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PHOSPHATURIA.

BY H. ARNOTT, M.D., LONDON. ONT.,

The urine is justly regarded as the most important excretion of the body, from a clinical standpoint. Its constitution varies with every change of diet, habit or health. This very sensitiveness, whilst it gives us the reasonable hope that, at least, every serious disease would be accompanied by a corresponding change in the constitution of this excretion, at the same time warns us that we must be very cautious in our deductions, lest we ascribe to disease a change that has been caused by exercise or diet. But if our knowledge were sufficiently thorough, we should be able to tell the difference, and to read disordered function, by the character of this excretion almost as accurately as we do a book. I believe that our knowledge of the urine is only in its infancy, and that at no distant day its importance in diagnosis will be much greater than at present. A wide field lies before the diligent student, the cultivation of which will yield him abundant satisfaction. Personally, I am willing to declare, that I have received more light in the understanding of obscure cases from even my imperfect knowledge of this subject, than from the study of any other single physiological system.

In making a diagnosis we pay attention to the urates, because ready to the eye in cold urine; to the amount of urea, because readily estimated by the urinometer and even by the eye, but the variation in the amount of phosphates is frequently neglected, probably because being largely held in solution they must be precipitated. Phosphoric

acid is found in every tissue and fluid of the body, in combination with a base and excreted in the urine, the amount varying greatly in certain pathological conditions. It is to the diagnostic importance of this variation that I wish to draw attention. I am aware that Prof. Vogel, after making a thousand observations, has declared that he can draw no inference of any clinical value, so I shall endeavor to avoid the quicksands of doubt and keep to a few points that seem to me to be solid and useful ground in differential diagnosis. Anything that will remove doubt and render diagnosis more certain, is of the utmost importance, and I hope that a discussion of this subject will prove interesting and, perhaps, useful. Every one has been puzzled over symptoms that may mean a great deal or nothing at all. In such cases any definite symptom that would set the physician's mind at rest, even as to the reality of some of the symptoms complained of, would be very acceptable. If we discover oxalate of lime crystals in the urine of a patient suffering from a number of subjective symptoms, it is satisfactory, so far as it forms a basis of certainty, from which to reason. We call the trouble oxaluria, for want of a better name, but it does not follow that we regard the crystals in the urine as anything more than the most definite of a number of uncertain and unsatisfactory symptoms.

Prout, Golding, Bird, and others drew attention to the deposit of phosphates in the urine as a valuable symptom, and even styled the disturbance giving rise to it, phosphaturia, and expressed their belief in a phosphatic diathesis, but later investigations have dispelled the belief in any such constitutional tendency. I do not think that these acute observers understood the phenomenon to constitute the disease any more than we mean by the term glycosuria, to convey the idea that the passage of sugar in the urine constitutes the disease. They doubtless looked upon it as the most constant and definite of a number of symptoms presented by some constitutional disturbance not thoroughly understood. But they overlook the important fact, that a sample which is muddy from phosphatic sediment may contain very much less of these salts than one that is perfectly clear. Indeed the probability is that the muddy sample will have a deficiency of phosphates, as we shall see hereafter. Different views have been held on this

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subject according to the point of view from which it has been studied. Thus, some have studied the phosphates only as they appear as a sediment in the urine, others have separated the earthy and alkaline phosphates, but have neglected the total amount, whilst others have, very properly, I think, considered the total amount of phosphate excreted to be the only proper basis for a practical study of the subject. According to this last view, phosphaturia means any deviation from the normal amount excreted, whether increased or diminished. As might be expected, the views put forth by various authors differ as much as their methods of studying it. Some declare it to be merely a symptom of disorder of the stomach or liver, others believe it to be only a question of reaction, etc.

In order to prove that I am not drawing on my imagination, I shall trouble you with a few short quotations from prominent authors. Prout: "nervous irritability the cause of increased excretion of phosphates;" Berce Jones: "merely depressed acidity;" Dickenson: "exaggerated mobility the cause of an excess of phosphate;" Dana: does "not find excess in nervous irritation;" DaCosta: "in spite of the distinct sediment of phosphates it is doubtful if the latter are in excess;" Beale says: "there is not really an excess, but the urine being alkaline, the earthy phosphate is thrown down."

I need not trouble you with any more quotations. I have given enough to show the indifferent manner in which the subject has been studied. In my opinion, the important thing is to ascertain the amount of phosphoric acid excreted, but as this would be somewhat troublesome, we adopt the simpler method of estimating the amount of phosphate. The base with which the acid is excreted is largely dependent on the diet, if that be full the tribasic compounds are common, and the urine is neutral or alkaline, but if the diet be low the reaction becomes acid from preponderance of monobasic compounds and no phosphate is precipitated although there may be more present. Hence, precipitation is rather an evidence of deficiency than excess of phosphates. Indeed, it must always mean either an excess of base, or a deficiency of acid.

A similar change may be brought about by the administration of alkalies. A patient whose urine

does not present any precipitation of phosphates is given alkalies, and in a short time it becomes muddy and deposits a crust of phosphate on the vessel. Now I am satisfied that increased alkalinity may be the result of true dyspepsia, or even of some peculiar diet, but an increase or deficiency of phosphoric acid to any notable degree and for any length of time, must have an entirely different cause. When dyspepsia occurs under such circumstances, it will always be found to be due to some nervous disturbance. This is an important and definite statement, and if I am wrong I would be glad to be shown my error. If it be true, then it must be important to ascertain whether the amount of phosphoric acid is increased or diminished in all such cases. On examining a sample muddy with precipitated phosphates, if I find the amount of phosphoric acid increased, I order more rest to the nervous system; if on the other hand, I find that the amount of phosphoric acid is normal, I request for a time a change or reduction of diet. In the latter case there is an increase of base due probably to diet; in the former an increase of acid due to nervous exhaustion.

The phosphates appear in the urine in three principal forms; the triple phosphate, earthy phosphate, and crystalline calcium phosphate; each of which, if continued for any length of time, has a certain amount of clinical significance. The triple phosphate is found in cystitis, in states of decomposition of the urine, and in some disorders of digestion, and along with other symptoms is valuable in deciding a doubtful diagnosis. The earthy phosphate, when largely deposited, generally indicates a neutral or alkaline condition of urine, which, if pathological and continued for a length of time, is an indication of a grave constitutional disturbance. The crystalline phosphate of lime is, according to my observations, found mostly in chronic diseases of the brain. If a doubtful diagnosis lay between some functional disturbance and an obscure disease of the brain, the discovery of this salt in the urine would decide me in favor of the latter. On more than one occasion I have seen this symptom determine the diagnosis, and correctly so, as the future histories showed. In only one case have I seen it absent where I felt sure there was organic disease of the brain.

But as before stated, the most important point

is to find out the amount of phosphoric acid excreted, and this is approximately arrived at by precipitating the total amount of phosphates present and estimating the relative amount. This need occupy only a few seconds, and I believe it will soon constitute one of the common tests in every examination of the urine. Dr. Dana, of York, whose article in the *New York Medical Record* will well repay perusal, uses long tubes about half an inch in diameter and thirty inches in length. The tube is filled three parts with the sample to be examined, and the balance of the tube filled with a mixture composed of magnesia sulph. and ammonium chloride of each one part, liquor ammonia one part, and distilled water eight parts. This causes a precipitation of ammoniamagnesium phosphate, which in about twenty-four hours has settled firmly to the bottom, and the depth of the sediment shows the proportion which it bears to the normal.

With whatever form of test-tube used, a number of experiments with the urine of persons in good health, will soon determine the average depth, and any marked deviation therefrom will indicate the relative amount being excreted. Of course several analyses will be necessary before any conclusion can be arrived at. This may seem rather a crude test, but careful quantitative analyses show that it is sufficiently accurate for all practical purposes.

The simple test is of the utmost importance in many doubtful diagnoses, but unfortunately it has not been uniformly studied from this aspect. Many observers have studied the earthy and alkaline salts separately, whilst others have only taken note of them when precipitated as a sediment. As I intimated before, my observations lead me to the conclusion that whether the acid is excreted in combination with an earthy or alkaline base, depends generally on diet or digestion, and is possessed of comparatively little clinical value. But the total amount of phosphate giving an approximation of the amount of phosphoric acid excreted is an event of much greater importance, as observation has shown that whilst the amount of base is regulated chiefly by the diet, that of phosphoric and uric acids varies only with constitutional conditions. Notwithstanding the different methods of studying the subject, there are many useful points on which prominent writers are agreed.

For instance, Roberts, Tyson, Wolff, Belfield, and Hoffman and Ultzman agree that the total amount of phosphates are increased in acute diseases of the nerve centres and diminished in the chronic stage of the same, with the exception of epilepsy. There is also a pretty general agreement that they are increased during, and for some time after, nervous strain. Dr. Beemer, Assistant Superintendent of the London Asylum for the Insane, who has written an able monograph on brain exhaustion, expresses the same view. I am inclined to believe that when the condition becomes sufficiently serious to justify the term "brain exhaustion," rather than nervous excitement, the phosphates will be found diminished to a marked degree, and reason tottering on her throne.

It is also becoming a recognized fact in the diagnosis of chronic renal diseases that the phosphates are diminished. Purdy, in his valuable work on Bright's disease, places it as one of the symptoms in his table of differential diagnosis. But, while we have these few points apparently established, there are a great many others on which the authorities totally disagree. Thus, Hoffman and Ultzman find an increase in febrile affections, whilst Wolff says they are diminished, but increased during convalescence. Many authors consider that an increase of phosphates is only an indication of dyspepsia, but Hoffman and Ultzman find them diminished in "severe disorders of digestion." Hoffman and Ultzman find an increase in bone disease; Belfield says you would expect it to be so; but, in fact they are diminished. And so there seems to be a disagreement with regard to many other diseases which, doubtless, in time by the accumulation of clinical evidence, will be removed.

In two cases I found the phosphates notably diminished in the late stage of chronic diabetes mellitus. In one of these there was not for several weeks during which the case was under observation, the slightest trace of phosphate to be found in the urine by the most careful tests. Being anxious to know what became of all the phosphoric acid, I had the fæces of this patient cremated and the ash submitted to a careful analysis by a competent chemist. I expected to find an increase in the fæces when there was none in the urine, but the result of my few experiments would seem to show that such is not the case, and that when not

excreted in the urine it must be retained. May not the retention of so much acid in the system be one of the factors in the production of diabetic coma?

An excess or deficiency of phosphates has been most useful to me in the diagnosis of a class of functional nervous disorders where there is no positive symptom. In many such cases where the symptoms related by the patient may be fancied or real, they will often be found useful in deciding the doubt and directing the thoughts to the cause of the trouble.

Many of these cases will be found to be real sufferers from an over-excited condition of the nervous system, due generally to some long-continued drain, and is found among youths as well as adults. There are three principal classes of patients affected in this way.

In the first there is hyperæsthesia and paræsthesia of the nervous system generally. The patient is sleepless, and a peculiar restlessness torments his waking hours; the eyeballs are sensitive to light and tender to the touch; a ring at the door-bell goes through the patient like a painful shock of electricity; the most delicate food causes pain in the stomach; there is frequent scalding micturition, simulating cystitis; and sometimes shooting-pains and numbness of the extremities cause fears of organic nervous disease.

In another class of cases backache and melancholia are the prominent symptoms. In men, the elastic term lumbago often does duty as a diagnosis, whilst in the female the very same symptoms direct our attention to that veritable scape-goat of all obscure symptoms—the uterus.

In some of these cases the pain may be the cry of the lumbar nerves for more healthy blood, but I believe that in the large majority it is caused by the deposit of phosphatic or oxalic crystals in the pelvis or tubules of the kidney. In such cases I have sometimes found casts, doubtless formed by the inflamed condition of the tubules caused by these crystals. A short course of some saline diuretic, with free diaphoresis and restricted diet, generally gives prompt relief. There are many persons who are frequently affected with pain in the back caused in this way. If the cause is understood the treatment will be more satisfactory. It is frequently regarded as rheumatic, but a careful analysis will generally show the very opposite condition of urine to what is found in rheumatism.

A third class of cases complain chiefly of dyspepsia and weakness. There is intense irritability of stomach, the most delicate food causes intense pain of a burning character, and sometimes vomiting is so persistent as to cause fears of organic disease. In such cases anæmia is a prominent feature.

In order to satisfy myself of the truth of these views, I have endeavored to study the natural history of such cases unmodified by medicine and without any treatment whatever but the removal of what I conceived to be the cause. In this manner, administering only a little colored water as a placebo, I have treated a number of severe cases of dyspepsia, anæmia, melancholia, etc., with the most satisfactory results,—and that, in some cases, after the ordinary medicinal treatment had failed. I do not wish to be understood as applying this treatment to any cases but those that are caused by some disturbance of the nervous system. In such medicine will often fail without the needed rest.

I am convinced from my, so far, imperfect study of this subject, that the cause of any marked and continued increase in the amount of phosphates excreted is always due to some irritation of the nervous system, whether in the form of injury, disease, or over-excitement. When examining the urine of students passing their examinations, I have invariably found that the anxious, excitable student was distinguished from his cooler companion by a greater excretion of phosphates. But exalted function must always be followed by depression, and an excess of phosphates at one time will bring a diminution at another.

When giving expression to these views I have been asked why we never used to hear of nervous exhaustion. The answer is two-fold. In the first place disorders that were formerly called "liver complaint," "dyspepsia," etc., are now recognized as merely the symptoms of "exaggerated nervous mobility," and treated accordingly. Again, the nervous strain of this age is immense when compared to that of even a generation ago. More rapid intercommunication, an increased consumption of tea, coffee, alcohol and other stimulants, a greater possibility giving rise to an increased desire for wealth, diminished rest to the nervous system through the improvement and cheapening of artificial light, the more general diffusion of literature

and a system of education which exhausts the vital powers of youth before they attain maturity, are only a few of the ways in which the nervous system is more heavily taxed than ever before in the history of the world.

I have nothing new to suggest regarding treatment. If the theory be true, as I believe, that an excess of phosphate is caused by some irritation of the nervous system, it follows that our principal reliance must be on rest. Whether the complaint take the form of dyspepsia, weakness, anæmia, paræsthesia, insomnia, or anything else, this must constitute the foundation of rational treatment. And this principle requires first to be applied to the digestive system. Many of these cases pit slightly on pressure all over the body, due to the deposit in the tubules of phosphatic crystals. A lowering of the diet increases the acidity of the urine, the tubules are cleared out, and, with or without the aid of a saline diuretic, the œdema is removed. In cases due to insolation or injury, counter-irritants are often singularly useful, to the base of the brain or along the spine as may be indicated.

There is no specific for these cases. Nitric acid and strychnia, as recommended by Golding Bird, are useful only so far as they improve nutrition. No amount of acid administered seems to have any appreciable effect in increasing the acidity of the urine, but this is soon effected by reducing the diet. This is an important point, for the more perfect the solution of the phosphates, the less likely they are to cause irritation of the kidney and the consequent œdema. I am fond of prescribing potass. bitartrate, in cases presenting any œdema, for the removal of this is necessary to an improved state of nutrition. Bromide of potass. is sometimes necessary to enable a patient to get sufficient rest; bismuth acts as a nervine tonic through its influence on digestion. Iron and quinine are useful after the nervous agitation has been soothed, and the condition of digestion improved.

I strongly object to the indiscriminate use of a tonic and stimulating line of treatment of such cases. Under such a course the patient gets relief and is very well satisfied; but he does not know at what a fearful cost to the reserve forces of his system the respite has been purchased. Such treatment represents just so many drafts on his

latent vital forces. No additional force has been put into the body—only measures which call out its reserves have been used, and the time soon arrives when such drafts are dishonoured, the system fails to respond to such demands, and the patient becomes a hopeless nervous wreck. The onward march of rational medicine demands that such a ruinous policy be abandoned for the more enlightened course of husbanding our reserves.

DISCUSSION ON SURGERY.*

BY F. W. STRANGE, M.D., TORONTO.

When I received the honor of an invitation to open the discussion on Surgery at the present meeting of our Association, I was, at the threshold of my attempt, embarrassed with the extent and richness of the wide field from which I had been requested, by our esteemed President, to glean a few ears of surgical grain for mutual discussion. Reflecting on the objects and scope for which we are gathered together, and remembering that our membership is composed, for the most part, of gentlemen busied in the arduous and noble lives of general practitioners, I considered that it would not be amiss to abandon the customary plan of submitting for discussion a thesis on a subject which, while of important interest to all surgeons, falls more especially within the province of an hospital surgeon, and substituting therefor some topic with which we are all familiar, and with which we all have more or less constantly to deal.

I have, therefore, ventured to introduce a group of subjects which have certain kinship, and to ask the gentlemen around me to contribute their views and experience on the treatment of

- I, Whitlow; excluding from this term, paronychia and superficial abscess of the fingers.
- II. Phlegmonous erysipelas.
- III. Carbuncles.

And first as to Whitlow. We are all acquainted with it, but woe to the surgeon who allows his familiarity to lead to contempt. I think I am safely within the mark when I say that I honestly believe I have seen as many permanently damaged and deformed fingers, resulting from whitlows neglected or badly treated, as I have from direct injuries from accidents. A man enters my surgery with the end of one of his fingers hard, red,

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swollen, and exquisitely painful. The slightest pressure will intensely aggravate the pain. He tells me he has run a splinter of wood, or possibly a rusty tin-tack, into the part, or has injured the finger by a crush or bruise. Occasionally no exciting cause has been noticed. I summon my pathological knowledge to my aid, and I see that there is an intense inflammatory process going on in the pulp of the finger, commencing in the dense cellulose-fibrous tissue in which the ungual phalanx is embedded, and causing more or less irritation and inflammation of the lymphatics of the arm. But if the case be a more extended and severe one, and I shall probably find that the inflammation extends to the sheaths of the tendons, that the whole finger participates in the process, that the back of the hand has become puffy, red, and swollen, presenting the ordinary characters of erysipelas, and that the palm of the hand has swollen and become white owing to the thickness of the cuticle and its close connection with the fascia. Having satisfied my mind as to the pathology of the case, the next thing to consider is what shall I do for my patient, how shall I treat him? Many are the vaunted abortive remedies. Plunging the finger into very hot lye, human or otherwise, is a favorite panacea to the lay mind, so also is an abominable plaster of soap and sugar, which to my mind only adds to the mischief by increasing the tension of the part. I have known them tried often, with no success. Painting the part with nitrate of silver or tincture of iodine has been extolled, but in my hands has utterly failed. In fact, in my experience, all the highly extolled abortive remedies have indeed proved abortive remedies and nothing else. Some practitioners are content with ordering hot poultice after hot poultice, as the only topical remedy, with a view of bringing the whitlow to a head. I regard this expectant method as one fraught with the greatest danger to the vitality of the part. By its means no doubt suppuration is hastened, but, alas, instead of coming to the surface, to a head as it is called, the pus has a much greater tendency to barrow along the sheaths of the tendons, and produce that lamentable condition of things of which I have before spoken. My own practice is that the moment I see a case of whitlow, and am sure of the diagnosis, to plunge a scalpel through all the tissues well down to the phalanx, and make as free

an incision as the parts will permit. I never wait for evidence of suppuration. I am content to relieve tension, obtain local depletion, and make a way of escape for pus in advance of suppuration. This having been done, I soak the incision for a minutes in water as hot as can be tolerated, in order to encourage bleeding. Now is the time to apply the hot poultices without stint and without fear. I then order a brisk purgative or two, rectify any general condition that may be noted, by means of appropriate medicines, and dismiss my patient with fair assurance of speedy restoration to health and work.

The arm has swollen and becomes a deep scarlet in color, with pungent burning pain. The swelling is first œdematous, then tense and brawny with the skin stretched to its utmost capacity. In fact the arm is laboring under the second subject for our consideration, viz., phlegmonous erysipelas. What follows? Resolution occasionally though rarely occurs; but usually, hidden by the change of size and color, pathological changes of a deadly character quickly ensue. Suppuration and necrosis attack the deeper structures involved in the process, both soft and boney, and the sufferer's limb, nay his life also, is in imminent peril. There must be no dallying now with the expectant treatment. The patient's safety lies in the surgeon's scalpel. Numerous parallel longitudinal incisions from two to three inches long, avoiding the positions of the arteries, and sufficiently deep to reach the bottom of the inflammatory process, which, in the limbs, is usually limited by the deep fascia, should be made. This practice was originally introduced by Mr. Hutchinson, and modified by Mr. South so that the parallel incisions should alternate with each other. Here, again the knife should be beforehand with the process of destruction. The relief of tension, the free escape of exuded serum, and the local blood-letting are so many ministering angels to the suffering parts. Should hemorrhage ensue too freely from any of the incisions, it is easily controlled by a pledget of lint stuffed into the incision, and pressure for a few moments by the fingers, or a pad and bandage. The incisions should then be covered with a piece of antiseptic gauze or lint, and hot fomentations or poultices, containing a watery extract of opium to soothe and tranquilize the injured nerves, should be constantly applied.

Such, in my judgment, is the only local treatment on which much reliance can be placed. It is true, as I mentioned a moment ago, that occasionally under very favorable conditions, and by the aid of appropriate internal remedies which I shall have occasion to refer to shortly, aided by hot external appliances, especially a strong lead and opium lotion, resolution may occasionally take place. But how is the surgeon to foresee this happy result? I know of no rule by which he can govern his action. Extended experience, and profound judgment may enable him to do so, but I fear he is just as likely to err as to hit the mark. My strong conviction is that early incisions through the entire depth of the morbid process, both arrests the progress of the disease and to a great extent limit the area of suppuration and necrosis, and preserve intact, structures which, if not so treated, would inevitably become greatly damaged, or even die. On the other hand, supposing the case to be one of the fortunate ones in which resolution would have supervened, and the surgeon has made his incisions. What damage has the patient sustained thereby? Simply little or none. Resolution will be if anything hastened. There will be slight suppuration from the surface of the incisions, but they will rapidly heal, leaving only a few white lines in the skin to mark the site of the battlefield on which disease and the surgeon have measured swords.

In considering the general treatment of such a case, we must not lose sight of the type of patient who is generally the victim of the disease. It is most common, I believe, in those who have been intemperate in eating and drinking. Next to these, I should place those whose health has been impaired by hard work and privation. In both cases, it is well to cleanse the portal system, and unlock the bowels. In the intemperate class, much benefit will accrue from a good, prompt emetic, followed by saline aperients. In the over-worked class, I should omit the emetic, and administer warm stomachic aperients. Following this, as soon as the tongue begins to clear, I order tincture of iron, 15 to 20 drops every four hours. I do not possess the faith that iron is useful in cutting short erysipelatous inflammation, such has not been my individual experience, but I place it in the highest rank as the best drug we possess to restore the health of such individuals to its proper

balance, and to hasten permanent convalescence. Quinine, mineral acids, and strychnia may also be necessary. This disease is one of those in which I say unhesitatingly, that the administration of alcohol is frequently, absolutely necessary. It has bridged over many a bad case for me, and is in my opinion, one of the most useful drugs we have in combatting the disease. Opium also in many cases is of great service as a stimulant.

I now pass on to the consideration of the treatment of carbuncle. Here again we have a spreading inflammatory condition attacking the subcutaneous cellular tissue, which rapidly runs into slough and suppuration. The slough is characteristic of the disease. The cellular tissue involved, breaks down into greyish or ash-coloured sloughs. The skin covering the part affected, becomes slightly elevated, assumes a purple or brownish red tint, becomes undermined, and gives way at several points, forming openings through which the ash-grey sloughs appear, and from which an unhealthy, purulent discharge, scantily issues. The extent of the disease varies from one to several inches across. The local treatment of carbuncle, is one in which great diversity of opinion exists. Sir James Paget, Mr. Le Gros. Clark, and others emphatically urge the expectant or do-nothing plan. Destruction of the diseased part by nitrate of silver or caustic potash has its advocates, while others regard the time-honored crucial incision as the best method. In view of such diversity of opinion, it may appear somewhat arrogant and presumptuous on my part, to speak decidedly in favor of either plan, but every surgeon should have the courage of his convictions, and I have no hesitation in giving my allegiance to the crucial incision. The incisions should be made sufficiently free to reach healthy tissues, both at the base and the sides of the sloughs, and this is the point, to which the surgeon should direct his chief attention. If the incisions are carried short of this, the spreading of the disease will probably continue, and the operation prove in a great measure futile. If healthy tissue be reached by the point of the knife throughout the entire length of the incisions, the spreading of the disease will be immediately checked, the sloughs will be rapidly thrown off, and a healthy granulating surface appear. Profuse primary or secondary hemorrhage may occur, but as the

disease in most cases is situated at the back of the neck and trunk, it is not difficult to apply sufficient pressure to control it. I have made incisions of this character, over five inches in length, and have seen no bad effects therefrom; but on the contrary have been gratified at the beneficial result. So strongly am I convinced of the desirability of the crucial incision, that were I the victim of carbuncle, I should urge my professional attendant to resort to it.

Mr. Timothy Holmes, who is in favor of the crucial incisions, records the case of a "man admitted into St. George's Hospital, in whom a carbuncle had been treated on the expectant plan, and the result was an immense ulcer occupying the whole of the nape. Soon after his admission another carbuncle formed, and was rapidly extending. A crucial incision soon stopped its course, and he recovered with hardly any mark from the second carbuncle, forming a striking contrast to the tremendous ravages of the first."

After the incisions have been made, hot poultices should be applied to hasten the separation of the slough, after which stimulating ointments, such as the Ung. Resinæ or Ung. Terebinthinæ will increase the vitality of the part, and hasten the growth of granulations. I have never had occasion to substitute any of the caustics for the knife, and consequently have no remarks to offer on the plan of treatment by these agents, but I can imagine the objections to their use on account of prolonged pain, and constitutional irritation.

As the disease is one of advancing years, and almost invariably occurs in persons whose constitutions are broken down by concurrent diseases of the viscera or blood, our general treatment resolves itself into one of support and nourishment, and of all our drugs, opium in small, continued stimulant doses, is paramount. Half a grain of pure opium every six hours, increasing the quantity if necessary, acts like a charm. It subdues the pain, equalizes and strengthens the heart's action, soothes the nervous irritability, and produces refreshing sleep. Stimulants also, especially good, sound red wines, porter, and ale are of great service.

Co-existing diseases must of course be treated on their own merits.

I have as briefly and concisely as possible gone over the ground of the treatment of these three affections, merely introducing such of the pathology of each, as is necessary to keep the bent and scope of our discussion directed to the best methods of restoring the damage done by those pathological changes. I have purposely avoided all speculative enquiry into the remote causes of these diseases, and have endeavoured to open the discussion as practically as I could. The surgical point which I have endeavoured to make, is this, that in all three affections, the early and free use

of the knife does actually limit the extension of the disease, and is greatly conservative to the integrity of the part attacked, and that in all cases in which deep structures are threatened with destructive inflammation, the employment of the knife should if possible precede the destructive process. If empiricism is understood to mean that which is founded on experience, I must confess myself an empiric, and in that character I beg to express, the hope, that the gentlemen around us to-day, more especially those who live in the country districts, and who are compelled by force of circumstances to be more self-reliant and self-dependant than those who dwell in the cities, will sustain this discussion, and favor us with their practical experiences on these questions. By doing so, they will aid in the advancement of our Association, and assist their professional brethren in their difficult labor of subduing pain, and easing the burdens of their disease-stricken fellow-creatures.

Correspondence.

CONGENITAL CYANOSIS.

To the Editor of the CANADA LANCET.

SIR,—A case of that somewhat rare disease, Cyanosis, occurred in my insular practice the other day, which I detail for the benefit of young practitioners.

A healthy woman of 20 years, M. L., gave birth to her second child on the 22nd instant, whilst under my care. The case was quite regular in all particulars, its only singular feature being its great rapidity. After the breaking of the waters, some fifteen minutes, intense labor pains set in, and with the second pain the child (a boy), came into the world, the whole labor proper lasting not over 30 minutes. As is usual, the child showed the cyanosed condition, but not in a degree to excite alarm, was dressed, and put to the mother's breast as usual, and rested fairly well over night.

The next day, about 2 p. m., I was hastily called in, and found the child in a cyanotic condition, with tremulous chills, and an intense bluish tint over the skin, caused, doubtless, by the diffusion of venous blood throughout the system. I placed the child on its right side, as recommended by Churchill, Meiggs, and others. Gave it a small dose of tinct. digitalis, and bathed its feet in hot water, but without avail, the infant dying just 23 hours after birth. Excepting the abnormal opening of the foramen of Botal, the child was apparently strong and well nourished, and the only

moral I can deduce from the case is, that though the treatment in this case was ineffectual, no medical man should be discouraged in any similar cases, or forbear to try those remedies, either of position or physic, endorsed by many men of reputation, both in Europe and America.

F. B. McCORMICK.

Pelee Island, May 30th, 1887.

To the Editor of the CANADA LANCET.

SIR,—As it is not usual or necessary for the initials of one's degrees to be added to one's name in a communication to a medical journal, and, as I am not in the habit of adding them myself, I cannot see why M. D. is appended to my name with my communication in the May No. of the LANCET. You will not find them in the original MS., or if they are there, some one else must have written them, I am sure I did not.

Yours truly,

Ottawa, 20th May, 1887. EDWARD PLAYTER.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The seventh Annual Meeting of the Ontario Medical Association was held in the theatre of the Normal School, on 8th and 9th June; Dr. J. H. Richardson, Toronto, President, being in the chair; Dr. J. E. White, Toronto, Secretary. The attendance was the largest the Association has yet known.

The morning session, June 8th, was chiefly spent in routine business. A congratulatory telegram was, on the motion of Dr. J. E. White, sent to Her Majesty the Queen as follows:—"The president and members of the Ontario Medical Association, representing the medical profession of Ontario, at their annual meeting, desire to express to her Most Gracious Majesty Queen Victoria, their sincere pleasure upon the completion of the fiftieth year of her reign; their steadfast loyalty to her throne and government, and their lively hopes that a beneficent Providence, which has directed and comforted her through her past, may grant health, comfort and happiness for many long years to come."

All present voted on this standing, after which the National Anthem was sung with great en-

thusiasm, and three cheers for the Queen given, time being taken both in the singing and cheering from the veteran president, Dr. Richardson.

Dr. Henderson's motion of forming a Medical Defence Fund then came up from last year's business. In speaking on the motion, Dr. Henderson said, "there was no more crying need on the part of the medical profession, than the taking of steps to protect themselves from unjust and unfair accusations. The case which called his attention specially to the subject, was one which had occurred in Eastern Ontario, and in which a medical practitioner had been prosecuted three years after he had ceased to attend the patient, who had emerged from sickness with a fair recovery in the opinion of eight doctors who had been afterward consulted. The judge charged strongly in favor of the defendant, but the jury failed to agree, and the case was liable to be opened at any time, while already \$1,000 had been spent by defendant, and his practice greatly injured. If the Association would form a department or a fund to defend in such cases, it would be a powerful means of good; the Association would attract more members, and it would be a means of greater usefulness than at present."

The motion was agreed to, and the following gentlemen were appointed as a committee to bring the subject before the Association at some later stage of the proceedings:—Drs. Harrison, Selkirk; Thorburn, Toronto; Moore, Brockville; Taylor, Goderich, and Dr. Henderson, Kingston.

Dr. Ferguson, Toronto, moved that the following gentlemen be a temporary committee on physiology:—Drs. A. H. Wright, W. H. B. Aikins, Sheard, J. E. White and J. Ferguson, Toronto; MacCallum, London, and J. H. Duncan, Chatham. Carried.

Dr. Graham brought up the question of a medical reference library for this city; pointed out briefly the great advantage of such a library, and shewed how unfavorably Toronto contrasted with the great American centres of Medical Science, as New York, Philadelphia and others. Dr. McPhedran moved, seconded by Dr. N. A. Powell, that Drs. Mullin, Hamilton; Arnott, London, and Henderson, Kingston, be appointed a committee from this Association to act with the committee of the Toronto Medical Society in the formation of a medical library. Carried.

In the afternoon, Dr. Richardsoon took the chair, and the following visitors were introduced to the meeting and welcomed to the platform by the chairman :—Drs. Porter, Gerster, Satterthwaite, and G. H. Fox, New York ; Drs. Cronyn and Hubbell, Buffalo, the latter representing the New York State Medical Association ; Drs. Manton and Duffield, Detroit, the latter being a delegate from the State Medical Society of Michigan ; Dr. J. A. Packard, of Philadelphia, and Drs. Stewart and Cameron, of Montreal.

Dr. Packard (on being introduced) remarked, that there were fierce but interesting discussions at the present time on the subject of reciprocity between Canada and the United States, and on the fisheries question. In the fisheries question it seemed to him there was nothing in it but a cod, not worth eating any way. (Laughter). He was in favor of reciprocity—certainly as far as the medical profession was concerned ; and he hoped the *entente cordiale* now existing in that respect between the two countries would never be broken.

Dr. Cronyn remarked that his friend Dr. Packard omitted the very point that was required. He should have advised the medical gentlemen before him to go to the United States, and take possession there, as he (the speaker) had done many years ago.

The President then delivered his annual address. He said it was difficult for one in his position to choose a subject to discourse upon before such an audience as that before him. It was not desirable for one man to set himself up as an authority, or to deal with any one topic. He therefore chose to make a brief reference to some of the improvements during his experience of forty years in the general methods of medical treatment. Had he chosen anatomy he might, he said, feel more at home in his subject, but it might not be out of place to take a retrospective view of general medical treatment. He had been a close observer of the nature of disease, and had watched the changes which had taken place in the views regarding the nature of disease, and consequently in the modes of treatment. Forty years ago, inflammation was considered to be at the root of almost all diseases. The most incongruous diseases were ranked under the head of "Inflammatory Diseases." As a remedy, bleeding was practised very largely until 1853. In Toronto it was practised for scarlet fever until 1860, frequently with the most disastrous results. He would refer more specially to two diseases in regard to which great improvements had taken place within the last quarter of a century, viz., splenic fever and hydrophobia. Dr. Budd, of Bristol, seemed to have the high distinction of being the first British physician to foresee the importance of the agency of minute organisms in the propagation of disease. Dr. Budd seemed to have been led to this prevision by the fact of

the invariable reproduction of every specific disease. Splenic fever was a terrible scourge in Europe, how malignant might be gathered from one paragraph from Trousseau :—"The period of its incubation is very short. An ox which has been at work may return to its stall apparently healthy. He eats as usual ; then he lies down on his side and breathes heavily, while the eyes are still clear. Suddenly his head drops, his body grows cold, at the end of an hour, the eye becomes glazed, the animal struggles to get up and falls dead ; the struggle only lasting for one hour and a half." Devaine, as early as 1859, discovered the presence of minute rods in the blood of animals who died of splenic fever, but it was not until 1863, after Pasteur's researches into the part played by microbes in fermentations, that he suspected their real agency in the production of disease. Pasteur's experiments were well known ; his last experiment was made at the invitation of the president of the Society of Agriculture, and was watched by Pasteur's colleagues, who feared he had been too rash. "A flock of sheep was divided into two groups, the members of one group being all vaccinated with attenuated virus, while those of the other group were left unvaccinated. A number of cows were also subjected to a precisely similar treatment. Fourteen days afterwards all the sheep vaccinated and unvaccinated were inoculated with a very violent virus, and three days subsequently more than 200 persons assembled to see the result. Twenty-one of the twenty-five unvaccinated sheep were already dead, and the remaining four were dying. The twenty-five vaccinated sheep were in full health. A similar result occurred amongst the cattle. The breeders of cattle at once overwhelmed Pasteur with applications for vaccine, and by the end of 1883 nearly 500,000 animals had been protected." Pasteur's crowning triumph was achieved over that dread disease, hydrophobia, which had hitherto baffled medical skill. After repeated experiments he determined, 1. That the virus attained its most intense virulence in the marrow of the infected animals. 2. That the virus of a mad dog inoculated by trephining under the *dura mater* of a rabbit, always communicated rabies to the animal after a period of incubation of about fifteen days. 3. That successive inoculations with virus so obtained show a marked tendency to a diminution of the period of incubation down to seven days, where the virus seems to have attained its greatest intensity. 4. That portions of these marrows exposed to dry uncontaminated air, gradually lose their virulence until at last it dies out. Vaccine virus was not an invariable protection against smallpox, nor was smallpox itself a protection against subsequent attacks, and more must not be demanded for vaccination for hydrophobia than from vaccination for smallpox. Instead of cavil and doubt, we

ought to lay hold with gratitude and confidence on the grand fact which had been established conclusively by direct experiment, viz.: that some of the most deadly diseases which afflict human and brute creatures are the result of the introduction of micro-organisms into the animal system; that they have been isolated and re-produced generation after generation by the most guarded, precise and definite methods of the laboratory, and that they can be so modified in their strength as to be safely introduced into healthy animals, and so protect them from the deadly effects produced by the unmodified poison. In view of the facts of the discoveries of recent years, they might surely "thank God and take courage" for the future. The difficulties before them were great. The life history of each class of these minute beings was so different, and the conditions under which they must be investigated were difficult, but there was no royal road to knowledge, and perseverance and research were certainly necessary. Yet they were on the road, and it only needed courage, faith and constant advance to open up newer, larger and brighter vistas of truth.

Dr. Fenwick, of Kingston, then read a paper on "Lacerations of the Cervix Uteri"; Dr. Groves, of Fergus, on "Prostatotomy," and Dr. Ferguson, of Toronto, on "Arsenical Neuritis," upon which some discussion took place by Drs. Covernton, Thornburn, Stewart, Teskey, Sheard and others.

The discussion on Medicine was opened by Dr. Arnot, of London, in an able paper on "Phosphaturia." In the discussion which followed, Dr. Bruce Smith, of Seaforth; McDowell, of Orillia; Brown, of Galt; Powell of Ottawa; and Strange, Thornburn and Ferguson, of Toronto took part.

The next paper was one by Dr. G. H. Fox, New York, on the "Various Methods of Treating Skin Diseases, with Special Reference to the Use of Chirurgical Instruments." Dr. Fox produced photographs of diseases before treatment and of the skin in its restored condition, and exhibited some of the instruments used for punctating and cutting. He also showed two patients he had operated on that day and whose disfigured faces he said his method would, by an earlier application, have perfectly cured. Drs. Graham, Oldright and Holmes took part in the discussion which followed.

Dr. Murray's paper on "Laceration of the Femoral Artery," concluded the afternoon's work.

In the evening, Dr. Taylor, of Goderich, gave a paper on "Extra-Uterine Pregnancy," and Dr. James Ross spoke of two cases which he had met with in his practice. This was followed by a paper by Dr. Gerster, of New York, on "The Antiseptic Principle as Applied to the Treatment of the Primary Induration and Initial Sore in Syphilis." This paper will appear in our columns. Dr. Holmes, Chatham, read a paper on "Puerperal

Fever," which was followed by one, by Dr. John H. Packard, of Philadelphia, on "Our Views of the Surgeons of the Last Century." This closed the proceedings of the first day.

June 9th.

Dr. Richardson took the chair at 9 a.m.

Before the programme for the session was taken up the following question was put and discussed:—"Is the continued employment of large doses of fluid extract of ergot likely to be injurious when employed in cases of fibroid tumours of the uterus when operation is inadmissible?" The opinions expressed concurred that no injurious effects were produced.

Dr. Lett, of Guelph, then read a paper on "The Relation between Mental Derangement and Masturbation." This was followed by a very interesting discussion in which Dr. Richardson and others took part. Then followed Dr. Strange's excellent paper on "Points in the Minor Surgery of the General Practitioner," which was listened to with much attention, and out of which arose a very useful and interesting discussion, during which the President warmly complimented Dr. Strange on the ability displayed in his paper, and urged the importance of using the surgical knife in cases of carbuncle and other tumors from blood poisoning. He also stated his practice of making a copious use of alcoholic stimulants in such cases. He said a bottle or a bottle and a half of brandy per day for an adult patient, and a bottle of port wine per day to a child, were nothing extraordinary, and had been followed by the best results.

Dr. Gerster, New York, was loudly applauded on rising to speak. He said common sense had a more important place in treatment than was sometimes conceded. While he agreed with the spirit of the paper, he would not go so far as to state that in all cases caustics should give way to the knife. Circumstances must always determine on the particular course to be adopted. One thing he wished particularly to refer to was the abuse of poulticing. It were better in many cases to dispense with the poultice, after operation, altogether, but it was necessary that patients should be urged to a proper use of it when it was applied.

The Hon. G. W. Ross, Minister of Education, here entered the hall, and on being introduced to the Association was warmly applauded. He responded in a short but thoughtful speech, welcoming the members of the Association, and expressing the wish that they might often meet in the same place. Dr. J. E. Graham, of Toronto, President of the Canadian Medical Association, then read a paper on "Herpes Zoster," which was well received.

In the afternoon, the following cablegram, addressed to J. E. White, Secretary, was read:—"The Queen thanks the members of the Ontario

Medical Association for their kind congratulations. PONSORBY."

Also a telegram from the American Medical Association, acknowledging the friendly greeting of the Ontario Medical Association, and conveying to them their sympathy and good-fellowship.

Dr. Geikie presented for the inspection of the members a tapeworm having its head complete. The specimen was examined with interest, as the head of the tapeworm is not very often seen.

Dr. W. H. Porter, of New York, read a paper "On the Etiology and Pathology of increased body heat in relation to disease, and the use of Antipyretics." He said that, physiologically speaking, animal heat was produced by the motor forces or kinetic energy being converted into heat, or by the universal molecular friction of the microscopic elements of the body. The larger amount of heat, however, was produced by the transformation of the chemical elements of the food, which had a large amount of potential energy, which was given off in the form of heat. He referred to the various temperatures and to some means of determining the causes from which changes of bodily temperature arose. Drs. Temple, Turver, Cronyn, and Covernton spoke on the subject of the paper.

Dr. Satterthwaite, New York, then was called upon to read his paper "On the so-called Uric Acid Diathesis," which was a long and able exposition of the subject, but was not followed by discussion.

Dr. Joseph Workman at this stage entered and was welcomed by the President as the founder and originator of the Association.

Dr. W. H. Aikens brought in a patient with an unusually large growth on her face, for the inspection of members. The woman was 73 years of age, and the growth, which began 23 years ago, weighs from 4 to 5 pounds.

A paper on "The Removal of the Uterine Appendages" was read by Dr. Adam Wright. He gave examples of cases occurring in the General Hospital, Toronto, and discussed the application of the operation of removal to three varieties of conditions. In nervous diseases alone, he thought it unjustifiable as a rule; in fibroid tumors, when hemorrhages endangered life, he approved of the operation; in diseases of the tubes and ovaries, including hydro-salpinx, pyo-salpinx and hæmato-salpinx, the operation, he said, should be performed in certain cases. He reported several successful operations in illustration.

Dr. R. W. Powell, Ottawa, read a short paper on "Pelvic Hæmatocele," being a description of a case occurring in his practice, in Ottawa, in which pelvic hæmatocele was successfully removed, without any operative procedures, through the efforts of nature.

Dr. Palmer, Toronto, explained the intubation of the larynx, and answered a large number of

questions on his novel and apparently reasonable method.

Dr. White then read the report of the Committee on Ethics. The committee expressed the opinion that there are few, if any, members of the association who do not possess the ethical knowledge, the sense of honor, propriety and justice, which should at all times govern the conduct of gentlemen, and especially members of the medical profession, in their conduct towards each other, towards their patients and the public at large. The committee recommended that the president, vice-presidents and secretary of the association be a standing committee to whom any alleged breach of ethics by a member might be referred. Recognizing the influence of local medical associations, for promoting intellectual and scientific enquiry, and for the securing of a correct observance of medical ethics, the committee urged upon the members of the Ontario Association the wisdom of keeping alive and strengthening the various local associations, both with a view of their acting as feeders to the central society and of being nuclei for the dissemination of medical ethics throughout the province. The adoption of the report was deferred until the evening session, and the sitting adjourned.

In the evening, Dr. McDonagh, of Toronto, read an interesting paper on "Primary Tuberculosis of the Larynx." The writer expressed the belief that laryngeal tuberculosis sometimes at least, if not always existed prior to pulmonary tuberculosis. He cited one case which had come under his own notice where the patient suffered from hoarseness. A careful physical examination of the lungs did not indicate that those organs were affected. A camel's hair tube was passed over the larynx, and a microscopical examination of the mucus showed tubercular bacilli. He also had the opportunity of making a *post-mortem* examination of a subject at the Hospital, wherein the lungs were free from tubercular disease, but on the other hand the larynx was affected with tuberculosis. The practical value of the establishment of this fact would be, that it would be easier to get at the disease in the larynx than when it reaches the lungs.

Dr. Palmer, at the request of the association, exhibited his instruments for the performance of the operation of intubation. This exhibition raised an animated interchange of views on the respective values of intubation, tracheotomy and simple medication in the cure of diphtheria.

The report of the Committee on Public Health was then presented by Dr. Shaw. The report favored the placarding of houses where infectious diseases existed, and the exclusion of children from schools for at least 28 days after infection from diphtheria, and 49 days after scarlet fever.

Dr. Graham presented the report of the Committee on Ethics. The committee recommended the adoption of the code of ethics of the Ameri-

can Medical Association, with the amendments which their special circumstances might demand. The most important of these he quoted as follows:—"It is derogatory to the dignity of the profession to resort to public advertisements or private cards or handbills inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success or to perform any other similar acts. These are the ordinary practices of empirics and are highly objectionable in a regular physician." Another clause ruled that no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma to the rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry, while at the same time when the good of the patient is involved, such a man, if recognized by the Medical Association, should not be fastidiously refused from fellowship or consultation. The report went on:—"Another matter which comes under this head we would here mention, namely, the injustice of the present system of club practice. In this province benefit societies are increasing in number every year, and the fees given for medical attendance are, in most cases, quite inadequate. Your committee think it might be well for the Association to give their opinion on this subject."

On the motion for the adoption of this report, Dr. Ross condemned club doctoring as commonly carried on.

Dr. Oldright pointed out that a specialist might be excused for advertising his speciality for the purpose of notifying the public that he did not wish for general practice. Dr. Burnham argued that his experience showed that it was not even necessary for a specialist to advertise his speciality on the door-plate to escape demands for general practice. He had never done so, and even at first he was very seldom troubled with such calls, and later on not at all. Dr. Burnham's remarks were evidently popular with the assembly, as he was frequently applauded. The report was adopted.

The treasurer's report was a favorable one, showing \$109 to the credit of the association. He announced that 194 paid up members had attended the meeting this year, and 10 visitors, making a total of 204. The greatest number at last meeting was 145.

Dr. Henderson introduced the report of the committee appointed to consider the question of a medical defence union, as follows:—The committee appointed to report on the motion of Dr. Hender-

son, regarding the formation of a medical defence union, beg to report that, in their opinion, it is desirable to appoint a committee whose duty it would be to consider appeals from members of this association, who may consider themselves persecuted by unfounded and malicious accusations. If requested, this committee will give professional advice to any member of this association who may be defendant in a case of surgical malpractice, the Advisory Committee to consist of Dr. Moore, Brockville; Drs. Sullivan and Henderson, Kingston; Dr. Day, Trenton; Dr. Malloch, Hamilton; Drs. Thorburn, Richardson and White, Toronto; Dr. Eccles, London; Dr. Harrison, Selkirk; Dr. Taylor, Goderich; Dr. Thorburn chairman of the board. The report was adopted.

The Nominating Committee brought in the following nominations of officers for the ensuing year:—President, Dr. J. W. Rosebrugh, Hamilton; First Vice-President, Dr. H. M. McKay, Woodstock; Second Vice-President, Dr. Moore, Woodstock; Third Vice-President, Dr. Adam Wright, Toronto; Fourth Vice-President, Dr. Taylor, Goderich; General Secretary, Dr. J. E. White, Toronto; Treasurer, Dr. N. A. Powell, Toronto; Corresponding Secretaries, Dr. Fenwick, Kingston; Dr. McPhatter, Guelph; Dr. R. W. Powell, Ottawa; Dr. Shaw, Hamilton.

The following committees have been appointed President, for 1887-'88.

Credentials.—Dr. Caw, Parkhill, Chairman; Drs. Alex. Davison, R. A. Pyne, W. H. B. Aikins, Armstrong, Britton, Barrick, Duncan, Elliott, Carveth and A. Bethume, of Toronto.

Nominations.—Dr. Buchan, Toronto, Chairman; Drs. McKay, Woodstock; Brown, Galt; Holmes, Chatham; Mullin, Hamilton; Worthington, Clinton; A. H. Wright, Toronto; Hilliary, Aurora; R. W. Bruce Smith, Seaforth; Aylesworth, Collingwood; Yeomans, Mount Forest; Henderson, Kingston; Powell, Toronto; Harrison, Selkirk; McPhedran, Toronto; Eccles, London and Waters,

Public Health.—Dr. McKinnon, Guelph; Chairman; Drs. Canniff, Toronto; Shaw, Orillia; Mearns, Petrolia; Meek, London; Wilson, Richmond Hill; Howitt, Guelph; Carmichael, Mount Pleasant; Bryce and T. S. Covernton, Toronto, and Shaw Hamiton.

Legislation.—Dr. Gilmore, West Toronto Junction, Chairman; Drs. Strange, Toronto; Hon. Mr. Sullivan, Kingston; Kitchen, St. George; Lundy, Galt. Herod, Guelph; Millar, Hamilton; C. W. Covernton and Cameron Toronto; Collver, Waterford; Millar and Clelland, Toronto; Cochrane, Omeme; Bigelow, Parkdale; Forest, Mount Albert, and Whiteman, Shakespeare.

Publication.—Dr. A. A. Macdonald, Toronto, Chairman; Drs. Anderson, Millgrove; Cauldwell, Lakefield; McAlpine, Lindsay; McLay, Alymer; Philip, Hamilton; Smith, Orangeville; Winskill,

Brantford; Peters, Toronto; J. L. Davison, Toronto, with the secretary and treasurer.

By-laws.—Dr. Thrall, Woodstock, Chairman; Drs. Rosebrugh, Cotton, Coatsworth, Doolittle, E. E. King, Geent, Gullel, A. Geikie and Bingham, Toronto; Cruikshank, Ellesmere; Freel, Stouville; Burgess, Toronto; Macguire, Guelph; Macdonell, Orillia.

Ethics.—Dr. McFarlane, Toronto, Chairman; Drs. Atherton, Barrick, Baines, McCullough, O'Reilly, Strathy, Sweatman, G. B. Smith and Spencer, Toronto; Sturgeon, Hagersville; Marquis, Brantford; Gaviller, Grand Valley; Mitchell, Enniskillen and Lovett, Ayr.

Necrology.—Dr. Bescom, Uxbridge, Chairman; Drs. Gilpin, Brechin; Hanley, Waubashene; Tegart, Waterloo; Clarke, Sanderson; Orr, Starke; Spence, Pollard and Watson, Toronto.

Arrangements.—Dr. Burns, Toronto, Chairman; Drs. Wagner, Ross, jr., Palmer, Sweatman, Duncan, Sheard, Oldright, Cameron, Watson, Baines, Wishart; Carson, Riordon and McCullough, Toronto.

Audit.—Dr. Nevitt, Toronto, Chairman; Drs. Forest, Mount Albert; Marlatt, Aylmer; McCamus, Bobcaygeon; Oliver, Niagara Falls; Ross, Clifford; Irving, Kirkton; McKelvey, Brussels; Trimble, Queeston; Wood, Streetsville; Roace, McKenzie and A. R. Pyne, of Toronto.

Papers and Business.—Dr. Machell, Toronto, chairman; Drs. Jenner, Picton; Thorburn, Temple, Teskey, Temple, Simpson, Graham, James Ross, Ryerson, George Wright, McDonagh and Wishart, Toronto; Turver, Parkdale; Thom, Streetsville; Robinson, Brampton.

Special Committee on Physiology.—Dr. McCollum, London, chairman; Drs. W. H. B. Aikins, Carson, Ferguson, Oakley, A. R. Pyne, Sheard, White and A. H. Wright, Toronto; Duncan, Chatham.

Advisory Committee, whose members may consult in cases of actions for alleged surgical malpractice.—Dr. Thorburn, Toronto, chairman; Drs. Moore, Brockville; Hon. M. Sullivan and Henderson, Kingston; Day, Trenton; Richardson and White, Toronto; Malloch, Hamilton; Harrison, Selkirk; Eccles, London, and Taylor, Goderich.

The following gentlemen have been selected for discussions in the respective subjects:

Medicine.—Drs. Mullen, Hamilton; Burrill and Geikie, Toronto; Digby, Brantford; Waters, Cobourg; Kaines, St. Thomas, and Forbes, Beachburg.

Surgery.—Drs. Grasett and McFarlane, Toronto; Harris, Brantford; Hon. M. Sullivan, Kingston; Groves, Fergus; Burt, Harris; Dupuis, Kingston.

Obstetrics.—Drs. Powell, Ottawa; Henwood, Brantford; Uzziel Ogden, Macdonald, Toronto; Fenwick, Kingston; Hunt, Clarksburg.

Ophthalmology.—Drs. Bernham, Reeve, Ryerson, Palmer and Rosebrugh, Toronto.

The following gentlemen have been named and specially requested to contribute paper on the subjects selected:

Dr. Daniel Clark, on "Some functional disorder of frequent occurrence in general practice."

Dr. J. H. Richardson, on "Any medico-legal subject."

Dr. J. A. Temple, on "The use and abuse of pessaries."

Dr. Sheard, on "The pathological changes in the blood or tissues wrought by bacteria."

Dr. Oldright, on "The sections and sutures in bullet wounds of the intestines."

The nominations were adopted without amendment.

Dr. Richardson, the retiring president, then led his successor, Dr. Rosebrugh, to the dais, and that gentleman thanked the association for the honor conferred on him.

Papers by Dr. Yeomans, Mount Forest, on "Acute Intestinal Obstruction," and Dr. Turver, Parkdale, on "Physiological Reduction of Temperature in Diseases of the Chest," and one by Dr. Ryerson, of Toronto, on "Ophthalmic Epilepsy," were held as read, time being insufficient in the sessions in which they were to have been given.

It was decided that the next meeting shall be held in this city, when, after the usual votes of thanks, the association adjourned.

ONTARIO MEDICAL COUNCIL.

The annual session of the Ontario Medical Council was opened June 14th, in the hall of the College of Pharmacy, the President, Dr. H. H. Wright, in the chair. In opening the proceedings he (Dr. Wright) expressed his sorrow for the losses the Council had sustained by death during the past year. He proceeded to say he felt assured the Council would co-operate with the Minister of Education in his desire to raise the standard of professional education, and he suggested the revision of the primary and matriculation examination papers with that object in view. At the same time, he did not think it essential that the matriculation in arts should be exacted to qualify a man for the medical profession. He congratulated the Council on the amendments to the medical law which they had obtained at the last session of the Legislature, and expressed their indebtedness to Mr. Gibson, the member for Hamilton, for the tact he has shown in taking charge of the bill and for his kind services in promoting it.

Dr. Henderson, of Strathroy, was then elected

President for the year by acclamation, and returned thanks for the honor conferred upon him. Dr. Burns was elected Vice-President; Dr. Pyne, Registrar; Dr. Aikins, Treasurer. A committee was appointed to strike the standing committees. They presented a report, which was adopted.

Reports of the Board of Examiners, giving the result of the recent examinations and of the Legislative Committee, stating what amendments had been made to the Medical Act, during the recent session of the Legislature, were submitted and referred to the appropriate committees.

A form of cablegram congratulating her Majesty on her completion of her Jubilee year was moved by Dr. Geikie and carried by a standing vote. The Council then sang "God Save the Queen."

The report of the Treasurer showed, receipts \$35,677, expenditure \$27,632, balance \$8,045.

The communication from the Ont. Med. Association, as to the formation of a medical library in Toronto, was referred to the Financial Committee.

Dr. Edwards' motion that clause 2, section 5 of Rules for Examiners, be amended to read as follows: "Any examiner, member of the Medical Council, or registered practitioner, may be present at any of the examinations; and there must invariably be not less than four members of the board present at every written examination, and not less than two at every oral examination: that the questions of the several examiners shall be retained by them until the day of examination when the necessary number of copies shall be made under the supervision of the examiner himself; that no student shall appear before the Board of Examiners until he shall have satisfied the Executive Committee that he has completed the full curriculum required by this Council; that the examinations shall not occupy more than six hours each day"; was referred to the Education Committee.

The question of the revision of the by-laws was remitted to the Rules and Regulation Committee. Dr. Burn's motion that a supplementary examination to be held for rejected and other candidates, was referred to the Committee on Education.

The report of the Executive Committee was submitted by Dr. H. H. Wright. The committee sustained the decisions of the Board of Examiners in the case of petitions for re-reading, by rejected candidates for 1886. The report was received and adopted.

Dr. H. H. Wright also submitted the report of the Building Committee dealing with the erection of the college building on the corner of Richmond and Bay Streets. The tender for the new building amounted to \$60,385.60, which amount will complete the building. The sum of \$50,000 has been

borrowed for ten years at 5 per cent. per annum interest, with privilege of paying off the principal in sums of no less than \$2,500 at a time. The college is expected to be ready for opening on the 1st of November next.

The report was received and adopted.

In the afternoon, Dr. Orr gave notice of a motion providing that the number of territorial representatives to the Council be increased from 12 to 18.

June 16th.

The President, Dr. Henderson, in the chair.

Dr. Williams moved that the examiner in no case report a student as having passed an examination, when on any subject he makes less than the minimum of marks set by the Council for a pass on that subject, but in any case when they may think there are special reasons for granting a degree to such a student they report the same to the Council for its sanction. The motion was carried.

Dr. Campbell's motion that the minutes of the Council be printed, and a copy sent to each member of the college who has paid his annual assessments, was carried.

Dr. Orr's motion as to the increase of the territorial divisions be arranged, and that the representatives to the Council be increased from 12 to 18, was held over till next meeting.

Dr. Burns submitted the report of the committee appointed to report on the subject of instituting clinical examinations. The committee recommended that clinical examinations be made compulsory, the General Hospital authorities having agreed to provide every means requisite, and the hospital authorities at Kingston being likely to do the same. The report was read and referred to the Education Committee.

The Council then went into committee of the whole to consider the Legislation Committee's report, which referred to the recent amendments to the Medical Bill passed by the Legislature, and the questions of increased representation at the Council, and the holding of examinations in London. The report stated that the committee took no action on these two questions, and that their efforts in obtaining legislation that cases of non-payment of assessment dues be sued in Toronto instead of the County Courts met with the disapproval of the Government.

The Council, on resuming, adopted the report. June 17th. Dr. Henderson in the chair.

Dr. Henry moved, seconded by Dr. Orr, "That legislation be obtained to compel the municipal corporations to make provision for the payment of medical men for attendance on its poor; that the whole question be referred to the Legislation Committee, with instructions to endeavor to procure the same; and that the Registrar be instructed to send a circular to all registered practitioners in the Province, requesting them to use their influence

with their respective members in the Local House to strengthen the position of the committee to procure legislation."

It was moved by Dr. Campbell in amendment, that the following words be added after the word "same":—"Whenever the Legislature is approached for further amendment to the Medical Act." The motion was carried as amended.

Dr. Logan moved, seconded by Dr. Geikie, "That in view of the late change in the Imperial Medical Act, it is desirable on the part of this Medical Council to determine the conditions upon which British graduates may be registered in Ontario." Carried.

On motion of Dr. Williams, seconded by Dr. Moore, it was resolved, "That a special committee consisting of Drs. Fowler, Geikie, Logan, Wright, Bergin and the mover be appointed to consider on what terms British graduates may be allowed to become registered and practise in Ontario: that they report at the next meeting of the Council, and that in the meantime they be not allowed to register except in the ordinary way of examination."

Some discussion followed, and Dr. Campbell moved in amendment, "That this Council admit British graduates to registration in Ontario on the same terms on which Ontario graduates are registered in Great Britain."

The amendment was lost, and the original motion carried.

Dr. Edwards presented the financial report, and the Council went into committee of the whole, on the report; Dr. Campbell in the chair.

Discussion arose on the formation of a library in the new College, for the use of medical men both in the city and county.

Drs. Graham and Powell addressed the Council on the subject, and it was finally decided "That a room be placed at the disposal of the Ontario Medical Library Association, at a nominal rental."

The suggestion of the committee, that the examiners should be paid \$50 each for extra work, was acted upon. The examiners were also allowed \$3.50 per day as travelling expenses, while absent from their homes. The remainder of the report, which was adopted, recommended the paying of members' expenses while attending the Council, and stated that after paying all accounts, there was a balance in the Treasurer's hands of \$8,045.63. Accounts to the amount of \$1,587.45 were recommended to be paid.

The assets and liabilities are as follows:—Site of building, \$20,000; new building so far as completed, \$19,905; assessment dues, \$7,500; cash in bank, \$8,045.63; total, \$53,450.63. Liabilities:—Mortgage, \$15,000; accounts just passed, \$1,587.45; extra expense of session, \$1,900; total, \$18,487.45; balance, \$36,963.18.

In the afternoon, the Building Committee of

last year was re-appointed. Executive Committee as follows:—the President, Vice-President and Dr. Edwards.

It was moved by Dr. Russell, seconded by Dr. Harris, "That the Executive Committee appoint a public prosecutor and prescribe his duties." Carried.

On motion of Dr. Day, seconded by Dr. Williams, "That leave be now granted to introduce a by-law to appoint a committee for the purpose of carrying out the Act passed at the last session of the Provincial Legislature, entitled 'An Act to amend the Ontario Medical Act'; that the same be now introduced and read a first time and referred to a committee of the whole."

The Council went into committee of the whole on the by-law.

The by-law was read a third time and adopted. It is as follows:—The Council, under and by virtue of the powers and directions given by sub-section 2 of section 5 of chapter 121, 50 Victoria, entitled "An Act to amend the Ontario Medical Act," enacts as follows:—(1) The committee for the purposes of the said section shall consist of five members, three of whom shall form a quorum. (2) The committee shall hold office for one year, until their successors are appointed. (3) The committee appointed shall be known as the Committee on Discipline. The following gentlemen compose the committee:—Drs. Logan, Bray, Day, Russell and Wright.

The President read the following cablegram,—
"WINDSOR, June 17.—The Queen desires me to thank the Medical Council of Ontario for their kind congratulations. (Signed), PONSONBY."

EVENING SESSION.

Moved by Dr. Ruttan, seconded by Dr. Fowler, "That the thanks of the Council are due to the College of Pharmacy, for the use of their building during the present session of the Council." Carried.

Resolutions of condolence were passed in reference to the deaths of Dr. Fulton and Dr. Barrett. The Registrar was instructed to send a copy of each resolution to the families of the deceased.

The report of the Committee on Discipline was read and received.

The report of the Committee on Education was read by Dr. Williams, and the Council went into committee of the whole to consider it. Dr. Day in the chair. The report was adopted. It dealt with a number of students who failed in their examinations, complaining that their papers had not been properly marked by the examiners. It also recommended that Mr. L. Hitemanch be allowed the short primary examination on account of service in the late rebellion and of not receiving sufficient notice at the late examination. Mr. J. M. Penhall was also permitted, on account of having

taken three courses in Canada and one at Bellevue, N.Y., to present himself and he would be admitted. The committee also suggested that the Council take steps to have a representative on the Senate of the Toronto University, as such privileges are extended to other bodies, including the Law Society.

The following were appointed the Board of Examiners for 1887:—Anatomy, descriptive, Dr. Grasett, Toronto; Theory and Practice of Medicine, Dr. Irwin, Kingston; Midwifery, Dr. J. McArthur, London; Physiology and Histology, Dr. H. P. Wright, Ottawa; Surgery, Dr. J. H. Cameron, Toronto; Medical and Surgical Anatomy, Dr. J. Wishart, London; Chemistry, Dr. R. A. Reeve, Toronto; Materia Medica, Dr. H. McKay, Ingersoll; Medical Jurisprudence, Dr. D. S. Elliott, Orillia; Homœopathic, Dr. Evans, Toronto.

The proceedings were brought to a close at 10.30 p.m., and the Council adjourned *sine die*.

Selected Articles.

NOTES ON THE CAUSE AND TREATMENT OF FUNCTIONAL INSOMNIA.

At a meeting of the New York Neurological Society, May 2rd, Dr. B. Sachs read a paper on this subject. Under the term he included cases of insomnia pure and simple, occurring in persons of the neurasthenic habit. He preferred to say neurasthenic rather than hysterical, for in his experience actual insomnia was less frequent in truly hysterical patients than in those suffering from cerebral or spinal neurasthenia. A number of typical cases were cited. The author thought that in the majority of such cases there was good evidence of disturbances in the cerebral circulation. As it had been found in animals that an increased activity of the cerebral circulation was accompanied by a deficient circulation in the peripheral parts, so in many cases of chronic insomnia cold extremities, pallor of the skin, and a scanty uterine flow pointed to a deficient peripheral circulation, and in many of these cases there was weakness of the heart, with a weak pulse. Special attention was called to the simultaneous occurrence of insomnia and headache, and to the fact that as a rule the headache was of the paralytic migraine type.

The treatment of migraine and that of insomnia were similar in many respects. The author wished particularly to insist on the point that continued hypnotic medication was worse than useless. The good results obtained by him had been due to close attention to matters of general regimen; to the treatment of anæmia; and to the strengthening

of the force of the heart's action by cold douches, by the regulation of exercise, and by the methodical performance of definite forms of active physical exercise, such as riding, rowing, and mountain climbing. Hypnotics were of use only at the outset of treatment; among these the reader mentioned chloral and bromides, to be given at night, or bromides alone, amorphous hyoscyamine, urethane, and paraldehyde. Their use should be discontinued as soon as a slight improvement was noticeable, and from that time onward general treatment was to be pushed vigorously.

Dr. Fisher thought that a very common cause of insomnia was anæmia, and he had seen considerable success in its treatment with cod-liver oil, cream, and other articles intended to improve nutrition. In some of the cases ordinary hypnotics had been administered without any avail. The patients might have the appearance of being well nourished while they were really anæmic. The mineral tonics were indicated, as a rule.

Dr. George W. Jacoby thought the paper was an exceedingly important one, especially in that it called attention to the fact that many patients with insomnia could be cured without the use of any medicines whatever. He agreed with the author that it was necessary to discriminate as to the cause of the wakefulness. He thought that in the majority of cases the cause would be found to lie in the circulation—not always in anæmia, but frequently hyperæmia. The cause being done away with, the sleeplessness would be overcome, but that which would cure anæmia in one case would not cure it in another. Active and passive exercise, particularly active exercise, were of benefit. For patients who could not go out, the muscle-beater was very useful. While he had not much faith in static electricity in the treatment of insomnia, he cited one case in particular in which a physician, who had applied it to one of his patients for another purpose, himself became sleepy under its influence. Perhaps the production of ozone by the instrument was the cause of this sleepiness, for it was well known that when we went into an atmosphere of ozone we were likely to become sleepy.

Dr. V. P. Gibney had noticed that static electricity tended to produce sleep. It was one of the few things that it had been found good for at the hospital with which he had formerly been connected. Dr. W. R. Birdsall thought, with the author, that we must adopt hygienic rather than purely medicinal measures for the cure of insomnia, but we were occasionally forced, as the author had said, to resort to some drug for temporary effect. For this purpose he had produced benefit without injurious effects—such as sometimes came from the use of the bromides, hydrate of chloral, etc.—with a drug first recommended to him by Dr. Seguin, namely, conium. This, given in large

doses, fifteen or twenty drops, or more, of the fluid extract, had in his hands been beneficial. He had continued its use two or three months without deleterious results.

Dr. G. M. Hammond thought that fully eighty per cent. of all his patients were similar to those described in the paper—persons suffering from insomnia, mental anxiety, etc. In the large majority of the cases he thought insomnia was due to hyperæmia of more or less limited areas of the brain. When the patients did sleep, they had unpleasant dreams. They were also frequently sufferers from dyspepsia, constipation, spots before the eyes, noises in the ears, sometimes hallucinations connected with various senses, and coldness of the extremities. It was rare for such patients to go away without being cured, but, if they subjected themselves again to the same causes, the condition returned. He used bromides, and stuck to them right through the disease. He gave only ten or fifteen grains three times a day, and also gave fluid extract of ergot. He applied static electricity and dry cups to the back of the neck, and regulated the sleeping hours. Dr. Leszynsky had been rather surprised, in view of a recent discussion before the society, to hear the author speak of the use of hyoscyamine as a hypnotic. It was a mistake to rely upon large doses of bromides given at night. There was an objection to their use in the case of ladies, because of the bad odor which they gave the breath. He had not been able to discover any peculiarity in the circulation of the retina in these cases. Dr. Weber said that since he had adopted the treatment recommended by Dr. W. A. Hammond, and just described by Dr. G. M. Hammond, he had obtained the best results in suitable cases for this mode of treatment. But in other cases the bromides might cause excitement instead of aiding sleep. When there was gastro-intestinal disorder, he added to the treatment the use of calomel, with benefit. Dr. Leszynsky referred to a remark by Dr. Birdsall concerning the use of a sinapism, or other cutaneous irritant, and said that Dr. W. H. Thompson had called attention some years ago to the beneficial effects of Cayenne pepper and like irritants to the surface of the body.

The President had found the warm bath a very valuable measure in many cases; in mild cases of insomnia the cold douche down the back and massage, had proved useful. Bence had discovered that ozone had hypnotic influence. Lupulin had been of benefit in the insomnia of old people; and lavender in some cases in which the stimulus of alcohol or warm food had failed.

Dr. Sachs objected to the use of the bromides, particularly in small doses, more than to anything else in the treatment of the class of cases under discussion, namely, those of insomnia in neurasthenic subjects. It was likely to do more harm

than good. The testimony at the discussion referred to by Dr. Leszynsky had not been against amorphous hyoscyamine, but against the crystalline form.—*N. Y. Med. Jour.*

REMARKS ON THE RADICAL CURE OF HERNIA BY INJECTION.

DR. C. B. KEETLEY, F. R. C. S.

The following paper may be taken as supplementary to one already published in the *Journal* (1885, vol. ii, page 543), and originally read at the meeting of the British Medical Association at Cardiff.

I have first to say that I found the combination of cannula and syringe somewhat awkward in practice; once or twice the two came apart as I was withdrawing the cannula, allowing an uncertain quantity of the injected fluid to escape, and compelling me to guess vaguely how much more to inject to make up for the loss. For this reason I caused to be made the injection-syringe described in the *Journal* for July 17th, 1886. This I now show to you, and you see it is a probe, cannula, and syringe all in one instrument, besides having certain other advantages, such as requiring only one hand to fill, empty, and otherwise manipulate it, and being very easily aseptically.

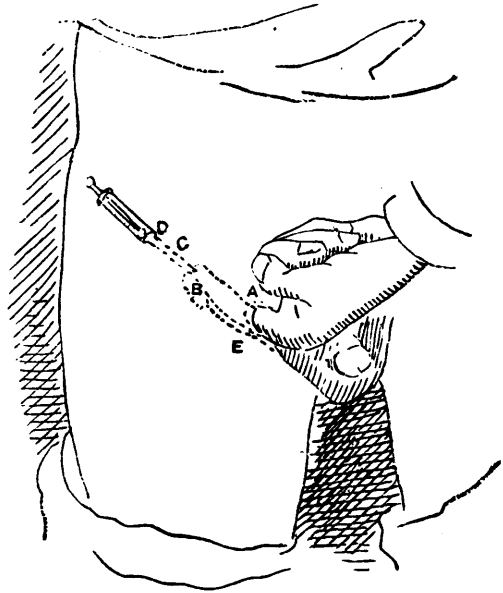
I have further to report three specially interesting cases, all in adults, in one of which I used the injection only, while in another I felt it prudent to refrain from using the injection, and to employ merely the suture, and in a third I adopted an entirely different mode of operating—one which neither requires the use of an anæsthetic nor prevented the patient from doing his business. The first and second cases were operated on at nearly the same time, namely, March 16th and April 14th, 1886. The successful case was a young adult man, with a left inguinal hernia of moderate size, coming through a canal also of moderate size. He was admitted into the West London Hospital, and a simple injection of concentrated decoction of oak-bark was thrown into his inguinal canal, no suture being placed in the canal-walls or apertures. A thickening rapidly formed at the site of injection, which felt very much like a crown-piece wrapped up in a piece of lint. This gradually got less, but some months after the operation, he had had no return of either the hernial impulse or hernial swelling. He usually wears a truss by way of precaution, but I shall not fear to let him discard it when next I see him. The other and less fortunate case was that of a very stout gentleman, who came up from Yorkshire to be operated on. I may mention, by the way, that his brother had suffered from hernia, and been cured by injection in America. In ten years of operative experience, I have never had so many minor misfortunes and pieces of what

I will call, out of charity to myself, "ill-luck" as I suffered in connection with this patient; they all arose out of a bad commencement. In giving the patient a list of two or three lodging-houses, I included one which, though excellent in itself, was not a good one for our particular purpose. I recollected this immediately; but, expecting to see the patient next day, and having arranged not to operate for a day or two, I thought I should have an opportunity of setting things right. Unfortunately, I did not hear again from my patient till the eve of the date fixed for the operation, and he had in the meantime taken rooms with an exceedingly bad light. A corner window on the ground floor, looking into the bottom of a kind of pit, and the enormous bed in the room, when placed in such light as there was, blocked the way in such a manner as almost to paralyze the nurse and greatly interfere with the assistant. Further, the eventful morning was dark and dull, even for London; and we had to use candle light. My assistant was more than fully occupied in endeavors to retract the fatty walls of the wound; these were so thick and deep that it was not until I had made an incision three if not four times as long as the usual one, that I could get proper access to the inguinal ring and its pillars. When I now proceeded to put in the thick catgut suture with a handled needle, the shank of the latter bent with the effort necessary to bring the eye into view after it had passed through the pillars. There was a good deal of oozing, and the nurse being occupied in holding the candle, while the assistant's hands were monopolised by the retractors, I had to sponge for myself. When the suture was properly inserted, I paused to reflect ere I injected a powerful irritant into the inguinal canal, after all the parts had necessarily been subjected to much rough usage.

Had we been engaged on some necessary operation, such as an amputation, to go on and make a thorough finish of it would have been a matter of course; but here was a very different state of things. My main object in doing these operations of injection is to find a really safe and reasonably certain mode of doing the radical cure of hernia. I would therefore infinitely rather fail to do any good than risk doing any harm. Therefore, considering the unusual stoutness of my patient, the large wound it had been necessary to make, the rough usage to which it had been subjected, the unreliability of the antiseptic precautions which it had been possible to take under the circumstances, and the doubt whether, even under the most favorable conditions, injection would do much good to a hernia coming through such an immense aperture (it would admit four fingers), I determined to refrain from exposing my patient to the risks associated with injection into his canal. Had I had him on the hospital operating-table, in an excellent light and surrounded by plenty of assistance,

I should probably have there and then tied the neck of the sac, excised the fundus of it, sutured the ring, and confidently expected a good result. But this course was here at present out of the question, although I had obtained my patient's leave to do as I liked. I therefore merely put a little of the injection on the sutured ring, placed a drainage-tube, sponged and cleansed the wound with ^{Tobacco} sublimate lotion, and dressed with turf-moss dressing, etc., sublimated in the usual way.

Very glad I was afterwards that I had refrained from putting the injection into the canal, otherwise I should have probably had to deal with an abscess in the abdominal walls between the muscles, for the wound did not heal by first intention, and there was a good deal of suppurating with some sloughing. In addition to this, an attack of pneumonia with rusty sputa, high temperature, etc., developed in a few days, and kept the patient incessantly coughing, besides causing me some



anxiety, and compelling me to pay the most rigorous attention to the wound, with a view to preventing septic absorption. I used to dress it three times a day. The pneumonia was partly aggravated by his being kept always on his back with the foot of the bed raised, and disappeared rapidly as soon as I allowed him to sit up a little. The hernia remained up for a fortnight, and then came down in a fit of coughing.

The suture had given way, and I removed it through the wounds, which was still unhealed. I then let him sit up in bed, and all signs of the pneumonia quickly vanished, showing that whatever had been the original cause, it had been kept up and increased by the statical effect of the continued supine position with the lower extremities

raised, and the head and chest lowered. A good deal of effusion had taken place about the ring, which was diminished in capacity by the thickening, so that I hoped a truss would now keep up the hernia (which would be some advantage gained by the operation). During the few days the patient remained in town, walking about and standing, the hope seemed likely to be fulfilled; but our misfortunes were not at an end. The new truss, which he was now wearing with success, was sent to the maker's, that it might come back with another like it the next day when he had to return to the north. But the makers sent away the truss to some factory out of London, and when he was about to go to the train, they would give him neither the truss nor the duplicate, nor did they have in the shop another truss which was quite effective. When eventually he got the two trusses, he being then in Leeds, neither the new one nor the old one would keep up his hernia. There is really more to be learnt from this case than from the successful ones individually. From it I conclude that, when the patient is very stout, a first-class light, an extra assistant and an extra stout needle are required.

Secondly, I see that, in certain patients, unless it is possible to take the most complete antiseptic precautions, very troublesome suppuration may occur even after the simple operation in question.

Thirdly, this case furnishes one more instance of the uselessness of the suture without the injection: though it is but fair to say that this was a direct hernia, with no oblique valvular canal such as would be favorable to suturing.

Fourthly, that, as might have been expected, the position usual after all operations for radical cure of hernia is exceedingly bad for patients exposed to the causes of lung-affections.

Having by my open operations of injection, become sufficiently familiar with the parts, I wished to try subcutaneous injections, and was soon fortunate enough to get for a patient an able and observant surgeon who had himself been already operated on by as good a surgeon as any in these islands, but unsuccessfully, the form of operation having been an attempt to obliterate the canal with a gold wire passed subcutaneously, and left *in situ*. This was a right inguinal hernia with a short canal, but not direct.

My procedure was as follows. First, I requested my patient to get a brand-new morphia injection syringe, with a long, stout needle, and also a small quantity of absolute alcohol in a stoppered bottle. Both these were kept entirely for his own use, the former always remaining in his possession. Every other day, I injected five drops of absolute alcohol into the inguinal canal. The needle was used in the following manner:

Invaginating the scrotum, I passed my left forefinger up the inguinal canal as far as the internal

ring, the patient lying supine. With my right hand I now inserted the needle, making it pierce the skin external to the middle of Poupart's ligament, that is, nearer the anterior superior spine of the ilium, and passed the needle-point from without inwards and backwards, till, going through the external oblique aponeurosis, it touched my forefinger-tip lying in the inguinal canal. The point of the needle was now, of course, itself in the canal, and directed downwards and inwards, in fact, nearly in the axis of the canal. The next step was to take my finger out of the canal, leaving the needle-point in it. My own sight and the patient's own feeling used to assure us that the hernia remained reduced; but, even had it slipped down, it could not have been wounded by the needle lying point downwards and inwards, in the manner I have described. The injection was now made, and the needle withdrawn; a smart burning sensation was felt for half a minute (it was timed accurately by a watch), and then disappeared entirely, as though the alcohol had a secondary anæsthetic action.

What were the results of these injections? Either the second or third injection produced a thickening in the canal about the size of a small Spanish nut; and a few more injections, or rather, the last of them produced a swelling as big as a plover's egg, or bigger; it completely blocked up the canal, and was decidedly tender, as well as somewhat painful for a day or two.

Both my patient and myself were now hopeful of success; but, alas! as the swelling subsided, it became probable that it was in the cord, and not in the loose tissues of the canal, because it gradually descended in the canal, till it was all at the external ring; it is needless to say that a swelling there will not cure an oblique hernia.

The patient leaving town, treatment was now discontinued for two months, at the end of which time he returned, stating that his hernia did not come down so readily or so frequently as before; and that he was convinced that we had only to get the injection higher up, namely, to the internal ring, in order to obtain a cure. I was entirely of his opinion. He could only stay in town a very short time on this occasion, so I resolved, with his consent, to inject a more powerful irritant this time. Accordingly, I put in five drops of fresh glycerine of tannic acid; the reaction was tremendous; an immense swelling filled the canal, and descended out of it along the cord towards the scrotum. There was a good deal of pain and fever for a few days, and I kept him in bed; he had been walking about during the preceding treatment; but, again, the injection was too much in the coverings of the cord, so that, as the swelling subsided, the weight of the testicle dragged its remains down towards the external ring. My patient, who is in the army, had now to leave London on duty.

Now, I have no doubt in my own mind that I placed the needle point as high up the canal as the internal ring; and while my finger remained in the canal the cord was guarded effectually enough. But I was obliged to withdraw my finger before injecting, or, as actually happened in the only instance in which I did not, the injection would have gone into the tissues of the invaginated scrotum. During the operation, the tendency to retraction of the cord and testicle was marked, and doubtless the cord, so to speak, impaled itself on the needle as soon as my finger was withdrawn from protecting it. By the cord, I mean its coverings rather than the vas deferens, etc.

It is plain to me that there are two ways in which this simple operation can be perfected: 1. The needle can be provided with a protecting cannula, which should be slipped over its point before the finger leaves the canal. 2. The testicle should be dragged downwards as far as possible while the injection is being given.

There are very serious objections to the latter plan, and the former is the one I shall try at the first opportunity. I am sorry that the necessary departure of my patient prevented it being tried on him. His intelligence, his professional training, and his thorough understanding of his own case greatly increased the value of it.

I hope it will be borne in mind, in considering my paper, that what I am in search of is not an effective radical cure for hernia, but a safe one. I mean one so safe that any surgeon would as readily submit to it as to the opening of an alveolar abscess. Further, what is wanted is not an operation which is only safe in the hands of a very select few men of exceptional skill, knowledge, and experience, but one which can be satisfactorily done by any intelligent and careful surgeon who will take the pains to learn it, and to study the anatomy and pathology of the affection he proposes to treat.

I will take this opportunity of stating that I have this week examined the first patient on whom I operated for the radical cure of hernia by injection. He is a stout, middle-aged gentleman, who used to be greatly troubled by a double inguinal hernia, which came down even as he lay in bed. The result of the operation is in this case perfect. During the two years which has now elapsed, he has neither seen or felt anything of either rupture; except in the first month of convalescence, he has worn no truss, and there is no impulse. This case was operated on at the Fitzroy Home Hospital, in the presence of Messrs. R. Wharry, S. Benton, and J. Mills.—*Br. Med. Jour.*

THE BACILLUS OF ACUTE CONJUNCTIVAL CATARRH.
—Week's paper ("Arch. of Ophthal," xv, 4) is based upon its own observations and cultivation experiments. The first case occurred in a woman,

aged thirty, in whom there was a rather profuse muco-purulent discharge. Weeks made a dry cover-glass preparation of the secretion, stained it with gentian violet, and examined the specimen with a one-twelfth oil immersion. The examination disclosed large numbers of small well-defined bacilli, which were aggregated on and in the pus cells, and free in the mucus. He then examined the secretion from the eyes of five persons in one family affected with acute conjunctival catarrh, and found the bacilli in all. He then determined to ascertain positively the contagiousness of the secretion by inoculating healthy conjunctivæ with secretion from an affected eye. At first, rabbits were used, but no conjunctival inflammation was induced. He then inoculated the healthy conjunctivæ of six eyes in five men who had previously lost their vision. In five of the six eyes inoculated the same form of conjunctivitis was produced, the bacilli being found in the secretions. Weeks has observed about one hundred cases of this disease since March, 1886. Attempts were made to cultivate the small bacillus on agar-agar and gelatin, in tubes and on plates, but the bacillus did not develop. On particles of pus transferred to the tubes the bacillus developed rapidly, but could not be induced to feed on the agar-agar. A mixture was then prepared containing only about 0.5 per cent. of agar-agar, and the bacillus developed feebly in this preparation in tubes. The bacillus in the tubes was contaminated with a club-shaped bacillus, and repeated attempts to separate the two proved fruitless. On the one-third per cent. to one-half per cent. solution of agar-agar in tubes, the bacillus with its contamination was carried to the sixteenth generation. Although repeated attempts have been made to cultivate this small bacillus on sterilized blood-serum, they failed to carry it beyond the second generation. It developed rapidly in beef-tea, and very feebly on potato. On agar-agar, but little growth can be seen during the first twenty-four hours. At the end of forty-eight hours a slight haziness appears along the track of the needle, and on the surface of the agar-agar a small elevation is noticeable, of a pearly color and glistening surface. By the formation of concentric colonies, the growth extends for a short distance from the point of puncture on the surface of the agar-agar. The growth reaches its height in from five to seven days, at which time the above described appearances are but slightly exaggerated. The bacillus then gradually degenerates, breaking up into small particles. The one-half per cent. agar-agar is the best medium yet found on which to cultivate this bacillus. An even temperature of from 34° to 37° C. is most favorable for the development of this microbe; it is also necessary to have abundant moisture. The bacillus varies considerably in length, being from one to two micro millimetres long; in thickness it is always

the same—about 0.25 of a micro-millimetre. In preparations from cultivation on agar-agar, Weeks has observed a number of the bacilli joined, forming quite long threads, but there was never any tendency to a double arrangement as in *Bacillus subtilis* or in Leber's bacillus of xerosis of the conjunctiva. The bacillus under consideration stains readily with watery solutions of fuchsin, gentian violet, and methylin blue. There is nothing peculiar to this bacillus in the effect produced upon it by the various acids, alkalies, alcohol, chloroform, or ether. A number of inoculations of the human conjunctiva have proved to the satisfaction of the author the innocence of the clubbed bacillus in the production of acute conjunctivitis. The bacillus in question is present in these cases of acute catarrhal conjunctivitis, as long as the yellowish discharge persists. Sections of the conjunctiva in some of the cases, obtained by cutting out small portions from the low *culs-de-sac*, showed the bacilli in rather scanty numbers in the anterior layers of the epithelium, either singly or in small colonies lying between the cells. Some leucocytes or pus-cells found in the epithelial layer, showed the bacilli apparently in the interior as well as on the surface of the cells. Weeks has never met with this bacillus except in the form of acute conjunctivitis just described.—*N. Y. Med. Jour.*

PUERPERAL PERIOD.—It is a mistake to not apply an abdominal bandage after delivery has been effected. The muscles have been trained to the utmost extent, and require to be supplemented by artificial aid until their normal contractile power is restored. A well-applied bandage not only adds to the immediate comfort of the patient, but, by checking the sagging of the abdominal walls and the consequent formation of a pendulous abdomen, prevents many a future regretful pang.

It is a mistake to not administer a laxative to the puerperal woman until the third or fourth day. If constipation is hurtful to a man of active habits, it is certainly not beneficial to a woman confined to bed in a warm room and surrounded by exhalations of a more or less unpleasant character. Many cases of so-called septicæmia are produced or aggravated by the absorption of putrid material from the intestines, and disappear after a brisk purgative is given. The health and comfort of all puerperal patients would be promoted by the administration of a gentle laxative twenty-four hours after delivery.

It is a mistake to use antiseptic vaginal, or uterine injections as a matter of routine practice. If the lochial discharges become offensive, or if there be reason to suspect the presence of placental or other débris in the uterus, they may be employed, but not in any other case. Intra-uterine injections should always be given by the physician himself, and not intrusted to a nurse.

It is a mistake to suppose that a rise of temperature in puerperal women is always due to septic infection. She is not exempt from any of the grave diseases which attack humanity. Many slight febrile attacks are due to the irritation of unnecessary injections, others are produced by cold, malaria, and nervous disturbances.

It is a mistake to regard quinine as the anti-pyretic *par excellence* in all diseases of the puerperal period. Quinine is invaluable in the treatment of septic and malarial fevers, but in purely inflammatory affections it is much inferior to aconite and veratrum viride.

It is a mistake to restrict the diet of a puerperal woman to bread and tea, or gruel and similar articles. Rest for the stomach as well as for the body is imperative during the first few hours succeeding delivery, but after then it is unnecessary, as well as injudicious, to keep the patient upon low diet. Milk, soups, oysters, eggs, beefsteak, and fruit may be freely partaken of. Cold water may also be drank *ad libitum*.—*Editor Med. Bulletin.*

THE NECESSITY OF EXAMINING THE MOUTH BEFORE GIVING AN ANÆSTHETIC.—It may seem superfluous to repeat a caution which is contained in every text-book on minor surgery, but one is apt at times to grow a little careless, and to forget small details when the mind is occupied with anxious thoughts. When an operator has so many assistants that one can give his undivided attention to the administration of the anæsthetic, as should always be the case where possible, any omission of such details is, of course, inexcusable. But it often happens, in cases of emergency, that the assistant must not only give the anæsthetic, but also assist the operator in many other ways. He is then liable to forget the possibility that something may be in the mouth, which is not unlikely, when anæsthesia is complete, to become loosened and fall back into the air-passages. It may be, that the patient has a false tooth, or several false teeth attached to a plate, or a palate obturator, or some other apparatus to supply a deficiency in some part of the jaw. Children are very apt to have marbles, lumps of sugar, pieces of cake or candy, or the like, which some fond relative has given them to help them to bear the approaching ordeal with greater courage. Any one of these objects is liable to be drawn into the larynx when all the muscles are relaxed and reflex movements abolished, and when the patient is taking deep inspirations.

An accident of this nature is related by Dr. Trossart in a recent number of the *Lyon Médical*. The patient was observed to be vomiting almost continuously at the commencement of the anæsthesia, and afterwards, when the head was turned over, a plate, with four teeth attached, fell out of the mouth. The object in this case was so large,

that it could not enter the larynx, but was drawn into the pharynx, and excited reflex efforts to vomit. Had it passed farther down, and become lodged in the œsophagus, the results might have been far from trivial.

Similar accidents have happened more than once, and a repetition of this caution would seem, therefore, to be worth the while. The cautious, and those who always have their wits about them, will pardon the repetition for the sake of their brethren with weaker memories. Always, as a matter of routine, examine the mouth of every patient before commencing to administer an anæsthetic. A neglect of this apparently trifling detail may cost a life.—*Med. Rec.*

ANTISEPTICS IN THE TREATMENT OF DIARRHŒA IN CHILDREN.—Dr. Emmett Holt, in an interesting paper published recently in the *N. Y. Medical Journal*, says in conclusion :

Is not the rational treatment then, to clear out the intestine as promptly and thoroughly as possible, and then address our energies towards stopping further decomposition ? In other words, to treat the cause and not the result ?

How should the antiseptic be administered ?

The salicylate of sodium I have been accustomed to prescribe in doses of from one to three grains every two hours, according to the age, from three months to three years. In these doses the aqueous solution is tasteless, and can be readily given in food or drink. I have never seen it produce vomiting, but often have seen severe and persistent vomiting controlled by it.

Naphthalin, although possessing a strong odor, is not disagreeable to the taste. On account of its insolubility, it is best given to children rubbed up with some inert powder, like sugar of milk. It should be used in a little larger doses than the salicylate—*i. e.*, gr. j to gr. v in young children, according to the age.

Resorcin must be used in smaller doses, gr. $\frac{1}{2}$ to gr. ij, at corresponding ages. It is bitter, and not so easily given, though freely soluble in water. The bichloride was used in doses of gr. 1-120 to 1-100, but, even in these doses, I have more than once seen it produce vomiting.

In all cases I have insisted upon the antiseptic being given at short intervals, as many small doses are much more likely to succeed than a few large ones.

From the foregoing discussion the following conclusions are drawn :

1. Summer diarrhœa is not to be regarded as a disease depending upon a single morbid agent.
2. The remote causes are many, and include heat, mode of feeding, surroundings, dentition, and many other factors.
3. The immediate cause is putrefactive changes which take place in the stomach and bowels in

food not digested, which changes are often begun outside the body.

4. These products may act as systemic poisons, or the particles may cause local irritation and inflammation of the intestine.

5. The diarrhœal discharges, at the outset at least, are to be looked upon as salutary.

6. The routine use of opium and astringents in these cases are not only useless, but, in the beginning particularly, they may do positive harm, since, by checking peristalsis, opium stops elimination and increases decomposition.

7. I do not deny or undervalue opium in any other forms of diarrhœa than the one under discussion.

8. Evacuants are to be considered an essential part of antiseptic treatment.

9. Experience thus far leads me to regard naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract.—*Am. Med. Digest.*

CORROSIVE SUBLIMATE IN INTRA-UTERINE IRRIGATION.—Dr. Braun, from recent observations, has arrived at the following conclusions concerning the use of corrosive sublimate in irrigation of the uterus and vagina : 1. Vaginal or intra-uterine irrigation is frequently followed by absorption of the injected liquid ; 2. When this occurs, mercury is quickly detected in the fœces ; 3. If the return of the injected liquid be in any way prevented, absorption occurs rapidly ; 4. The 1 in 1,000 solution of sublimate should be used only in serious cases, such as tympanites of the uterus, putrefaction of the fœtus in the uterine cavity, or septic puerperal fever. The injection should not occupy more than a minute in the performance, and should be followed by a copious injection of distilled water. 5. The 4 in 1,000 solution should be injected only in cases of expulsion of a macerated fœtus or in endometritis consecutive to the expulsion of the fœtus in premature delivery ; 6. This solution may be of service in puerperal endometritis, accompanied by a fœtid vaginal discharge ; in these cases irrigation should be followed by an injection of pure water ; 7. Irrigation should be performed only by a medical man ; 8. Irrigation with corrosive sublimate should seldom be employed in women suffering from extensive wounds of the vulva, in those who have been taking mercurial preparations, in cases of atony of the uterus, in anæmic women, or in patients suffering from diseases of the kidneys.—*Br. Med. Jour.*

PEPSIN INJECTIONS IN TUMORS.—Dr. W. H. Morse, in the *Med. Register*, reports his use of pepsin in the local treatment of tumors. He used one part of the pepsin to three of distilled water. He writes :

“My results have ‘almost always’ been uniform, and in referring to the exceptional cases, do not

understand me as having occasion to find fault with the pepsin. The sole reasons for failure have been due to extraneous causes, or when the neighboring lymphatics were involved. Thus in the main, my results have tallied with those of Thiersch, Nussbaum, and Broadbent, and this, both as regards benign and malignant tumors, some of them unmistakably cancerous.

"Reports of cases are, at the best, dull reading, and moreover are more dull to write, therefore I will not burden the busy reader with the details of my note-books. Yet, as to the matter of proof, I will submit something in the way of items.

"1. Recurrent carcinoma, as large as a hen's egg, seated in the right side of the inferior maxilla; suppuration excited by injection, and the tumor diminished to size of a hazelnut.

"2. Another carcinoma, of same size, situated in the right breast of a woman; suppuration after seven injections; and in the course of a month the residuary nodule was scarcely as large as a marrow-fat pea.

"3. A primary carcinoma of the size of a turkey's egg, situated back of the ear of a young man, was treated in the same way to one injection every twelve hours; after twenty-one injections, suppuration took place; ultimately, an entire disappearance of the tumor.

"4. Subcutaneous nevus, angle left eye, child; size of filbert; suppuration avoided only by occasional injections; after four months, reduction complete, save the clot.

"5. Interstitial fibroid of uterus; needle introduced through the vagina; anæsthetic employed; after several injections all accompanying symptoms removed, and the cure was considered complete."—*Med. and Surg. Reporter.*

TREATMENT OF DIPHTHERIA.—Dr. F. B. Drescher (*Weekly Medical Review*) has made use of the following treatment in diphtheria with marked success:

R.—Hydrargyri bichloridi, . . . gr. $\frac{1}{2}$.
Spts. frumenti, . . . $\bar{3}$ j.
Syr. simplicis, . . . $\bar{5}$ j.—M.

Sig.—Teaspoonful every three hours, night and day.

R.—Liq. ferri subsulphatis, . . . $\bar{5}$ ij.
Glycerine, . . . $\bar{5}$ ij.—M.

Sig.—Brush the throat once or twice daily.

R.—Tr. ferri chloridi, . . . $\bar{5}$ ij.
Potassii chloratis, . . . $\bar{3}$ j.
Glycerini, . . . $\bar{3}$ iss.
Aquæ cinnamomi, q. s. ad., . . . $\bar{5}$ ij.—M.

Sig.—Teaspoonful in teaspoonful of water every three hours, night and day.—*Med. Age.*

SCROFULOUS NECK—LOCAL APPLICATIONS.—I take it, that the day of local applications is over.

It is no longer a routine measure to paint iodine over the skin of the neck in all cases of cervical gland enlargement. Such painting appears to be of the most use in certain chronic cases where the glands—few in number—have become quite inert, listless, and free from all tenderness. In a large number of instances it does harm, probably by adding to the disturbance already existing in the periphery. Suppuration in glands has, I think, been often determined by iodine paint used by lavish hands. In some slow progressing cases, where the glands are not tender and there is no distinct evidence that suppuration exists, a steady rubbing of the part with the ointment of the ioddie of lead appears often to effect considerable improvement. Poultices of seaweed and compresses of salt water do little more than divert the patient and increase his risks of catarrh. In early cases, where the trouble is active and progressing, the use of the cervical splint alone is the most effective of local measures. With its application the parts are placed at rest, the glands cease to be painful, and very commonly cease to increase. The same may be said with reference to chronic enlargements that have become once again the seat of active change.—*Retrospect.*

BICARBONATE OF SODIUM IN THE TREATMENT OF GONORRHŒA.—It is now generally admitted that gonorrhœa is a parasitic affection. Observation seems to prove that the parasite can only exist in an acid medium, and the injection of non-irritant alkalies naturally suggests itself. Before commencing treatment. Dr. Costellan ascertains by means of litmus paper the acidity of the pus—a sure indication of the nature of the affection. He uses a one per cent. solution of bicarbonate of sodium, to be injected three or four times daily. From seven to eight days' treatment is generally sufficient to procure a marked diminution in the quantity of discharge, and convalescence is rapid. The injections at once relieve the scalding which accompanies micturition.—*London Med. Rec.*

W. H. MAY, M.D., New York, says: I have had very successful results in the administration of Bromide in cases having their origin in disorders of the nervous system, such as cholera infantum, paralysis, insomnia, etc. *But I find it to be of special value in the treatment of delirium tremens, and the results of debauch;* it being retained upon the stomach and speedily controlling the most dangerous symptoms, and producing the desired calmness and sleep necessary when morphia and other soporifics have failed to do so, and thus rendering the disorder amenable to further treatment. Have also prescribed it successfully in the terrible state of nervous exhaustion due to opium habits endeavoring to relinquish the habit. And, finally, as result of experience, I pronounce it the "Hypnotic *par excellence.*"

THE CANADA LANCET.

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TREATMENT OF DIARRHŒA IN CHILDREN.

Now that the warm season is upon us, it may not be inappropriate to review the treatment of diarrhœa, in order to refresh the memory upon the best modes of managing so troublesome and often so fatal a malady. Our limits preclude anything like an exhaustive review, therefore we only attempt to bring out a few principal points which experience has proved most successful. First, then: vigilant attention to the hygienic environment, food, clothing, temperature, etc., is most important. Nothing appertaining to the most favorable and wholesome surroundings attainable must be neglected. Most definite directions must be given to the parents and nurse with regard to the dietary. They must be distinctly impressed with the vital necessity of regular and judicious feeding, flannel clothing, proper attention to the skin, pure air and moderately warm and equable temperature.

Pure boiled milk, in which a little flour is thoroughly cooked, to which a little Tr. Cinnamon or other carminative, and a few drops of good brandy may be added, is simple, easily prepared and unsurpassed as an article of diet in this disease. Many others are useful, such as corn starch, rice, arrowroot, etc., which may be required for variety to suit the capricious taste of the sufferer. The quantity given at one time should be very small,

and frequently repeated. Overloading the stomach and intestines is very deleterious. At a later period, especially if these foods pass through the stomach partially or wholly undigested, we have found nothing equal to scraped or finely shredded raw beef. It will be retained on the stomach better than most other foods, and will be digested and absorbed, leaving but small residue of waste material to pass downward and excite the irritable mucous membrane. Many of the extracts of meat and prepared foods are doubtless useful, but we have so far found none equal to raw beef. To alleviate the thirst, boiled milk and lime water, cold, to which some agreeable flavoring extract may be added if desired, fulfils the indications, and is generally grateful to the patient. This must also be given in small quantities and frequently repeated, especially when fever creates excessive thirst, and induces almost continuous applications.

The stools in the beginning are usually frequent, peculiar and offensive. At this period a few powders, composed of Hyd. cum. cret., rhubarb and soda bicarb. answers a good purpose. One dose of calomel sometimes acts like a charm, but when there are indications of scrofula, rickets or tubercle mercury, in any form, is contradicted, nor must it be continued in any case. Afterwards a mixture, composed of Tr. camph. co., Tr. rhei., Tr. kino. or catechu, carbolic acid and syrup will complete the cure in most cases. When there is much griping and tenesmus with a tendency to dysentery, enemata of starch and laudanum seldom fail to give relief. When the contents of the stomach and bowels indicate acidity, bismuth, chalk, and Dover's powder are useful, and in most cases, especially if persistent, ipecac in small and frequent doses is wonderfully efficacious. In obstinate cases, with a tendency to become chronic, oxide of zinc, nitrate of silver, arsenic, veratrum album, nux-vomica and corrosive sublimate each has its advocates, and are all very useful in properly selected cases. An innumerable array of other remedies have been advocated and successfully employed in many instances, to which space will not permit us to allude. But we have had more success in chronic cases which have resisted ordinary remedies, by stopping the use of all drugs, except perhaps pulv. ipecac co., to allay pain and give rest, and relying upon raw beef, with wine whey (when very much exhausted) for drink. What is

needed in these cases is nourishment, and not drugs, and beef in this condition appears to supply the want better than anything else with which we are acquainted. Even very young infants, with irritable stomachs will retain, digest and absorb this, and in most instance, evince a desire for renewed supply, when almost everything else fails.

We do not underate the value of change of air, going from the city to the country, from unwholesome to wholesome surroundings, flannel bandages around the abdomen, etc., etc., but unless sufficient nourishment can be supplied to the system, all is in vain. All have frequently seen in this disease, the child with a voracious appetite, swallowing more food than a healthy child, suffering from actual starvation, from almost absolute indigestion, the diarrhoea kept up by irritation, caused by the passage of this food through the bowels. In this case digestible nourishment is the *sine qua non*, and raw beef sprinkled with a little lactopeptine, the specific. Others may have found something of more utility than this, but we have failed to do so. The various germicides may prove more effective remedies in future, than those mentioned, but sufficient time has not elapsed at present, to satisfactorily establish their superior utility, and therefore we must be permitted to retain the established remedies till the recent ones have been proved more successful.

AMERICAN GRADUATES IN CANADA.

The question of reciprocity in the matter of medical degrees in the United States and Canada, was to have been taken up, says the Chicago *Inter-Ocean*, by the American Medical Association which met recently at Chicago. The fact that "the Canadian schools, and notably those of Ontario, ignore the degrees of all other universities conferring medical degrees, whether in Europe or America," is considered a grievance.

If it had said "Councils" instead "of schools" the above would have been more correct, as the schools, of course, have nothing to do with the licensing of practitioners. It is further stated that "while the Canadian graduate is courteously received in the United States, his degree recognized by the Boards of Health there, and his status unquestioned by the medical societies, in Canada the graduate of schools of medicine, cer-

tainly in no way the inferior of their best institutions," is not allowed to practise because he has not fulfilled the supposed vexatious requirements which entitle him to be registered in Canada. Now, a kindly and fraternal feeling between the medical men of the United States and Canada is greatly to be desired, and none know better than Canadians the advantages we derive from the great schools and hospitals of our neighbors as well as from their medical literature and advances in the science of medicine, for which they have been famous. But unfortunately, there are schools and degree-granting institutions in the United States which are simply a disgrace to that country. This is readily admitted by all the best men on both sides of the line. Now, free trade would be all very well if we could permit only the men whose education is up to the modern standard to come among us, but how draw the line? We certainly do not wish our country flooded with "wild-cat" degrees from the Western States, nor yet with bogus medical diplomas like those which were lately "sold by the hundred at Philadelphia," and so the only recourse we have is to shut out all. We do not consider our medical institutions better than, nor even as good as, the great schools of our neighbors, but we do hold they are better than the vast majority of institutions there which have the power to grant degrees in medicine.

When, however, the *Inter Ocean* put the case of European licentiates being excluded, and especially by Ontario, it was right as to the injustice of such exclusion.

What reason our Council in Ontario can advance for keeping out British licentiates we are not able to surmise, unless, indeed, it be solely for the sake of fees paid for Council examinations. We would like an expression of the feeling of the medical men of Canada, on this latter point, for we can but think that the concensus of opinion would be to allow all British licentiates to register here; especially since similar action has lately been taken in England, admitting our licentiates to registration there. The matter was under discussion at the meeting of the Council last week, but as shown by the report in another column it has been referred to a special committee which will report next year, and in the meantime British licentiates will not be permitted to register. We would say to the Ontario Medical Council, protect

us to the fullest extent from quacks and the holders of worthless degrees, but do not make us appear ridiculous in the eyes of the medical world at large.

ONTARIO MEDICAL COUNCIL.

The late meeting of the Ontario Medical Council opened under the presidency of Dr. H. H. Wright, on June 14th. One of the first matters discussed was, the question of raising the standard of matriculation. Nothing definite was, however, elicited, but it was thought that the Council would work harmoniously with the Minister of Education in the direction of raising the standard. This movement is not too early. It is a fact much to be regretted, but none the less a fact, that many of our students come up for their professional education with an extremely narrow field, as far as literary or scientific education is concerned. Let us hope that a new era is about to dawn in this respect, and that while the change may not be too sweeping, it may be sufficient to ensure that medical students shall possess at least a fair general education, in the present meaning of that term, before they shall be allowed to commence their professional work.

Dr. Edward's amendment, as given in another column, was of importance, especially we think, as to the last clause. At the last Council examination, students were in attendance up to 10 and 11 o'clock at night, and of course the examiners were worn out, perhaps cross, for they are human after all, and perhaps also not just in that frame of mind necessary to decide upon the fate of the poor candidate who had to hunt up well worn arteries and nerves by artificial light. However that was, there was much dissatisfaction expressed by those students who came in late at night, and while we know that if a student can not grumble at one thing he will at another, we think Dr. Edward's motion timely. Dr. Burns' idea of insisting on a clinical examination, is certainly in the right line. It will take more time, and add somewhat to the expense, but nothing can be considered too great a sacrifice which adds to the practicalness of our examinations. We hope to see this matter carried through.

The Committee of Discipline, following the late amendment of the Medical Act, was struck. We

congratulate the gentlemen, as also the profession at large, on their appointment, but we do not envy them. The examiners for next year are all well-known men, and will no doubt be satisfactory to all concerned. It is gratifying to know that the financial condition of the Council is on so sound a basis.

ONTARIO MEDICAL ASSOCIATION.

The late meeting of the Ontario Medical Association was undoubtedly the most successful which has been held by this body since its organization. The number of members attending was greater than ever before, and the general interest of the meeting was increased by the presence of several distinguished visitors and delegates from the different States. Many of the papers read were excellent, and the discussions on them full of interest to all present. We need not say anything further as to the papers presented, as they will appear from time to time in this Journal; but we would like to enter a protest against the *cacæthes loquendi*, displayed by some of the members, who talked apparently for the simple purpose of hearing themselves talk, and took up time with unimportant matter, which might have been more profitably spent in other ways. Some speakers seemed to forget that they were speaking to educated men, and not to students. When we speak of unimportant matter, we do not wish it to be understood that we mean plain, simple, every-day work from which principles may be evolved. Thus, we believe, that the understanding of so simple a matter as the use and abuse of poultices, so clearly put by Dr. Gerster, of New York, is more important than a discussion on, say, peri-typhlitis, albeit the latter name may sound more grand when well rolled on the tongue. But we do think that simple cases, mentioned one after another, with nothing out of the ordinary in them, and leading up to nothing, should be characterized as unimportant, and that the only object the speaker has, is to talk, and to let it be known that he has had cases.

The President, by his uniformly courteous manner, and the great interest he took in the various discussions, as well as by his sound arguments and practical suggestions, did much to augment the interest of the meeting.

The appointment of an Advisory Committee, to whom questions as to malpractice may be referred, will have a good effect. Under its advice a practitioner will enter the field against his opponent with a recognized backing, which will go far towards improving his case. We think Dr. Henderson deserves the thanks of the profession at large, for the energy and zeal he has shown in this matter. The number of papers was too great for all to be heard, and we have no doubt that much good matter was thus crowded out. The election of officers seems to have been generally acceptable, and especially that of the President, Dr. Rosebrugh, of Hamilton, who has always shown great interest in the welfare of the Association, and under whose care it will doubtless be sure of a good meeting next year.

CHLORAL IN LABOR.—A correspondent of the *Medical Age* says: For a great many years I have been using hydrate of chloral in cases of labor, with remarkable results. When I am called to attend a woman in labor, and find the os undilated or rigid, I invariably inject into the rectum 30 grains of hydrate of chloral dissolved in about four ounces of warm water, with a little starch added. I have used this means for such cases for eight years, and have failed to get any but the most flattering results; in fact, I can not prize the method too highly. On the 28th of this month, I was called to a case of placenta prævia; the woman had been flowing all night, and when I got there, at 6 o'clock, a.m., she had lost much blood. I found the os rigid and undilated. I immediately injected my favorite remedy, and in less than three minutes the os was dilated so that I could readily pass my hand into the uterus, and the rectum, vagina and perineum were well relaxed. The drug has never failed me yet in this connection, and I would like to commend it to others who may not have used it.

BRITISH DIPLOMAS.—The following Canadians have received the L.C.R.S. Ed., and L.F.P. and S. Glasgow: D. Thompson, F. M. Brown, A. B. Thompson and C. A. McBride.

There was an extra pass or final examination held on 17th June, for the L.R.C.P. London and the M.R.C.S. Eng. This was to allow candidates to have an opportunity of obtaining the diploma and

registering before the new Medical Act came into force (30th June).

EUCALYPTOL IN PHTHISIS.—The *Med. Press* says, M. Ball communicated to the Academie the result of his observations relative to the treatment of phthisis by subcutaneous injections of eucalyptol. This new treatment, commenced by M. Roussel, was variously tried, and with some good results. Out of 21 patients, 6 died, 10 were much improved, and 5 are still under treatment. The agent acts as an antiseptic, diminishes the sweating, diarrhoea, expectoration, and fever. The eucalyptus is dissolved in four times its volume of olive oil, and of this a full hypodermic syringe is injected over the hip. An intelligent chemist at Paris, called Lebrun, has produced a solution which he styles eucalyptine, to be used for the same purpose. It is much more convenient, as it requires no preparation. From a half to a whole syringeful is injected twice or three times a week, or even every day, until the patient exhales by the breath the odour of the substance. Favorable reports have been made on it.

INEQUALITY OF PUPILS IN HEALTH.—Ivanoff (*Vratch*) came to the following conclusions, from the examination of one hundred and thirty-four healthy recruits: 1. Equal or symmetrical pupils, as well as equal or symmetrical halves of the face, are met with but very seldom, the former only in nine per cent. of the persons examined, and the latter only in 2.2 per cent. 2. That inequality or asymmetry is probably dependent upon an asymmetrical development of the cerebral hemisphere. 3. In 54.5 per cent. of persons, the left pupil, and in 73.9 per cent. the left side of the face, is larger than the right one.

SWALLOWING ARTIFICIAL TEETH.—A writer in the *Brit. Med. Jour.* mentions a case in which he successfully got rid of the foreign body, a gold plate with two teeth, by a plan recommended by Sir James Paget. The patient was made to eat three large slices of bread, and swallow four tablespoonfuls of flour and water, mixed into a thick mass. An emetic was then administered, and the plate and teeth were vomited, entangled in the tenacious contents of the stomach.

DYSPHAGIA OF PHARYNGEAL PHTHISIS.—This

distressing symptom has been (*Lancet*) relieved by Mr. Lennox Browne, by first scraping the diseased surface—after having applied cocaine—and then touching it with a strong solution of lactic acid (20 to 60 per cent.) daily. At the end of three weeks the dysphagia was entirely relieved.

ATTEMPT TO REMOVE A NEEDLE FROM THE HEART.—In the *Brit. Med. Jour.* is a report of the following case from the recent German Surgical Congress: A student of the Polytechnic School had endeavored to kill himself by driving a needle into his heart. Though the needle entered the heart, the attempt failed. The needle could be distinctly felt. The pericardium was opened, but the needle was not found; a second operation was undertaken, and the operator was successful in seizing the needle, but failed to extract it, so that it slipped completely into the heart, where it could be felt. The operation having been abandoned at this stage, the patient made a good recovery.

DIET IN BRIGHT'S DISEASE.—J. Milner Fothergill gives (*Journal of Reconstructives*) the following for a patient with Bright's disease:

Breakfast: Oatmeal or hominy porridge, hominy fritters, followed by a little fish with plenty of butter to it; or a slice of fat bacon or pork. Fat, fish or farinaceous matters. Hominy and fat pork for the less affluent.

Lunch or supper: Mashed potatoes well buttered. Other vegetables well buttered. A milk pudding made without an egg. Biscuits of various kinds and butter, with a nip of rich cheese.

Dinner: Soup, containing plenty of vegetable matter, broken biscuit, or sago, or vermicelli. Cream in lieu of so much strong stock should lurk in the soup tureen; especially in white soup. This should be followed by fish in some form; a course of vegetables, as stewed celery, chopped carrots, a boiled onion, leeks, nicely prepared potatoes, as "browned potatoes," a la Marion Harland, asparagus, or "scalloped tomatoes" and corn or "boiled corn." Then should follow apple-bread pudding, Maud's pudding, bread and raisin pudding: and, if the digestion can be trusted, roly-poly pudding, sweet pudding and fruit pies. Stewed fruit, with creoled rice, rice milk or other milk pudding is good, or better still, cream. Then

comes the biscuit, or crackers and butter. Dessert with its many fruits should never be omitted.

MORPHIA MANIA.—M. Ball (*Gaz. des Hospitaux*) gives the following directions for treating patients with morphia mania:

1st. Place the patient in a private hospital, where the indispensable surveillance of a physician can be exercised every moment.

2nd. Suppress more or less completely the use of morphia.

3rd. Relieve the action of the heart by timely injections of sparteine, to which morphia should be joined if the accidents become too menacing.

FEHLING TEST TABLETS.—These have been known to indicate the presence of sugar when none existed in the urine (*Druggist's Circular*). It is claimed that this error is brought about by the substitution by some manufacturers, of the alkaline carbonate of potash, which is said to be more effective in preserving the peculiar blue color of the tablets.

PRICKLY HEAT.—A writer in the *St. Louis Med. and Surg. Jour.* says a two per cent. solution of sulphate of copper applied to the skin and allowed to dry on will cure in a few days. It should be used night and morning.

IMPROVED COMPOUND LICORICE POWDER.—Dr. Oxley referring (*Lancet*) to the severe griping sometimes produced in young patients by the administration of the Pulv. Glyc. Co. of the B. P. suggests as an improvement the following formula: Senna and liquorice-root, of each 2 parts; anise fruit and sulphur, of each 1 part; sugar, $5\frac{3}{4}$ parts; ginger, $\frac{1}{4}$ part. He says, "this altered preparation is quite as satisfactory in its laxative properties, is less liable to gripe and is as pleasant to take as the officinal powder," and suggests its trial in cases where the original produces unpleasant effects.

DIPHTHERIA HOSPITAL.—A movement is on foot to establish a Diphtheria Hospital in New York. The scheme has the approval of the profession in that city. A special ambulance is to be provided for the conveyance of the patients from their homes to the hospital.

THE PROFESSION IN GERMANY.—A warning has been issued at Berlin, (*Med. Press*), and sent by

the Medical Union to all directors of gymnasiums and classical schools, calling attention to the overcrowding of the medical profession in Germany. In 1885-6, the number of matriculants reached 7,781.

REMEDY FOR ITCHING PILES.—The *Chicago Med. Times* gives the following:

R.—Tinct. capsicum, 1 part.
Spts. turpentine, 2 parts.
Spts. camphor, 3 “
Decolorized iodine, 3 “ —M.

RINGWORM.—Dr. Maddox says (*Med. Brief*), that one or two applications of the following will cure the above.

R.—Hyd. bichlor. gr. x.
Alcohol, ʒj.
Ol. Sassafras, ʒj.—M.

SALICYLIC ACID AND IRON IN RHEUMATISM.—A correspondent kindly draws our attention to the fact, that the formula given in our last number, will not produce a clear mixture, and proposes the following:

R Ac. salicyl., gr. xx.
Sod. phosph. (crystal), gr. xl.
Fer. pyrophosphi, gr. v.
Aq. ad., ʒ ss. M.

LOTION FOR STYE.—Mr. Abadil (*Med. Press*) gives the following:

R Acidi boracic, 1 part.
Aque dest., 30 parts.
Solve.

S.—With a wetted piece of wadding, drop some of this solution on the stye several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.

The following is recommended in cystitis:

R Acidi benzoici,
Sod. biborat., aa gr. x.
Infus. buchu, ʒ ij. M.
S.—Three or four times a day.

SPRAY FOR NASAL CATARRH (Sajous):

R.—Sodii bicarb.
Sodii biborat. āā gr. iij.
Aq, ʒj.—M.
Sig.—Use as a spray.

FOR ERYSIPELAS.—Prof. Da Costa speaks highly (*Med. Rec.*) of pilocarpine in this affection. He advises $\frac{1}{8}$ to $\frac{1}{6}$ gr. of pilocarpine, or 20 minims of the fluid extract of pilocarpus as a dose. Local applications are not of much use.

A VERMIFUGE POWDER.—Dr. Reymond in *Jour. de Médecine*, gives the following:

R.—Calomel, gr. 2¼.
Santonine, gr. 1½.
Sacch. lact. gr. xv—M.

S.—In the morning, in honey, on an empty stomach for a child of 4 years.

CANADIAN MEDICAL ASSOCIATION.—The next Annual Meeting of the Canadian Medical Association will be held at Hamilton, August 31 and September 1, 1887.

BRITISH MEDICAL ASSOCIATION.—The next Annual Meeting of this Association, under the presidency of Dr. Withers Moore, will be held at Dublin, on the 2nd, 3rd, 4th and 5th August, 1887.

It is said that small doses of ergot added to the mixture, will prevent the unpleasant ear symptoms caused by full doses of quinine or salicylate of sodium.

CHARCOAL is said (*Australasian Jour. Pharm.*) to be an antidote to strychnia poisoning. It should be given in water.

QUINSY.—Dr. Easly says (*Lancet*) that 10 to 15 gr. doses of salicylate of sodium every two hours, invariably gives relief.

The *Med. Record* recommends the following for a crying, peevish, irritable infant:

R Sodii bromid., gr. v.
Mist. assafetida, ʒ i M.
Sig.—ʒi p. r. n.

GREASES pots are best removed by a mixture of equal parts of strong ammonia, ether and alcohol. Place a piece of blotting paper under the grease spot, moisten a sponge first with water to render it “greedy,” then wet with the mixture, and rub with it the spot.

“BAKED BEANS” is the title of a trochure laid on our table. Its theory is all right (says the *Am. Med. Jour.*) but we prefer Bergeon’s method.

DR. JOSEPH BELL, of Edinburgh has been presented with a portrait of himself by a number of students and admirers. His connection with the acting staff of the Infirmary ceased some months ago.

DR. ASHURST recently appointed surgeon-in-chief to the Pennsylvania Hospital, is likely, says the *St. Joseph Med. Herald*, to cause trouble by attempting to abolish antisepsis in the wards of that hospital.

Mrs. Octavius Weld, of London, Ont., has passed the Soc. of Apothecaries of London, Eng., and received a licence to practise Medicine, Surgery and Midwifery.

WE beg to call attention to the advertisement of Morel's apparatus for gaseous enemata, with its improvement by Reichardt & Co., of New York.

THE exhibit made by Martin, Toms & Co., of Toronto, of surgical appliances, etc., at the late Ontario Medical Association, was exceptionally good.

JAMES ALEXANDER GRANT, M.D., of Ottawa, has been made a companion of St. Michael and St. George.

DR. AUSTIN FLINT has been appointed visiting physician to Bellevue, in place of the late Austin Flint, sr.

It is said that Prof. Billroth is convalescent.

Books and Pamphlets.

STRICTURE OF THE URETHRA; its Diagnosis and Treatment, with original wood engravings, by E. Distin-Maddick, F. R. C. S., Ed., late Surgeon Royal Navy. London. Ballière, Tisdale & Cox. 1887.

The author has struck out a new line as to the cause and treatment of that *bête noir* to the surgeon, stricture. He believes that intractable stricture "with scarcely an exception" arises from one or more of the following causes. First, from a want of manipulatory practice in the use of instruments on the part of the surgeon. Secondly, from the improper and unnecessary use of instruments, and

by the employment of unpardonable violence when attempting to pass them through the stricture, by surgeons otherwise possessed of skill and prudence. Thirdly, from the grossest neglect on the patients part."

The work bears evidence of careful thought on the part of the writer, and if he sometimes goes too far in condemning the vast majority of these who treat stricture as no better than bunglers and in intimating that the majority of patients would be better without any treatment than that which they receive, his cautions will, we have no doubt, exert a good influence on those who are too ready to treat stricture with instruments. The work is well worthy of persual.

REFRACTION OF THE EYE; its Diagnosis and the Correction of its Errors. By A. Stamford Morton, M.B., F.R.C.S. Ed., Surgeon to the Royal South London Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1886; pp. 67.

This will be found a useful little book for beginners, and, indeed to all those who habitually use the ophthalmoscope in practice. The definitions and explanations are clear and concise, and altogether the work is such as can be recommended to those requiring the greatest amount of information and help, at the cost of the least expenditure of time and labor.

EVACUANT MEDICINES. By Henry M. Field, M.D., Professor of Therapeutics, Dartmouth Medical College, etc., etc. Philadelphia: P. S. Blakiston, Son & Co., 1887; pp. 288 \$1.75.

This is a new departure in medical literature, it being, according to the author, the only treatise on the subject extant. Perhaps no agents in the whole range of therapeutics are more frequently called into requisition than are cathartics, so that a careful and practical study of the individual action, application, and contra-indications of the more important of them will be read with interest by everyone engaged in practice. The portion of the work devoted to emetics is well and scientifically written, so that we have no doubt the work will be found useful to any who desire to study the subjects of catharsis and emesis.

EARTH AS A TOPICAL APPLICATION IN SURGERY. By Addinell Hewson, M.D. Philadelphia: The Medical Register Co. 1887; pp. 309.

PRACTITIONER'S HANDBOOK OF DISEASES OF THE EAR AND NASO-PHARYNX. By H. Macnaughton Jones, M.D., M.Ch. London: J. & A. Churchill. 1887; pp. 176.

This work will be found to contain a clear and concise exposition of the important diseases of the ear. It is not an exhaustive treatise in aural surgery, but it contains clear and concise rules for practice, with hints as to treatment of the most common diseases of the ear, met with in every-day work, which will, we are sure, be very acceptable to the general practitioner. The work is profusely illustrated

ELEMENTARY MICROSCOPICAL TECHNOLOGY. A Manual for Students of Microscopy, in Three Parts. Part 1. By Francis L. James, P.L.D., M.D. St. Louis: The St. Louis Medical and Surgical Journal Co.

This work will be of great use to students in microscopy. The author pre-supposes no acquaintance with the subject on the part of the learner, and each step of the work, each step and manipulation is explained in orderly sequence. Parts 2 and 3 will appear in due time.

ANÆMIA. By Fredrick P. Henry, M.D., Prof. of Clinical Medicine, in the Philadelphia *Polyclinic*, etc. Reprinted from the *Polyclinic*. Philadelphia: P. Blackiston, Son & Co. 1887. pp. 134. 75c.

A useful little book, dealing with the subject in a concise and lucid manner.

THE VEST POCKET ANATOMIST. By C. Henri Leonard, A.M., M.D., Professor of Diseases of Women, Detroit College of Medicine, etc. 13th revised edition, with plates. Detroit: The Illustrated Medical Journal Co.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. First Session. Washington, June, 1886. Vol. 1.

WYTHES' POCKET DOSE BOOK. Philadelphia: P. Blakiston, Son & Co., 1887. 17th Edition.

A STEP IN THE REFORM OF ENGLISH SPELLING.—Professor Skeat, in a recent number of *Notes and Queries*, says:

"Those who know the whole history of our spelling from the eighth century to the present time, best understand the harm done by the pernicious system of trying to transplant Latin and Greek symbols into the English language. The

symbols *æ* and *œ* are not English, and are best avoided. Indeed, this is done in practice when once a word becomes common. *Ether* and *ætherial* have been sensibly replaced by *ether* and *etherial*. No one writes *æternal*. *Solæcism* is now *solecism*, and I trust *primeval* and *medieval* will soon prevail over *primæval* and *mediæval*. Pedantic spellings are most objectionable, because they are useless and unphonetic."

We heartily agree with Professor Skeat, and trust that *diarrhæa*, *leucorrhœa*, *dysmenorrhœa*, etc., will soon give place to *diarrhea*, *leucorrhea*, *dysmenorrhea*, etc.

The above is from the *British Medical Journal*. To be consistent, however, the *Journal* must also use *edema*, *fetus*, *Cesarean*, etc. The characters *æ* and *œ* are not English, and should not be tolerated in anglicised words.—*Col. Med. Jour.*

AN ALLEGED INSTANCE OF REMARKABLE FERTILITY.—A correspondent sends us an extract from a book giving the history of a journey to Saragossa, Barcelona, and Valencia, in the year 1585, by Philip II, of Spain. The book was written by Henrique Cock, who accompanied Philip as his private secretary. On page 248 the following statements are to be found: At the age of eleven years, Marparita Gonzalez, whose father was a Biscayan, and whose mother was French, was married to her first husband, who was forty years old. By him she had seventy-eight boys and seven girls. He died thirteen years after the marriage, and, after remaining a widow two years, the woman married again. By her second husband, Thomas Ochoa, she had sixty-six boys and seven girls. These children were all born in Valencia, between the fifteenth and thirty-fifth years of the mother's age, and at the time when the account was written she was thirty-five years old and pregnant again. Of the children, forty-seven by the first husband and fifty-two by the second were baptized; the other births were still or premature. There were thirty-three confinements in all.—*N. Y. Med. Jour.*

ERGOT has been found very useful in the diarrhœa of phthisis, as well as in the night sweats of that disease.

Births, Marriages and Deaths.

At Tilsonburg, on 3rd June, Dr. Bart. B. Patallo, aged 28 years.

In New York, June 3rd, Dr. Geo. H. Shaver, of Islington, Ont.

At Prescott, on 1st June, Dr. George C. Hart, aged 33 years.