easily be obtained, and, finally, there is the alarming suspicion entertained by the bystanders, if not by the physician, that the woman might not have been dead but was killed by the operation. On the other hand, version and extraction are as quickly done as section, if one can judge by this single experience; the child is rescued while it is still in good condition; there is nothing repulsive about the operation to the bystanders, and death is not hastened by it.

Dr. Galloway, of Xenia, Ohio, reported in the *Cinn. Lancet-Clinic* a case of hour-glass contraction which followed a case of instrumental delivery. A stream of water, hot as the patient could bear, was thrown against the constricted uterus for a period of fifteen minutes, causing speedy and easy delivery of the placenta, with entire absence of hemorrhage. The idea is advanced that in conjunction with the above, a valuable aid might be found in these troublesome cases in flushing the bowels with two or three quarts of hot water.

As much difficulty has been found in the satisfactory administration, when in the form of fluid media, of such insoluble crystalline substances as benzoic acid, antipyrin, sulphonal, naphthol, etc., a writer in a recent issue of *Répertoire de Pharmacie* recommends that they be powdered with sugar or gum, and then suspended in the form of an emulsion in water.

A writer in the *British Med. Journal* mentions a new remedy for sea-sickness, the seeds of the kola-nut, of which half a drachm should be chewed slowly. Most persons would prefer, first to know how the kola-nut agreed with them when taken before going to sea. Probably the action is that of a kola-gogue!

For Frostbite, an ointment of 45 grains of camphor oil to the ounce of lanolin has been suggested.

Salicylated oil, prepared by dissolving one part of salicylic acid in 35 to 40 of oil, by means of gentle heat, is a most valuable application to itch and kindred affections.

Seasonable directions are given in the *Medical Standard* for the treatment of Summer Diarrhoea: Carharrer recommends the discontinuance of milk as a diet, and substitution of liquid peptonoids with cocoa, pure brandy, and beef tea or broths. Water must be allowed freely, given in small quantities, and often. In bad cases he gives:—

R. Acidi salicylic.,	gr. ss	
Cretæ precip.,	gr. x	
Glycerin,	ʒ ij	
Aquæ rosæ,	ʒ xiv,	M.

Sig.—Fluid ounce every hour for a child one year old.

The following mixtures will prove of benefit in the treatment of intractable cases:—

Loomis' diarrhoea mixture.

Tincture of opium,	½ fl. oz.	
Tincture of rhubarb,	½ fl. oz.	
Compound tincture of catechu		
(U. S. P.),	1 fl. oz.	
Oil of sassafras,	20 mins.	
Compound tincture of laven-		
der, enough to make,	4 fl. oz.	M.

Sig.—One teaspoonful every four hours, for adults.

Squibb's diarrhoea mixture.

Tincture of opium,	1 fl. oz.	
Tincture of capsicum,	1 fl. oz.	
Spirits of camphor.	1 fl. oz.	
Purified chloroform,	180 mins.	
Alcohol, enough to make,	5 fl. ozs.	M.

Sig.—One teaspoonful every five hours, for adults.

Thielmann's diarrhoea mixture.

Wine of opium,	1 fl. oz.	
Tincture of valerian,	1½ fl. oz.	
Ether,	½ fl. oz.	
Oil of peppermint,	60 mins.	
Fluid extract of ipecac,	15 mihs.	
Alcohol, enough to make,	4 fl. ozs.	M.

Sig.—Thirty drops every three to five hours, for adults.

Velpeau's diarrhoea mixture.

Take or tincture of opium, compound tincture of catechu (U. S. P.), spirit of camphor, each equal volumes. M.

Prof. Parvin presented to the class a case of *vulvitis* resulting from diabetes mellitus, and directed the following:—

Constitutional treatment for the diabetes and local treatment for the vulvitis, as follows:—

R. Atropin.,	gr. j	
Aquæ,	ʒ ʒj.	M.

To be used as a spray.

Also an ointment composed of sodium salicylate, benzoated zinc ointment, and tar ointment.

A Paris correspondent of *The Times and Register*, June 7th, gives the modern medicinal treatment for Tonsillitis. As it is now to be considered as an infectious malady, antiseptics are in order. This may be used first, for buccal antiseptis:—

R. Borate or benzoate of soda,	ʒ ijss	
Hot water,	ʒ vij	

Dissolve, and add:

Tincture of myrrh,	gr. lxxv	
Blackberry syrup,	ʒ j	M.

Ft. gargle.

Or the following:—

R. Resocine,	gr. xv	
Distilled water,	ʒ ʒij	
Blackberry syrup,	ʒ ʒj.	M.

Ft. gargle.

Then brush over the tonsils, several times a day, with the following:

R. Glycerine,	ʒ v	
Camphor,	gr. xv	
Carbolic acid,	gr. xv	M.

Use as above, with camel's-hair brush.—*Coll. and Clin. Record.*

*Merck's Bulletin*, May, 1890, gives the following formula for a megrin powder:—

Caffeine citrate, true,	gr. xv	
Phenacetine,	gr. xxx	
Sugar,	gr. xv.	M.

Divide into ten wafer-powders. One wafer every two or three hours.

For sweating feet, Legoux (*Nouv. Remèdes*, quoted in *Nat. Druggist*, May, 1890, recommends:—

R. Ferri perchlorid.,	ʒ ij	
Glycerin,	ʒ j	
Essent. Bergamot,	ʒ ij.	M.

Sig.—Apply with a pencil or swab.

For Chapped Hands, a writer in the *Provincial Medical Journal* suggests the following as an excellent application:—

R. Menthol,	gr. xv	
Salol,		
Olive oil, āā	gr. xxx	
Lanolin,	ʒ iss.	M.

As an external application in acute rheumatism, a writer in the *London Medical Record* suggests the following:—

R. Salol,		
Ætheris, āā	p. iv	
Collodii,	p. xxx.	M.

In Gonorrhoea, Julien (*Revue de Therap.* March 25th, in *Med. News* April 5th) recommends the following injection:—

R. Liquid vaseline,	p. 140	
Bismuth Subnitrate,	p. 10	
Resorcine,	p. 3	
Iodol,	p. 1.	M.

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EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S., London  
F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London.

ASSISTANT EDITOR:

ROLLO CAMPBELL, C.M., M.D.

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MONTREAL, JULY, 1890.

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AN EXPLANATION.

As many of our readers do not reside in Montreal it is necessary to explain the delay in the issue of our June and July numbers, a delay which we greatly regret and with which we are exceedingly annoyed. The forms for the June number were all ready for the press on the tenth of June, but on that day the printers in the publishing office were ordered out by the Typographical Union, and nothing more could be done until the strike was over on the fifteenth of July, a few days after which the June number came out. We expect to have the July issue out before the thirty-first of July and the August number will appear on the fifteenth of August, after which provided there are no more strikes or fires we hope THE RECORD will appear regularly about the middle of each month.

THE RADICAL CURE OF POLYPI OF  
THE NOSE.

In a very clear and able article in the *New York Medical Record* for 23rd June, Dr. Harrison Griffin sums up his conclusions as follows:—

1. The nose should be treated with the

snare till each and every polypus has been removed.

2. The after treatment with caustics and cautery tends to inflame the cavity and tends to the recurrence of these growths.

3. In the removal of these tumors the parts should be so thoroughly anaesthetized that pain is unknown, because when pain is absent the part is under the full influence of cocaine, the blood vessels are relieved of their congestion, the polypi are more easily distinguished and the main object of the operation is secured, the removal of the pedicle intact.

4. The part should be thoroughly sprayed with either witch hazel or alcohol for some time after the patient has been pronounced free from polypi.

5. With this treatment the majority of cases can be permanently cured and the rest greatly relieved.

The author draws attention to the fact that sometimes the nose is so fully packed with polypi that only a few of them can be seen, and it is only after these first two or three have been removed that the next two or three can come down into view. If this fact is not remembered and explained to the patient he may think that they are growing as fast as removed, or that they have not been properly removed at all. Of all the methods of treating these troublesome little growths we have found nothing to surpass removal by the cold steel sear made of fine piano wire.

TRINITY MEDICAL COLLEGE,  
TORONTO:

Having at heart the true interests of the profession in Canada and believing as we do that the standard of proficiency is more uniformly high in this than in any other English-speaking country, England not excepted, we were very much surprised and grieved to see by no less an authority than the *British Medical Journal* that one of our medical schools was offering degrees in medicine to non-residents, and it was rather

from a desire to obtain a speedy and indignant denial to the charge that we drew attention to it than from any willingness to believe it. We were, therefore, only too happy to receive a communication from one of the leading physicians of Toronto, asking us to contradict the imputation emphatically. "Nothing, he says, is more foreign to her instincts or more abhorrent than this. The whole thing arose out of Trinity University acceding to a request, thinking it quite within her powers, to conduct musical examinations in England through a board of the very best men. The *British Medical Journal* he says was misled into publishing one severe article, but handsomely withdrew everything on learning the true facts. We too are doing all we can most gladly, but in the face of great and most unfair opposition to keep up and improve the standard of really good medical education here." As our correspondent is thoroughly reliable we trust that his denial of this slur on the Canadian professions good name may be made as widely known as possible. As the Trinity Medical College has nothing whatever to do with Trinity Musical College it is unfair to blame the former for the latter's deeds, even if they were questionable, which in this case they do not seem to have been.

### BOOK NOTICES.

We are pleased to announce that a much needed work, a practical therapeutics by Dr. Ernest Desrosiers, Professor of *Materia Medica* and Therapeutics in Laval University, and attending physician at Notre Dame Hospital, will be published in October. From the advance sheets which we have seen we can promise that it will be one of the clearest treatises on the subject which has ever appeared in either the English or French languages.

A NEW MEDICAL DICTIONARY. Including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions, based on Recent Medical Literature. By George M. Gould, B.A., M.D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, Ptomaines, etc., of the Arteries, Muscles,

Nerves, Ganglia and Plexuses; Mineral Springs of U. S., Vital Statistics, etc. Small octavo, 520 pages. Half dark leather, \$3.25; half Morocco, thumb index, \$4.25. Philadelphia: P. Blakiston, Son & Co.

If the coinage of new words be indicative of medical progress, surely the last decade will mark an epoch in its history. In the various specialties, in fact in all departments of medical science, there has been a constant demand for the expression of new ideas and for clearer definitions of old ones. Indeed, a dictionary that shall be fully abreast of the times must be little less than a new one.

In answer to a very general demand the publishers of this volume have brought out a work which will be found of great value to the medical profession. The author's aim evidently has been to include within its pages every important medical term to be found in the older vocabularies, and also to incorporate the thousands of new ones which give promise of permanency in medical literature. In Gynecology, Ophthalmology, Otology and Laryngology; in Biology, Embryology, Physiology and Pathology; in Electro-therapeutics, and in the newly-developed fields of Bacteriology, Ptomaines and Leucomaines, the aim has been evidently to issue an authoritative text-book, one that should be ample in its vocabulary, concise in its definitions, compact in its arrangement, and convenient of size for the every-day use of busy practitioners, and as a handbook for medical students.

The author, in this respect, is to be congratulated upon his success, and so far as a careful examination enables us to judge, it faithfully represents the standard medical literature of to-day.

The work is scientific and practical, compact in form and of moderate price. Messrs. Blakiston, Son & Co., Philadelphia, deserve great credit for the admirable manner in which the mechanical part of the work has been executed. Gould's new Medical Dictionary is a model of its kind, and will undoubtedly be fully appreciated by both physicians and students, to whom we recommend it.

Messrs. W. Drysdale & Co., St. James street, Montreal, have a full stock of this valuable work on hand.

### NEWS ITEMS.

The catalogue of the New York Polyclinic shows an attendance for the session 1889-90 of 422. The following extract shows that the Faculty have resolved to exclude all but graduates of regular medical colleges from matriculating at this school.

Practitioners who are graduates of regular medical colleges, or who having attended one or more courses of lectures at such college, have a legal permit to practice, will be admitted.

The twenty-third annual meeting of the Cana-



dian Medical Association will be held in Toronto on the 9th, 10th and 11th of September next. Arrangements will be made with the railroad and steamboat companies for a reduced travelling rate, and certificates entitling members to such reduction will be issued by the secretary on application. Members intending to present papers at this meeting, are requested to notify the secretary at as early a date as possible of title of the paper intended to be read.

**KUMYSS OR RUSSIAN MILK WINE.**—As a dietetic remedy, Kumyss is now considered with an equal. It accomplishes a two-fold task, that of a grateful food which nourishes the debilitated body, and a potent physic that renews its failing vitality. Its introduction into such general use as it now has in our civilized countries is due to observations taken by prominent medical men in the district called the "Steppes of Russia," principally inhabited by Kergheses, Tartars, &c., where consumption is unknown, and yet almost their only food and drink is Kumyss, for their religion, which is Mohammedan, forbids the use of other liquors. This fact has been vouched for by a scientific commission of enquiry made by the Russian Government, and fully established the palpable truth that the simple diet of Kumyss combined all the elements of nutrition in the most digestible and assimilable forms. Kumyss is prepared from Mare's Milk by fermentation. It is a piquant, sweetly acidulous fragrant liquor, which produces pleasurable effects, without any unpleasant after results. Considerable difficulty is experienced in procuring the Mare's Milk, and it is often necessary, in order to induce her to yield it, to procure a stuffed dummy colt, placed alongside the milker. This milk assimilates very closely with woman's milk, and as far as quality is concerned it is equal to the purest of cows milk.

The preparation of Kumyss, made by W. A. Dyer & Co., Montreal, contains all the advantageous properties of the Russian Kumyss, and if allowed to stand for ten or twelve days combines all the beneficial properties of the purest champagne, being light, effervescent and exhilarating. Kumyss, unlike milk, agrees with the feeblest stomach, and remarkable benefit is derived from its use in all complaints arising from feeble digestion, whether caused by impoverishment of the gastric juice or catarrhal complications in nervous irritation, and in the different phases of dyspepsia. Kumyss contains, in itself, all the plastic, respiratory and heat-giving elements of the body, and presents them in such a form that they are rapidly absorbed to renew the wasted tissues. It is estimated that every quart of Kumyss drunk carries into the body four ounces of solid food. Kumyss is considered by eminent physicians as a mild aperient, promoting the flow of bile,—is well suited for bronchitis, winter-

coughs and consumption, and is always a great palliative, even if it does not in every case effect a cure. It has been proven that where Kumyss has been taken regularly in accordance with the physicians' prescription that the patient has gained from one to ten ounces per day,—sufficient evidence in itself to prove the beneficial results derived from the use of Kumyss. In cases of general debility, typhoid fever, dyspepsia, it has been productive of wonderful effects, and is used by the weakest invalids without feelings of nausea or disgust. These facts, which are incontrovertible, must indicate that Dyer's Kumyss fills a long felt want, and will prove of inestimable value to many a sufferer.

A postal card addressed to W. A. Dyer & Co., Montreal, will be sufficient to have any quantity sent throughout the Dominion, if "Dyer's Kumyss" cannot be obtained from the local druggists.—*Montreal Herald*.

## PERSONAL.

Dr. Lorne Campbell is resident physician at the Iroquois House, Belœil Mountain.

Dr. F. W. Campbell spent twelve days under canvas as principal medical officer of the military camp at St. Johns.

Dr. H. L. Reddy has a charming villa at Hudson, on the Ottawa river, where he generally spends from Saturday to Monday.

Dr. Laphorn Smith will spend a few weeks holidays partly at Lake St. John and partly at Saratoga.

Drs. Perrigo and Reddy are on duty at the Women's Hospital during July, August and September, and Dr. Laphorn Smith is in charge of the clinic for diseases of women at the Montreal Dispensary on Mondays and Thursdays, from three to six p.m.

Dr. Hingston has a beautiful summer residence at Varennes. Although one of the oldest in the profession he still sets an example to many younger men by rowing down some ten or twelve miles every Saturday evening.

Drs. Roddick, Buller, Geo. Ross, Jas. Stewart, A. A. Browne and Wm. Gardner have gone to Berlin to attend the Congress and take a run through Europe.

Dr. Daywatt, of San Francisco (*Occidental Med. News*, June, 1890), ascribes failure of the creosote treatment of tuberculosis to the employment of impure creosote, as determined by direct personal investigation of the article used for purposes of inhalation.