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THE ARCHIVES OF GYNÆCOLOGY, New York, has just closed another successful year, having furnished its readers with the resume of no less than 584 articles. The publishers do not send sample copies, but announce that any subscriber may return the first number and cancel the order. Subscription \$3.00. Payment is not asked till end of year. Leonard & Co., Publishers, 141 Broadway, New York.

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WINNIPEG, MARCH, 1888.

SPECIFIC TREATMENT OF AN-
THRAX AND ANTHRACÆMIA,
AND OF CARBUNCLE.

BY EDWIN B. MUSKETT, M. D.

ANTHRAX.

Anthrax in man seems to have been somewhat frequent of late in England, and notwithstanding all that has been done in recent years to elucidate its pathology, its medical treatment does not seem to have advanced; excision and the stronger caustics constitute, as they did a century ago, the chief resources, whilst for the constitutional symptoms there appears to be absolutely no remedy at all. There is one thing, however, which is frequently mentioned in the record of fatal cases, the application of a warm poultice to the sore, than which there can be no more dangerous proceeding; even if experience did not show this to be the case, a consideration of the pathology of the disease would indicate the probability that the use of warm nutritive moisture would promote in a high degree the growth of the bacillus anthracis. Perhaps the experience gained during several years' practice in a country where splenic fever is common amongst cattle, and infection from these of human beings by no means infrequent, and where some of the cases mentioned in English medical journals have really had their origin, may not be without interest. Anthrax, indeed, has an interest of its own as the very type of those diseases of the blood and tissues which owe their existence to

the presence of microscopic parasitic fungi.

The remedy I have been in the habit of using in such cases is ipecacuanha, applied externally, mixed with water to the consistence of cream, and administered internally at the same time; this treatment has sometimes been preceded by the application of a small blister. I have treated about fifty cases of this disease in this manner, extending over a period of fifteen years, and hitherto it has never failed; the effect has been so immediate, so constant, and has extended over so long a period of time, that it will not be likely to often fail in the future. "Always does not happen in medicine," and therefore it is possible that failures may sometimes occur, though I believe they need happen very seldom. The cases which I have selected below prove, I think, as far as they go, that ipecacuanha is a specific for the disease, in the sense in which quinine is a specific for ague and mercury for syphilis. The first case, treated within the last few weeks, is interesting, because anthrax with a depressed centre is a particularly fatal form of the disease, the depression showing that the disease has ceased to spread in the skin, but is spreading in the subcutaneous tissues.

CASE 1.—A. W.—, about forty years of age, a farmer and transport rider, but who had been for some time resident in town, had been previously in good health. During the night of May 26th he noticed a pricking and itching on the back of his forearm, and in the morning discovered a pimple with a blackish vesicle at its summit, and surrounded by a hard swelling at the same spot; this increased rapidly, and he was first seen on the evening of the 28th. On the back of his forearm a little above the wrist was a tumor about an inch and a half in diameter; in the centre of this was a depressed sore, having at the bottom a black slough. The forearm was red and swollen up to the elbow; the glands in the axilla were swollen. The sore was somewhat painful, the pain shooting up the arm and across the chest, and he felt chilly and wretchedly ill. Ipecacuanha was applied to the swelling, and he was ordered to take five grains of

ippecacuanha with one-eighth of a grain of morphia every four hours.—May 29th: The tumor measures an inch across, and is very slightly raised above the skin. The surrounding swelling has disappeared, as has the black slough; the sore is discharging a little. The pain has left him; the axillary glands are still a little swollen. He feels well, and has a fair appetite.—30th: Feels well; swelling reduced to about half an inch, and the ulcer is much swollen; axillary glands no longer swollen. The internal use of the drug discontinued.—31st: Swelling and sore about the same size; the loosened slough is projecting from the opening. The wound was dressed with resin ointment, and healed like an ordinary ulcer. About three weeks before the pimple appeared he visited the farm of his brother-in-law, where sheep were dying of splenic fever (about 100 died). He went to the sheep kraals, but does not remember that he touched the sheep.

CASE 2.—D. N——, a transport rider, forty-two years old, a strong healthy man; charbon seven days. He noticed a blackish pimple on the back of his hand, which itched violently and increased rapidly, making him feel ill, but he managed to get about for the first six days. On the seventh he was too ill to get about any longer, feeling chilly, with pains throughout his body, and a tendency to faintness. Towards evening the pains left him, and he went to bed. At 10 o'clock his symptoms became alarming, and I saw him for the first time. I found him propped up in bed unable to lie down without a feeling of suffocation, or to sit straight up without fainting. Pulse rapid, weak, and irregular. On the back of his hand was a sore more than an inch in diameter, from which protruded a blackish purple mass, partially covered by a white translucent membrane. Surrounding the sore was a hard swelling extending for about two inches. The arm was red and swollen to above the elbow, with numerous blackish vesicles on the wrist. Ipecacuanha having been applied to the sore, he was directed to take five grains with a little morphia every four hours. An hour after the first dose he vomited slightly, and

then was so far relieved as to be able to lie down and sleep in a disturbed manner until morning.—Eighth day (morning): He feels somewhat dizzy and very weak, but otherwise well, and wishes to get up. On uncovering the sore, it was found to have shrunk to half an inch, and the black centre had shrunk into a greyish slough. The surrounding swelling and redness were gone, as well as the redness and swelling of the arm. The blackish vesicles were dried up; the glands in the axilla still somewhat swollen.—Evening: Glands no longer swollen; state otherwise much as in the morning. Refuses to take the medicine any more, as it makes him vomit.—Ninth day: Feels weak, but otherwise well, and is allowed to get up. Wound dressed with resin ointment, after which it healed without anything to remark. But for prompt treatment this case would almost certainly have proved fatal within a few hours. The source of infection could not be traced.

CASE 3.—A. Z——, a farmer, assisted to skin an ox, which had died of splenic fever. Shortly afterwards he felt an itching spot which developed into a pimple with a black vesicle, increasing in size and forming a charbon. He was first seen on the evening of the eighth day of the disease. He had a sore about the size of a half-crown on the palm of his hand, near the thumb, with a blackish slough; the arm was red and swollen to above the elbow, with numerous blackish vesicles round the sore and in front of the forearm; the axillary glands were swollen; the hand and arm were very painful, with deep-seated suppuration beneath the palm. He could not stand up without feeling pain, and felt chilly and wretchedly ill. Ipecacuanha was applied to the sore and five grains given internally every four hours.—Ninth day: Feels no longer ill, but weak, and the swelling in the arm is much less; the vesicles have disappeared. An incision was made in the palm, giving exit to pus and sloughs. From this time he recovered, with two of his fingers stiff and contracted.

CASE 4.—Mrs. V. D. M——, about

thirty years of age, noticed a pimple which itched violently on the back of her little finger. On the same day she had an accident, being thrown from a cart, cutting her eyebrow and scratching her face severely. On the third day her finger became very painful, the pain extending up her arm and striking across her chest to her heart, and the glands in the axilla were swollen. The sore presented the appearance of a blackish vesicle, with a small black slough in the centre. The vesicle was cut off and ipecacuanha mixed with glycerine applied, three grains being given internally every four hours. This was at 9 o'clock in the morning, and in half an hour the pain subsided and remained absent until 2 o'clock the following morning, when it began to return in the finger but not elsewhere. At 9 o'clock the vesicle had again returned. The treatment was then repeated with the same result—relief of the pain and its return on the following day. A small blister was then applied, and afterwards the ipecacuanha. This effectually arrested the disease, which did not return, and the sore was healed up in the ordinary way. This is the only case in which there has been a partial failure due, as I have since learned, to the use of glycerine instead of water, owing probably to the strong exosmotic action of the former substance.

I have not thought it necessary to describe the other cases, as they present nothing which is not included in those already mentioned, differing from each other only in their position and severity, and pursuing the same course under treatment. These cases speak for themselves, and I do not think there is any other method of treatment which will produce such results, though there are some native drugs which have a somewhat similar effect, but in an inferior degree.

Though charbon is almost entirely confined to persons who have to do with cattle, it is not always easy to trace the direct source of infection. It may be caused by flies, or by the skins and wool of cattle not themselves diseased, or, perhaps, by the germs existing on the herb-
age. It has been too generally concluded

that the *Bacillus anthracis* is a parasite whose natural habitat is the animal tissues, and is only accidentally present on vegetation, instead of, as I believe, the exact reverse—that it is naturally present on the vegetation and only accidentally present in the animal body, which is probably also the case with such diseases as diphtheria and typhoid fever. Nowhere is splenic fever so prevalent or so fatal as in a newly settled country where no cattle have grazed before—a fact which many colonial farmers have learned to their cost. By successive or continuous occupation such pasturage becomes healthy.

CARBUNCLE.

Carbuncle resembles charbon in many respects, and it occurred to me that the same treatment might be useful. Being a comparatively rare disease in this part of the world, I had to wait some years before getting a chance of testing it, but at last three cases came in succession, followed by a fourth after a long interval. Four cases may seem a small number to justify my designation of specific, but the results correspond so exactly with those obtained with charbon, that I think I may be justified in using it.

CASE 1.—E. B. C.—, a farmer, a strong healthy man, about thirty-five years old, was brought into town with a large carbuncle on his back. He felt so ill that he fancied he was suffering from the more serious disease.—April 3rd, 1882: The carbuncle was about five inches in diameter, and was still increasing rapidly; it was situated over the lower angle of the scapula, was extremely painful, and had existed for four days. Ipecacuanha was applied to the place, and five grains given internally every four hours.—4th: Feels no longer ill; the carbuncle has shrunk to about two inches, and has lost the peculiar appearance of that disease; fluctuation distinct in the middle.—5th: An abscess about the size of a florin is all that remains of the disease; this was opened, and a small quantity of pus and some sloughs escaped. He drove himself home (twenty miles) the same afternoon.

CASE 2.—On May 5th, a rivetter, em-

ployed at the Hopetown Bridge, about fifty years of age, came with a carbuncle on the back of his neck, measuring about three inches across. It was very painful, but he did not feel ill. Ipecacuanha was applied, but not given internally.—May 6th: The tumor measures an inch and a half and is no longer painful.—7th: Nothing remains but a small abscess. An opening having formed at the apex, it was not cut, and the contents were all removed through this hole, which healed in a few days.

CASE 3.—On June 1st another man from the same place came with a similar carbuncle, also on his neck. The course of this case was precisely like that of the previous one.

CASE 4.—On May 18th, 1886, B. B.—, farmer, a strong, healthy man, forty-five years old, was brought into town suffering from a carbuncle on his left buttock. It was as large as a cheese-plate, and so painful that he had not been able to sleep for more than a week. He did not feel ill, but exhausted from pain and want of sleep. Ipecacuanha was applied to the sore, and five grains with one-eighth of a grain of morphia given internally. The application caused some smarting, which lasted for half an hour; after this he slept till morning.—May 19th: The carbuncle has disappeared, except some redness and central fluctuating swelling; this being opened, a quantity of blood with some sloughs and a little pus escaped. Resin ointment was applied.—20th: No thing remains but the small cut; he was able to walk about, and the wound healed in about a week.

Carbuncle has been sometimes described as a large furunculus, or an aggregation of furunculi; it may therefore be of interest to know that ipecacuanha has no beneficial influence upon boils, neither is it of any particular use in erysipelas. The value of the drug in the treatment of some kinds of dysentery is sufficiently well known, and was, in fact, the reason of my experimenting with it in cases of charbon in the absence of any satisfactory remedy for such cases, the two diseases having many points in common.—*London Lancet*.

SINGULAR CAUSE OF DEATH.

On Friday Mr. Wynne E. Baxter, the coroner for the eastern division of Middlesex, held an inquiry at the London Hospital, Whitechapel, respecting the death of Moses Raphael, aged 32, a commercial traveller, lately residing at 100, St. Paul's-road, Bromley-by-Bow, who died on the previous day in the above hospital. Moses Davis, of Stanley-house, Bow, identified the body as that of his brother-in-law. The deceased had been in witness's employ for a great number of years. About six weeks ago he complained of pains in his head and also of shivers. Dr. Fordham was called in to see him, and gave an opinion that the deceased was suffering from bronchitis. He ordered spirits to be applied to the head, which was done, but the pain still continued, and eventually it was decided to remove him to the hospital. Until the last few weeks the deceased had been in apparently good health. He was a wonderful brain worker, and had kept a set of books most accurately. Henry Muir Doyle, house-surgeon attached to the London Hospital, stated that he received the decease on his admission. He appeared drowsy, and complained of a pain in his head. He continued in that state till the 10th inst., but at times appeared quite clear-headed and rational. On the 10th symptoms of apoplexy appeared, and deceased expired at 12 o'clock the same night. Witness said that since death he had made a most searching examination of the head and brain. On opening the former he discovered an abscess in the brain. It was about the size of a turkey's egg, and had evidently been there some time. On removing the abscess from the base of the brain a penholder and nib were found protruding from the top of the right orbital plate. The pen was exceedingly sharp, and together with the holder measured nearly three inches. This had produced the abscess, and the abscess had caused death. The holder and nib were of the ordinary kind generally used in schools, and they must have entered the brain by way of the right eye or through the right part of the nose. There was no

evidence to show how long they had been in the brain, but it was probable that they had been in there for a considerable time, as the bone had grown over them, and it was with difficulty they were separated. He had examined the eye, but had failed to detect any injury. It was, however, quite possible for such a thing to enter beneath the lid of the open eye, and the wound to heal up showing no signs of the entry. The widow of the deceased man was called in and said that her husband never mentioned to her anything about being hurt by a pen. The coroner said that the case was the most extraordinary that had ever come before him. The jury found that the deceased died from an abscess on the brain caused by a foreign substance, but how that substance got into the brain there was no evidence to show.

ELECTRIC ILLUMINATION OF THE MALE BLADDER AND URETHRA.

The electric urethroscope and vesicoscopes which Mr. Hurry Fenwick demonstrated to a large gathering of the Medical Society on Monday, Jan. 23rd, are indeed triumphs of science over grave mechanical difficulties. A reliable index of the progressiveness of the medical profession is afforded by the rapidity with which almost every innovation or advance in science is laid under contribution and utilised to the improvement of the diagnosis and the treatment of disease. As an instance in point, we now find the surgeon enabled to pass an incandescent lamp into the male bladder without pain or danger, and to examine every detail of that viscus in as brilliantly illuminated a condition as if it was viewed in direct sunlight. Surely, with such instruments as these at command, we shall now have fewer uncertain diagnoses of "obscure vesical disease." Increased knowledge and improved methods of diagnosis and treatment have greatly influenced the statistics of large calculi. It is not too much to expect that a similar limitation will in future be placed upon benign vesical growths, for by means of the electric light

they may now be diagnosed in their earliest stages. Mr. Fenwick, in his opening words, regretted that the only unsatisfactory feature of this new resource is the fact that its conception and final stage of perfection emanates from our Austrian confreres rather than from an English source.—*Lancel.*

DERMEPENTHESIS.

BY G. F. CADOGAN-MASTERMAN, L.K.Q.C.P.I.

The valuable expedient of skin grafting is attended with several inconveniences: The donor finds the "snip" rather painful, the little sores are some days in healing, and there is danger, if alien skin be used, of conveying disease with it; and, when there is a large surface to be covered, the process is tedious and often disappointing. Frog's skin has been used, but these amphibians are so repulsive to many people, and especially to women and children, that after two trials and failures I gave it up.

About two years ago I was treating in the usual way a broad wound surface in a young farmer, who while riding sustained, from the shaft of a passing cart, a ragged, lacerated wound extending from the middle of the thigh to Poupard's ligament, and involving the muscles. The wound was cleaned and treated aseptically, but the crushed integument at the back of the thigh and much of that in front sloughed away altogether, leaving a surface of about ten square inches to cover, and, after a week of human skin grafts, this was speedily effected with portions of young wild rabbit's skin. The second case was one of a large varicose ulcer, and quite successful; the third, a middle-aged tradesman, had severe orchitis, the result of an accidental blow. Delirium tremens ensued, and probably as the result of further injury, the whole of the integument of the scrotum sloughed away from the root of the penis to the perineum, leaving the tunic of the testicles covered only by the pale pink lattice of the cremaster muscle. There was a border of but half an inch of healthy skin left after the slough had separated, and the case was complicated by large bed sores and the

extremely bad state of the patient's health generally. However, I found that a disc of skin, two inches in diameter, would cover the testicles, and again tried the rabbit as its source. The animal was killed by a blow on its neck, and the previously shaved and marked out piece expeditiously cut from the abdomen, pressed smoothly over the wound, covered by a piece of wet lint; then a fair-sized hot poultice, which was in turn kept at a proper temperature by a frequently refilled hot-water cushion. At the end of forty-eight hours the applied skin was cautiously examined, and found to be adherent. It was redressed as before, and supported by a special suspensory bag padded with sublimated cotton-wool. On the fourth day the outer layers of the skin separated, leaving a firm, smooth surface more like the mucous lining of the lips than integument, and, except that it has greatly thickened, so it remains to the present time.

The fourth was a pale, flabby ulcer, after a very tedious case of hip-joint disease; and therein, after many trials with rabbits of all ages, the plan failed utterly. The fifth was a very severe case of burning in a little child; the whole of the skin of the back from the shoulders to the nates, the back of the arms and thighs, had been destroyed, in some places down to the muscles. After the carbonate of soda treatment (which relieved the pain immediately), and the surface had been pretty well cleared of sloughs by lotions of very dilute nitric acid under an outer dressing of idoformed cerate, a number of rabbit-skin transplantations were made at intervals of about three days. The greater number adhered, and I had succeeded in covering nearly half the trunk, when the child unfortunately died from pneumonia, three months after the accident.

In order to secure success, healthy granulating surfaces should be selected for treatment, and young wild rabbits for the discs of skin. These may be from 0.5 to 1.5 inch in diameter, and, operating alone, rarely more than one can be taken from each animal; for, although it is killed in the customary manner by a

blow at the back of the neck, the skin must necessarily be still alive to be of any substitutional value. If it were not for an obstructive Act, the best plan would be to chloroform the animal, remove as much skin as necessary, and then kill it before it had recovered consciousness. As it is, not a moment must be lost in the transference. Young wild rabbits are best, because their skin is very thin, contains no fat, and separates readily from the subjacent fascia; and I think discs not larger than a shilling succeed best. There is no need to remove the fur, it comes away within a week; and the skin should be pressed closely down on the surface of the wound, so as to expel the air, and kept thoroughly warm by a poultice or hot-water bag.

I have used the term "adhering" in place of "growing," for I am in doubt if the transferred skin really unites and grows with the surface it covers; in every case the fur-bearing layer separated after a time—so, it can be only the inner, perhaps the superficial fascia, which is revitalized; and, although prolongations could be seen starting from the edges of the adhering discs, they were neither so marked nor so vigorous as those from grafts of human skin. The latter I have often noticed to start the growth of new skin from sites in which they have themselves apparently perished; and it is possible that the rabbit skin may act rather by influence than substitution, and so determine the conversion of granulation cells into integument under the smooth, soft, and, possible, still living shield.—*British Medical Journal.*

CASE OF OBSTRUCTION FROM GALL STONE — SPONTANEOUS FRACTURE AND RECOVERY.

BY ARTHUR JAMISON, M. D., LONDON.

The discussion at the meeting of the Clinical Society on January 13th, on the treatment of gall stones, and the question are we to interfere at once in subsequent obstruction from them induces me to place on record the following case. Probably early laparotomy in very urgent

cases is the best procedure, but at times cases crop up in practice with such unanticipated endings, that they may rank as true clinical experiments. The patient, a woman 36 years of age, of very spare habit, had long suffered from gastric troubles, slight jaundice, and occasional attacks of severe pain. In the right hypochondrium she had a swelling over the region of the gall bladder, moving up and down with respiration, and general tenderness around it. I was sent for to see her in great haste, being told she was dying. When I got to her bedside I found her in comparative ease. She told me she had had an attack of the most violent pain and intense retching which had suddenly ceased. The tenderness over the liver was much less and the swelling hardly to be felt. Things went on very well for two days, when another attack of acute pain came on, now referred to the region of the umbilicus, great retching and constant nausea; there had been no motion since the previous attack of pain. The pain now came on in paroxysms, the intestines could be seen moving tortuously about, and she said the pain seemed to "stick in one spot." There was no rise in temperature and the pulse kept fairly good. It was obvious that the case now was one of obstruction from a gall stone. I told her plainly that the issue now might be fatal, and strongly urged her to submit to operation. This she steadily refused to do, having heard of a fatal case, so matters went on for four days longer, no motion had been passed nor any flatus. I kept repeatedly urging her to have laparotomy performed, but she still steadily refused, and I became more and more confident in telling her of the outlook in her case. Judge of my surprise when in the evening I found her much better, she said she was quite well. She told me that shortly after my last examination she felt something give way during a violent pain, and almost immediately afterwards passed a huge bile-stained motion, and within an hour another copious motion. This had not been thrown away, and on examining it I found two pieces of what had been a large gall stone of softish consistence. I

fancy the stone must have been gripped and fractured spontaneously from the force of the intestinal contractions. However, the patient quickly mended and got comparatively strong. She rather drily asked me if I did not think she "was better unopened."

Of course, during the treatment, she was kept constantly under opium; but she was quite sure that, in the form of morphine suppositories, she got much more ease than when given either by the mouth or hypodermically. This was not the first time I had heard patients prefer opium by the rectum. This patient refused to have any hypodermic injections of morphine, when she said she got so much more relief by a suppository she could introduce herself. When the symptoms of obstruction were obvious, she was kept to as little iced water to sip as possible. She said that all attempts at rectal feeding brought on her paroxysms of pain, and preferred to keep to her iced water. These two therapeutic facts I have seen brought out, in cases of obstruction, over and over again; and I am perfectly sure that, till the pulse and temperature begin to rise, absolute starvation, and morphine by the rectum only, give the best chances of success. But, if the temperature or pulse rise (and I think the pulse is the safest guide), then laparotomy should be resorted to without delay. It is quite possible Mr. Tait's suggestion of trying to crush the stone might be tried first. It would do no harm. At all events, this case goes to show that the chances of spontaneous fracture should not be omitted from our calculations.

IODOFORM WICKING.—Gersung, of Vienna, has found wicking impregnated with iodoform, an excellent material for tampons in the drainage of wounds whose secretions are moderate; in Billroth's clinic wicking saturated with tannin and iodoform is used with excellent results. Its removal is much less painful and inconvenient than that of gauze.—*Centralblatt für Chirurgie; Med. News, Sept. 24, 1887.*

 MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET.

 WINNIPEG GENERAL HOSPITAL.

We have received the annual report for 1887 of the above institution. The gentlemen who take such an active interest in the charity are to be congratulated on the very successful result of their labors and are deserving of the thanks of the community for their generous devotion, especially the secretary-treasurer, on whom devolves a very large proportion of the troublesome duties in connection with the working of the hospital. We would gladly stay our pen here; but, unfortunately, the report contains a paragraph of such vital interest to medical men that it is impossible for a journal devoted to the profession to pass it by without comment. We are not advocating the cause of any particular individual. No doubt the gentleman who finds himself aggrieved in this case will adopt measures to right himself in the eyes of the public, and in doing so he will have the practical sympathy of the profession at large. The paragraph alluded to announces the removal of one of the medical staff. We are informed that this action of the managing committee was in consequence of the medical officer not replying to a letter or letters addressed to him by the board, his explanation being that his not doing so was because of the terms in which these communications were couched. No doubt the committee would have been entirely justified in holding an enquiry and calling on the official for a *viva voce* statement concerning any act of his in connection with the institution of which they had the management. But without further action or enquiry on their part, they, with indecent haste, took the extremest step which they were in a position to do, and publicly removed a member of the medical staff, publishing it through the columns of the daily papers to the world, and by this act inflicting on him the greatest injury that it was in their power to do. We have no hesitation in saying that such a course on the part of the committee was entirely and

altogether unjustifiable, and if such acts are tamely submitted to by the profession it would place over them an autocratic, irresponsible tribunal, whose motives and actions might be in accord with justice and right or which might be influenced by the very contrary feelings. It is to be remembered that the governing board of a hospital is elected from the general body of the subscribers, and that men become subscribers from very mixed motives, a proportion from pure charitable and philanthropic feeling, a larger proportion for other reasons and other incentives. If this autocratic power were vested in the governing body, how easy would it be for persons hostile to a member of the medical staff to gain such positions for the mere purpose of working out his ruin. And when it is remembered that the medical staff is the pivot on which the institution works, that these self-sacrificing men willingly devote their time and their labor to aiding the good work; that they act as the members of no other profession or calling act; that without hope of fee or reward they give freely of all the Almighty has endowed them for the benefit of their fellow-mortals. When we remember this, surely it is not too much to expect that their faults of omission or commission should be generously considered, and that their inestimable public services should not be employed as a means to work out their ruin. True, an hospital appointment is an honorable position, reflecting credit on the holder; but what professional man with any self-respect would accept office in an institution presided over by a star chamber committee with power to crush him to the ground, ruin his professional reputation, and hold him up to the scorn and derision of the world. In the case we allude to, namely, not answering the committee's letter—and it would appear their consequent assumption unproven—was far too flimsy a pretext for this act of arbitrary power which might be damning to the prospects of a professional man and blasting to his reputation, and this deliberately done without the endorsement of others interested in the charity, who in a case so fraught with injury in this particular case

to one who, above all others, had helped to place this institution in the position it occupies, whose talents reflected credit on its medical staff, whose time was ever at its command, and whose practical sympathy with its aim and its objects was well and widely known, should have had all the facts and circumstances laid before them, at any rate, before any publicity was given. We believe that no committee possess such authority. It is barely possible that some such special power may be secured to the executive of the corporation of the Winnipeg hospital; if so, the institution is unworthy of professional support. An attempt was recently made by the committee of the Queen's jubilee hospital, to suspend (not remove) Dr. Millican, one of the hospital staff. Dr. Millican refused to acknowledge their authority to do this, and obtained an injunction, with costs, restraining the managing committee, their officers and servants from interfering with him in the performance of his duties as one of the medical staff, or publishing his suspension. The removal of a medical man from the staff of a hospital is an act of so grave a nature, possibly carrying with it such serious consequences, that it should be exercised only after the most patient investigation, the positive proof of the charges after a kindly consideration of the surrounding circumstances, and finally, should never be carried out unless sanctioned by a preponderating vote of the whole corporate body.

If the professional future of a medical man is liable to be destroyed at any time, at the whim of a hospital committee, it is time that each member of the profession should well weigh the possibilities before giving his services to any institution whatsoever. But, fortunately, throughout the world, in the management of the innumerable institutions for the treatment of disease, we believe a parallel instance to this, which we cannot find words strong enough to condemn, would be impossible to quote. We must do these gentlemen the justice to say that we believe no sinister motive actuated them; but, nevertheless, we assert that they were guilty of an error of the gravest magnitude, and one pregnant with evil to

the charity in which they evince such praiseworthy interest and which under their fostering care has attained to such a prominent position among sister institutions. Our words are written in the interest of the profession and in no hostile feeling to the governing body of the hospital to whom we willingly accord that credit to which they are justly entitled, but it would be disastrous to this and similar institutions if any member of the medical staff of a hospital could be so summarily dealt with on grounds so insufficient as those which are in the possession of the public.

Further, we regret much to hear that a gentleman connected with the institution from its birth, and who has always shown a warm interest in its welfare but who differed with the other members of the managing body with regard to their action in the above matter, has been jockeyed out of his position as a member of the executive committee of the hospital. *Fiat justitia ruat cælum.*

COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA.

This College is very properly drawing the attention of the profession to the unblushing effrontery of two parties who, either being too ignorant or too indolent to qualify themselves for the profession of medicine, are actually seeking an Act of Parliament from the Local Legislature to permit of their practising on the lives of the residents of the Province of Manitoba without any qualification or training entitling them so do: were it not so serious a matter, the supreme absurdity of the proceeding would be very amusing, but that such a possibility of injury to the public might become a reality, it is necessary that the Manitoba College may have extended powers enabling them to refuse registration to persons holding doubtful qualifications, unless after such further examination by this College as may be decided upon. If acts of local legislatures can make professional men without examination as to competency, the whole system of education might be wiped out; but we cannot believe that there is one member of the Legislature

who would lend himself to such a glaring injustice to both the public and those members of the profession who, after years of study and considerable expenditure of capital, have become members of it. There might be some shadow of reason for such an act when qualified medical men were few and far between, but now when there are rather a superabundance of them in the Province, with well regulated machinery existing for turning out any number when required, the impudence of this application to the Legislature is too glaringly apparent. Not only every member of the profession but the entire public should veto it. But we feel sure that, though the application may be made, the good sense of the gentlemen composing the present Legislature may be relied on to deal with it as it deserves.

MANITOBA PHARMACEUTICAL ASSOCIATION.

The annual meeting of this Association was held at Winnipeg. We notice in the account of this meeting given in the daily papers that reference was made to the fact that members of the College of Physicians and Surgeons of Manitoba were carrying on a drug business without registering, as required by the Pharmaceutical Act, and that a letter from Messrs. Hough & Campbell, solicitors for the Association, expressed the opinion that it was absolutely necessary for all medical gentlemen dealing in drugs to register. Now this opinion is calculated to lead the Pharmaceutical Association very far astray, and before they take any action on the strength of it, it will be well for them to ascertain the powers granted by the Colleges of Surgeons of Great Britain to their licentiates and members, and the express provisions in the by-laws of these several colleges, sanctioned by various Acts of the Imperial Parliament, empowering their members and licentiates to recover fees for attendance and medicine or attendance or medicines and appliances supplied by them. We would also draw the attention of the Association to the fact that there are thousands of medical practitioners in Great Britain who dispense *all* their own medicines, and further

that the holders of licenses and dozens from the recognized colleges of the old country are, by special Act of the Imperial Parliament, entitled to practice in every colony of Great Britain and enjoy the same privileges as they are entitled to by their licenses or degrees in the United Kingdom. If such a law exists in the Province of Manitoba it can have no effect as it would be in direct contravention of an Imperial statute, and further it would in the interests of the public be one of the most mischievous laws that could be enacted, were it possible to enforce it. A medical man supplying his own prescribed medicine can, under no circumstances, be considered as a dealer in drugs. He does not pretend to be a chemist or pharmacist, though probably he is far better posted in the science than many who appear before the public as such. It would be a most unwise proceeding for the Pharmaceutical Association of Manitoba to attempt to arrogate to themselves any such power, as it would seem by the report of this meeting they lay claim to. Medical men are entitled to charge and recover in a court of law for medicines supplied to their patients, and it would be absurd for any provincial legislature to attempt any infringement on this long-conceded right.

The United States Mercantile Protection Association, which has its head office at 53 Tribune Building, New York, was established in 1882. This Association has extended its operations to the Dominion of Canada, and has now established an office in Winnipeg under the supervision of Mr. W. T. Gibbins. The plan which the Association adopts for the collection of outstanding accounts is one which renders it eminently fitted for adaptation by the members of our profession. We quote the words of the circular which will explain the system on which it works:—"Our system is not designed to annoy or distress an honest but poor debtor, who would but cannot pay. It is solely for that much larger class who can pay and do not, simply because of lax laws." That members of the medical profession are more victimized than those of any other calling is, unfortunately, a too long and well established fact, and we

would advise every medical man in the Province to join this Association, which can be done for the small annual fee of six dollars. Mr. W. T. Gibbins' office is in the Caldwell Block, Winnipeg.

OBITUARY.

DR. JACKES.

We regret to record the death of Dr. Jackes, which occurred on the 9th ult., at his residence on Garry Street. Dr. Jackes was one of the oldest resident practitioners in Winnipeg, but from ill health was obliged to seek a warmer climate, and was absent for a prolonged period from the Province. Believing himself to be quite recovered he returned to Winnipeg and resumed the practice of his profession. Lung disease, however, again manifested itself, and notwithstanding every care, proceeded to a fatal termination, and removed from our ranks at the early age of 43, one who might in the ordinary course have looked forward to many years of usefulness. He expressed a desire to have a post mortem performed on his remains, and we understand extensive lung disease was apparent. Notice of the autopsy was promised and the *JOURNAL* delayed for its insertion, but it did not come to hand.

APPOINTMENT.

We announce with pleasure the appointment of Dr. James Kerr, late of this city, to the medical staff of the Garfield Memorial Hospital, Washington.

BOOKS.

We have received from Messrs. Leonard & Co., New York, a revised second edition of "The Treatment of the Diseases of Infancy and Childhood," by C. H. Goodwin, M. D. This work of 284 pages treats in a plain, graphic manner of the various diseases incidental to the periods of infancy and childhood. The author gives some 400 formulas and prescriptions with the details of the treatment employed by many prominent physicians. The book may be regarded

as a compendium of the practice of leading medical men, and as such will prove of much value to the busy practitioner who has but little time to study extended treatises on these subjects.

Treatment of Diseases of Women,—puerperal and non-puerperal—also by the same author. This is likewise a Gynecological Compendium of the practice of leading modern specialists. The author gives in terse language the operations, procedure and treatment of the several gynecologists of New York. The advance of gynecology in recent years has been somewhat startling, and Dr. Goodwin places before his readers the methods and treatment pursued by the New York school, who deservedly occupy a high position among specialists in this important branch of medical science. As a handy book of reference on the subjects of which it treats we can heartily recommend it to the profession.

MISCELLANEOUS.

A FORMULA FOR ERGOT, HYPODERMATICALLY. — Hildebrandt recommends the following: Aqueous extract of ergot, 3 parts; glycerine and distilled water, each, 7 parts. From five to twenty drops may be injected beneath the integument of the thigh or abdomen to check uterine hemorrhage.—*Journal de Medecine; Med. News.*

LANOLIN V. LARD.—Experiments made with a view of determining the relative value of lanolin in promoting absorption through the skin have been reported upon by Dr. Guttman in the *Med. Chron.*, potassium iodide and salicylic acid being used, as being readily detected in the urine. Ointments of equal strength, made with lanolin and with lard, were used upon four different patients, and, in the subsequent examination of the urine, the most frequent and distinct indications of the absorption of the iodide or of salicylic acid were found after the use of the lard ointment. At any rate, the results are considered to prove, at least, that lanolin possesses iodide or salicylic acid through the skin.—*Am. Pract. and News,*

PENCILS OF IODOFORM.—Two kinds are employed by Poincot (*Jour. de Med. de Paris*, March 6, 1887), the soft variety being prepared from equal parts of finely powdered iodoform and gelatin, while the hard pencils are composed of equal parts of iodoform and cacao butter.

COFFEE DEODORIZING IODOFORM.

Coffee freshly ground has been recommended for disguising the odor of iodoform. Dr. Neale (*Brit. Med. Jour.*, May 21, 1887) states that its effects last only for a limited period, and the coarse particles of the powder are apt to irritate.

IODOI COLLODIUM.—According to A. Bilteryst (*Jour. de Pharm. d'Anvers*) a 10 per cent. iodol colloidum is prepared as follows:—Iodol, 10 gm.; alcohol, 16 gm.; ether, 64 gm.; gun cotton, 4 gm.; castor oil, 6 gm. Dissolve the iodol in the alcohol and ether previously mixed, add the gun cotton in small portions, and after complete solution add the castor oil. The percentage of iodol can of course be increased to any desired amount.—*Pharm. Ztg.*, 1887, p. 488.

ALMEN'S TEST FOR SUGAR is a modification of Bottger's test, the reagent being prepared in solution which will keep unchanged for years (*The Lancet*, May 14, 1887). It consists of bismuth subnitrate, caustic soda and potassio-sodium tartrate. In testing for sugar in urine, the albumen, if present, must be first removed by precipitation by heat and acid, and one part of the solution treated with ten of the urine, when, if sugar is present, the bismuth will be deposited in a metallic state. The test is sufficiently delicate to detect sugar in the proportion of only .05 per cent.

HYPNON, ACETOPHENON, $C_6H_5COCH_3$.
—By means of 3 to 8 grain doses of this very powerful soporific a profounder sleep is produced than that caused by chloral hydrate. Hypnon possesses an agreeable aroma somewhat resembling a mixture of oil of bitter almonds and neroli, but its action on the mucous membrane of the mouth is almost caustic. It is dispensed therefore in capsules of gelatin, each of which contains 1 grain of the remedy combined with 10 of almond oil

to prevent any risk of unpleasant effects. It is a colorless fluid, sparingly soluble in water, more readily so in spirits.

VACCINATION.—Dr. Yarrow says: A child vaccinated by one insertion can on the eighth day be further vaccinated from its single vesicle in three or more places; whereas if an attempt be made with a child having three vesicles at the same period to produce a fourth, it will not be successful. I have verified these experiments many times, under the first conditions with universal success, but always failing under the latter. One other fact worthy of mention is that, in cases in which fresh insertions are successfully made on the eighth day, the new vesicles mature a day or two earlier than in ordinary primary vaccinations, while the progress of the first vesicle towards scabbing is somewhat retarded.

THE man who has in his house these three things—a ventilated soil-pipe, trapped fixtures, and a suitable water-closet—has gone a long way on the road to safety, though it must be confessed that he may have to take his traps on faith. And these three things seem absolutely essential. It is difficult to see how a house can be free from the gas of organic decomposition unless the unprotected waste-way is reduced to a minimum, unless there is a free circulation of air in the pipes, unless the chief receiver of filth is made as simple and efficient as possible. With kitchen and pantry sinks, an especial trouble arises from the accumulation of grease in the traps and along the course of the pipes, which detains with it a variety of particles of decaying organic matter. To prevent this, many arrangements have been devised, more or less effective. Probably one of the least effective is the pot-trap; and one of the best appears to be a large flush-pot, so-called, which is intended to retain the accumulated filth, and then carry it off in a mass at once. It is reasonable to suppose that the frequent use of a strong solution of an alkali—ammonia, e.g.—will dissolve from the pipes the accumulations of grease in an ordinary family.—*Science News*.

SODIUM ORONTOLEATE alters the walls of the blood vessels and causes hemorrhages.

ANTISEPTIC POWDER.—Lucas-Championiere (*L'Union Med.*) uses for wounds an intimate mixture of equal parts of idoform, cinchona, benzoin and magnesium carbonate, each article to be finely powdered and sifted; oil of eucalyptus is added to the mixture.

CORROSIVE SUBLIMATE PAPER is prepared by saturating filtering paper with a solution containing 2 per cent. of mercuric chloride and 5 per cent. of glycerin, and drying. This paper is used in layers of two to eight as an antiseptic dressing for wounds.

A REMEDY FOR BURNS, proposed by M. Dubois (*Jour. de Med. de Nantes*), consists in allowing the contents of a siphon of Seltzer water to flow slowly over the affected parts. It quiets the pain almost instantly, and the writer believes it hastens the final cure. He ascribes the good effect to the carbonic acid gas, and to the local lowering of temperature.

NON-IRRITATING ANTISEPTIC SOLUTION.—Prof. R. Lepine uses the following liquid for washing wounds, the powerful antiseptic action being due to a number of compounds, of which each is present only in very small quantity: Corrosive sublimate, 1 millign.; phenol, 0.10; salicylic acid, 0.10; benzoic acid, 0.05; chlorinated lime, 0.05; bromine, 0.01; acid bromhydrate of quinine, 0.20, and water, 100 gm.—*Prat. Med.* June 14, 1887.

WITHOUT question, one of the best turpentine liniments of the day is the milk-white liquid, *St. John Long's Liniment*. It has achieved deserved popularity, and when carefully made nothing can be said against it; but there is one feature, in connection with its making, that greatly interferes with its more general employment, and that is the difficulty, at times, of obtaining good eggs, and then, when obtained, of perfectly suspending the very large percentage of oil of turpentine. To obviate this trouble the writer has devised a modified formula, without the use of eggs or acetic acid.

Owing to the presence of the excess of stimulating ammonia gas, the volatile oil has been slightly reduced in quantity from the original formula. Take of ammonia water (F. F. F.), 1½ f. oz.; oil of linseed (U. S. P., '80), 2¾ f. oz.; oil of turpentine q. s. ad, 6 f. oz.; oil of lemon, 30 minims. Mix thoroughly in a bottle the linseed oil, with the ammonia water gradually added. Then add, in small portions at a time, the oil of turpentine, shaking after each addition, and then lastly, the oil of lemon.

THE PREVENTION OF MAMMARY ABSCESS.—Dr. Miall, in *Med. Review*, says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms disappear in a few hours under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and, when solution is accomplished, the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applies them for from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires to make more than three applications.—*Archives of Gynecology*.

GONORRHOEA.—Dr. W. C. Abaly, of Madison, Wis., has used, with specific success, boracic acid in gonorrhoea. Out of thirty cases of sub-acute and chronic, he only failed to effect a cure in three cases. The following is his mode: Half a drachm of boracic acid is rubbed up with a drachm and a half of glycerine; then by the use of a soft rubber catheter, and a hard rubber syringe, with a nozzle large enough to allow of the free flow of the pasty material, the injection is commenced at the prostatic urethra, gradually withdrawing the syringe and stripping the catheter with the thumb and forefinger, until the full length of the urethra has become thoroughly saturated. This process is repeated every second day. The patient urinates before treatment.—*Med. Review*.

ANILINE is recommended by Dr. Kremjansky, of Charkow, for destroying

the bacilli of phthisis; he proposes the use of atomized aniline, in connection with inhalations of fresh air and of oils of turpentine, anise and eucalyptus.

THE TANNIN OF OAK-WOOD.—Dr. Carl Bottinger.—The tannic acid of oak-wood seems to have the composition of a digallic methyl-ether. Its constitution must differ essentially from that of true tannin, as appears from its behaviour with bromine and alkalies.—*Clinical News.*

ALBUMEN, HEMI-ALBUMOSE, OR PEPTONE.—The following is taken from the capital little manual of clinical diagnosis, by Siefert and Muller, just issued:—"The biuret test for albumen hemialbumose, or peptone, in urine, is made by first making the urine alkaline with caustic potash, and then adding 1-3 drops of a diluted solution of sulphate of copper. A reddish-violet solution is formed if any of these are present.

PICRIC ACID is a test which has been brought into use in Great Britain mainly by the recommendation of Dr. George Johnson. It produces an opacity with all the forms of albumen; but while those with serum albumen, serum globulin, acid and alkali albumen persist or become more distinct with heat, those with peptone or propeptoné dissolve. It must be remembered, also, that alkaloids, such as quinine, give a cloud with this reagent, but one which rapidly disappears with heating.

CHLORIDE OF METHYL FOR LOCAL ANÆSTHESIA.—At a sitting of the Soc. de Therap., June 22 (*Prog. Med.*, Oct. 15, 1887), Dr. Bailly, who uses the actual cautery largely for certain manifestations of hyarthrosis, tuberculosis and scrofulosis, stated that in a search for the best local anæsthetic he had used ice and salt, cocaine, with and without phenic acid, etc., but found them all inferior to chloride of methyl spray as used by Debove. As soon as the skin becomes whitened, the spray should be discontinued and the cauterizations commenced at once. These are effected without pain.

REFUSAL OF THE BELGIAN GOVERNMENT TO LICENSE FOREIGNERS TO PRACTISE,—

It having been rumoured in Belgian professional circles that the Government were about to give licenses to practise to a considerable number of foreign medical men without subjecting them to any examination, the Belgian Medical Federation asked Dr. Thiriar, the well-known Brussels surgeon, who is also a member of Parliament, to communicate with the Minister of the Interior and of Public Instruction, M. de Volder, on the subject. To this communication a reply was received, stating that he had made up his mind to abstain entirely in future from giving authorisations to practise to foreign medical men. A bill is now before the Chambers dealing with this and other medical matters, and when this is passed it is probable that the power to give licenses to practise will no longer remain with the Minister of the day.

THE GASTRIC JUICE AFFECTED BY SLEEP.—Dr. P. V. Burjinski, of Professor Mausein's Clinic in St. Petersburg, having enlisted the services in the cause of science of some students and other persons who managed to overcome the natural repugnance most people feel to the passage of even a soft œsophageal tube, has made some investigations on the effect of sleep upon the acidity of the gastric juice. He estimated this acidity by means of a standard solution of soda, and he tested it also for hydrochloric acid. The best test for the latter we found to be floroglucin-vanillin. As, however, this cannot be used when there is any yellow colour in the fluid to be tested, the subjects of the experiments were fed on the whites of eggs, all the yolks being carefully put aside. The result of numerous tests showed that during the night the gastric juice is less acid than during the day. Care was of course taken that the conditions regarding food were the same during the night as during the day. Dr. Burjinski also found that the amount of acidity varied directly with the amount of hydrochloric acid present.

THE NEW HOSPITAL IN TORONTO.—Arrangements are being made to build the new hospital on the grounds of the University of Toronto next summer. A

party of gentlemen composed of the Hon. John Macdonald, Mr. Vice-Chancellor Mulock, Professor Ramsay Wright, and Dr. Charles O'Reilly left Toronto, Dec. 27th, to inspect a number of the principal hospitals in the United States, in order to gain a complete knowledge of the latest and best methods of constructing hospitals. They intended to visit Boston, Baltimore, Philadelphia and New York. Those interested in this good work are determined that the new hospital shall be as perfect as possible in all respects. Prof. Wright's chief aim will be to make a thorough study of the best scientific laboratories on the Continent, which will be of great service in drawing the plans for the new laboratories to be built this year for the Science Department of the University Professoriate.

CONSUMPTION GERMS.—Dr. Brown Sequard, of Paris, in treating before the Academy of Sciences, with the causes of phthisis, takes many of his examples from England. He shows that wherever population is dense, and sleeping-rooms are ill-aired or overcrowded, consumption prevails. Dr. Bailey reported that in Millbank Prison there were out of 100 deaths 45 from this disease. According to the illustrious French doctor a room in which a consumptive person sleeps is reeking with contagious germs, if the air he inhales is not carried off. But how to get rid of it in ill-built houses or very cold weather, when it is as dangerous to open windows as to keep them shut? To meet this difficulty Dr. Brown Sequard showed the Academy an apparatus of his invention. A reversed funnel, the shape of a lamp shade, is placed at the end of a tube, so arranged in its curves and angles that when it is placed beside a bed the reversed funnel will be above the sleeper, and draw up the air he breathes. The other end runs into the chimney of the room. If there is none it is taken through a heating apparatus to an air-hole. The heat is great enough to burn the disease germs.

CONDITION OF BODIES AFTER ARSENICAL POISONING.—T. Zijer.—An occurrence, fortunately very rare, gave the author the opportunity of testing the opinion that the

corpse of any person poisoned by arsenic undergoes a kind of mummification, and that such mummification is, to a certain degree, proof that death has been occasioned by arsenical poisoning. The wife of Johannes van der Linden was convicted, at Leyden, of having fatally poisoned four persons with arsenic. *Nineteen* other fatal cases were not judicially decided on, and, in addition, thirty-six persons had been rendered ill by arsenic administered by the same lady. The author, in conjunction with Dr. P. de Konig and Dr. E. A. van der Burg, was commissioned to examine the bodies of sixteen of the victims, some of them two or three years after burial. His conclusions, which are of great importance for the toxicologist, are that: The mummification of a corpse is a matter of very frequent occurrence. Check observations, made both by others and by the author, prove that bodies free from arsenic, if placed in the same conditions as bodies containing arsenic, resist putrefaction as well as the latter, and may also become mummified. The relatively frequent mummification of the sides of the abdomen and thorax, of the skin enclosing the joints of the wrist, the knee and the ankle, and the skin of the fingers and toes, can easily be explained, independently of any influence of arsenic. The so-called "arsenical mummification" has no existence, especially for fatal doses. The mummification of a corpse has no value as a judicial proof of poisoning.—*Archives Néerlandaises des Sciences Exactes et Naturelles*. Vol. xxi., Part 5.

THE SALIVA AS A TEST FOR FUNCTIONAL DISORDERS OF THE LIVER.—It is well known that the human saliva contains potassium sulphocyanide. The proportion of this salt is, according to the author's observations, very variable, and these variations correspond so closely with changes in the action of the digestive organs that a quantitative examination of the saliva may furnish the physician with valuable indications. The method of determination adopted is colorimetric. As a standard a solution of iron sulphocyanide of definite strength is prepared, and is graduated by successive dilutions

so that each solution is exactly three-quarters of the strength of the one preceding. These standard solutions are then placed in a series of small flat bottles, like those used for spectroscopic purposes. Each specimen of saliva examined is first mixed with a definite quantity of the tincture of ferri chloride, filtered through cotton-wool, placed in a bottle of equal size and thickness, and compared with the graduated standards. A preliminary trial showed that in healthy persons the color produced varied considerably, though in the majority a normal point was recognized. Observations were then made on the patients of the London Hospital. The observations here made have chiefly a medical interest, but we may note, as the best-established result of this interesting inquiry that the quantity of sulphocyanide was below the normal "whenever the digestive organs are unable to supply nutriment sufficient to meet the requirements of the system."

PARTIAL AMPUTATIONS OF THE FOOT.—A largely attended meeting of the Medico-Chirurgical Society of Edinburgh, was held on Nov. 2nd., at which an important surgical paper was read by Mr. C. W. Cathcart, discussing the question, "Should Partial Foot Amputations be Abandoned?" As a text for his paper Mr. Cathcart exhibited two cases of partial amputation of the foot, a Chopart and a Lisfranc, along with one of amputation at the ankle joint (Syme), and commented on the marked superiority of the first two over the last in that greatest desideratum, facility of progression. As stated by Mr. Cathcart in his paper, the question seems to be narrowed to one of mechanical expediency between different schools of artificial limb makers. Mr. Cathcart has put the leading firms in the witness box by addressing them a series of questions on the subject; and as their evidence is far from unanimous, he has proceeded to investigate the whole matter *ab initio*, and has come to a conclusion wholly in favor of the partial amputations. Beginning with an account of the physiology of progression, based on the researches of the Webers and those recently published by Marey, Mr. Cathcart drew attention

to the enormous value in progression of the ankle joint proper as retained in Chopart's amputation, and of the inter-tarsal joints as preserved by Lisfranc's operation—advantages to a patient of so practical a value in ensuring his stability as to outweigh completely the greater neatness claimed for the artificial foot fitted after Syme's amputation. Mr. Cathcart reiterated the dictum of the older surgeons, that where operation is performed for trauma, that method which saves the greatest extent of tissue consistent with the vitality of the stump is in every case to be emphatically preferred. After a short discussion, in which Mr. A. G. Miller and Professor John Chiene both homologated the opinions stated in his paper, Mr. Cathcart replied with a brief acknowledgment of the careful attention with which he had been heard.

THE INDIAN AND PHYSICAL PAIN.—The general idea that the Indian endures pain stoically, is not sustained by the observations of Dr. Corbusier among the Apaches. He says that "they do not endure physical pain any better, if as well, as the whites. Great or continuous pain renders them stupid, and oftentimes delirious; and the stolidity with which Indians in general are credited is not well maintained by them under small surgical operations. The one of tooth-extracting almost always eliciting a groan or a yell."

THE REDUCTION OF COPPER IN FEHLING'S SOLUTION WITH CHLORAL HYDRATE.—On applying Fehling's test to a specimen of urine sent to him for examination, Dr. O. W. Sherwin found the copper reduced as with diabetic urine, while the specific gravity was only 1.015. On inquiry he found that a few grains of chloral hydrate had been added to the urine to prevent decomposition. On further trial he found that a very weak solution of chloral hydrate in clear water would reduce the copper. In two cases, after the internal administration of medicinal doses of chloral, the characteristic reaction was produced on testing the urine with the copper solution. Two days afterwards the urine in neither case showed any signs of sugar.

CINCHONA HAIR TONIC.—Oil of rosemary, oil of lemon, each 1 part; tannin, tincture of cantharides, each 2 parts; balsam of Peru, 5 parts; glycerin, rose water, each 20 parts; tincture of cinchona, cologne water, of each 120 parts.

IMPROVED INSECT POWDER.—A mixture of 1 part naphthalin, and 100 parts powdered pyrethrum roseum is more effectual than the pyrethrum flowers alone. The naphthalin must be in very fine powder.—*Med. Chir. Centralblatt; Phar. Ztschr. f. Russland*, 1887, p. 558.

PEREIRINE HYDROCHLORATE as a substitute for quinine in cases of malarial fever is highly recommended by Ferreira, of Brazil (*Bull. gen. de therap.: Med. Chronicle*). To a child, who could not take quinine, had been given two doses of fifteen grains of the pereirine salt, half an hour apart, and after a repetition of like doses, the next day, rapid recovery took place, with no further attacks.

CANADOL is recommended as a reliable and economical anæsthetic to take the place of ether and cocaine. It is a colorless, very volatile and inflammable liquid, obtained as a by-product in the distillation of American petroleum: in odor resembles benzoin, and is not miscible with water or alcohol in any proportion. During its use the skin becomes very hard and completely insensible. Operations are easily conducted, and in cases of bleeding the blood may be chilled at once.—*Rundschau, Prag*, 1887, p. 729. (See *American Journal of Pharmacy*.)

NEW OPERATION FOR PROLAPUS UTERI—A Mexican medical journal gives an account of an operation practiced by Dr. Malanco for the purpose of forming a kind of false uterine ligament in cases of prolapsus. It consists in passing the trocar from the anterior vaginal fornix to the abdominal wall (taking care, of course, to avoid the bladder), and in applying the actual cautery to the track by means of a thermo-cautery inserted through the canula from the front. The proceeding, which was first proposed by Dr. Fenelon, of Mexico, is stated to have been employed several times with the most successful results.—*Med. Med. Jour.*

CARBOLATE OF MERCURY IN SYPHILIS.

—Dr. Schadeck has employed carbolate of mercury both internally and hypodermically in syphilis with remarkable success. He gave it in thirty-five cases in the form of a pill without finding it give rise to any gastric disturbance. The formula was—R Hpdargyri carbolici oxydati, 3 dr.: pulv. glycyrrh. q.s. ut. f. massa pil. ex qua form. pil. No. 60; from two to four pills daily after food. This preparation was originally used by Gamberini in 1886. Dr. Schadeck also employed the carbolate of mercury in ten cases in the form of hypodermic injections, which he administered in the gluteal region, causing the needle to penetrate the muscles deeply. The liquid used was a mucilage containing 2 per cent. of carbolate of mercury in suspension. In this way his results were as satisfactory as when the preparation was given by the mouth.

POISONING FROM A VAGINAL INJECTION OF SUBLIMATE.

—A perfectly healthy primipara, aged seventeen, exhibited no symptoms of kidney disease, or of any other complication of pregnancy. To disinfect the vagina before labor, two douches of 1 to 2,000 solution of sublimate were given, one before and one after examination by a midwife. It was noticed that a small amount of bloody mucus was expelled from the vagina after the douches. In a few hours abdominal pain, diarrhoea and a rise of temperature occurred, all the symptoms and lesions of mercurial poisoning developed, nephritis, salivation, and continued diarrhoea, and, after giving birth to a living child, the patient died in coma on the ninth day after the douches were given. The pathological anatomical diagnosis made at the autopsy, was "corrosive sublimate intoxication, acute nephritis, dysentery, stomatitis, and pharyngitis in the stage of ulceration, parenchymatous degeneration of heart and liver; lobar and lobular pneumonia bilateral, acute cystitis."—*Therapeutic Gazette*.

PHYSIOLOGICAL ACTION OF OIL OF TURPENTINE.—Dr. Hare gives the following summary of his observations:

1. Oil of turpentine in small doses, resembling those ordinarily given in prac-

tical medicine, produces an increase in the number of the cardiac beats due to a direct stimulant action on the heart.

2. In larger doses it produces a distinct slowing of the pulse, due to a stimulation of the pneumogastric or inhibitory centre.

3. Its influence on the vaso-motor system, if at all, is very slight, either with large or small doses.

4. Poisonous doses (5 c.c. to 10 c.c.) (*m.* 80 to 160) produces death by cardiac failure when injected directly into the jugular vein.

5. The drug in small doses increases reflex action somewhat, but in large doses decreases it, the increase being due to a stimulation of the spinal cord, and the decrease due to depression of the sensory side of the cord and afferent nerves.—*Medical News.*

NARCEINE FOR WHOOPING COUGH.—A writer in the *Tribune Medicale* says, that there is one remedy which can be relied upon to assuage the paroxysms of whooping-cough, and that is narceine administered in pills of 1-6 grain, or what is better for young infants, according to the following formula: *R.* Narceine, grn. 1; simple syrup, oz. 4; acetic acid, enough to dissolve; mix. The dose for very young children is from one to two teaspoonfuls, and for older ones in proportion. As much as one-third of a grain of narceine may be administered to a very young infant in the course of twenty-four hours without danger. The editor of the *Tribune* says that the attacks of cough coming on at night are almost certainly avoided by the use of this remedy. As narceine is but sparingly soluble in acetic acid, it seems that the amount of acid required to make a solution of the drug is far in excess of what should be given to an infant. The hydrochlorate of narceine, on the contrary, is extremely soluble, and hence a much better formula is: Take Narceine, grs. ij.; simple syrup, ozs. iv.; acid hydrochl. q. s. u. fiat sol. *M.* Dose for young infants, one teaspoonful.—*Medical Digest.*

THE INFREQUENCY OF SECONDARY SYPHILITIC CONTAGION.—Dr. Arthur, of the United States Navy, has made a

valuable study of the contagiousness of syphilis by means of its secondary lesions (*Med. Rec.*) based upon the replies of one hundred and eighty-four army and navy surgeons to a circular sent out by him. In a period of ten years, during which some thirty-three thousand men had been under observation, only forty-one cases of secondary infection had been observed. In thirty-eight of these cases oral mucous patches were the supposed contagious lesion, and in them the contagion was by direct inoculation by tattooing in twenty-six cases, by vaccination in one and by biting in two: twenty-nine in all. These are regarded by Dr. Arthur as of no account as instances of contagion, as the possibility of inoculation admits of no question. Of the remaining twelve cases reported as instances of contagion from secondary lesions, five were supposed to have been acquired from kissing; but here there is a possibility of immediate contagion by means of the finger coming in contact with a vaginal chancre or by the direct contact of the lips with a vulvar chancre, an open wound existing in either case upon the lips of the man, or the woman herself may have had a labial chancre. One case was acquired by a surgeon in a vaginal examination, where there might have been a chancre. In two cases the observations were imperfect. In the four remaining cases, mediate contagion took place in one by means of the mouth piece of a cornet, in two by means of a pipe, and in one from drinking from a water faucet. Still, when it is considered that syphilis is very common among soldiers and sailors, and that they are in the habit of using their pipes and drinking vessels in common, the number of cases of secondary infection is strikingly small. From this study Dr. Arthur concludes that the danger of contagion from the secondary lesions of syphilis is very much overrated, but does not deny its possibility.—*N. Y. Med. Jour.*

HEALTH AND ALCOHOL.—Among the measures to be brought before the Austrian Reichsrath during next session is one for the establishment of an Imperial Health Bureau, and the reform of the spirit excise. M. Emile Algave has been

consulted on his system of "Permissive Alcohol Monopoly," the adoption of which would not only enable the State to exercise an almost perfect control over the production and sale of spirits, but would also, it is said, prevent great loss of life through poisoning by impure alcohol. Professor Algae recommends a method of rectification by which pure alcohol is obtained; further, a compulsory analysis and the adoption of a standard bottle, which is so constructed that it can only be emptied, while it is impossible to introduce extraneous matter into it.

ABOLITION OF KNEE-JERK IN DIABETES.

At a recent meeting of the Surgical Society of Paris, M. Berger read a report on a work by M. Reynier, on *The Absence of Knee-jerk in Diabetes*. Among seven patients suffering from that disease under the care of M. Reynier, the knee phenomenon was normal in two; these recovered; whilst it had disappeared in the five others, all of whom died. M. Berger concludes from these cases and from his own observations that the disappearance of knee-jerk is of considerable importance in the prognosis in diabetes, alcoholism, and albuminuria. M. Verneuil pointed out that operations upon diabetic patients, though always dangerous, were in some cases urgent, as, for example, in strangulated hernia. The quantity of sugar in the urine did not effect the prognosis.

PHYTOLACCA DECANDRA.—Fluid extract of *phytolacca decandra* (poke weed) was recommended in 1873 by Dr. Bigger, of Oregon, as a remedy for inflamed and painful mammae, which he had frequently employed "and invariably with success." Dr. Collamore, of Toledo, Ohio, in a paper published in the *Columbus Medical Journal*, fully confirms this enthusiastic estimate; he recommends that ten-minim doses of a well-made fluid extract should be administered, the remedy being pushed until the inflammation begins to subside; it has a general narcotic effect which is rather advantageous than otherwise. In over-doses it produces violent vomiting and purging, which may be followed by coma and death. In addition to administering it internally, he also recommends

it to be rubbed into the painful mammae, or to be applied on a cloth. He believes that it is also useful in orchitis and epididymitis.

AVULSION OF INGROWING NAIL UNDER HYPNOTISM.—Dr. S. L. Trivus, of St. Petersburg, relates (*Pract.*, No. 31, 1887, p. 607) a case in which he removed an ingrowing nail from the great toe of a cook after a hypnotic state had been induced in the patient. The operation lasted about twenty minutes. At first the woman occasionally moved her foot about, but when the author suggested to her that no more pain was to be inflicted, and that the foot must be kept at rest, she sat quite quiet till the matrix of the toe was incised. At that point of the operation she shrieked out, and when questioned about the cause, stated that "a dog had just bitten her." After applying the dressing, Dr. Trivus woke her up, and asked her whether she would consent to the operation. She hesitated a little, and then said, "Yes, go on." On his pointing to her bandaged foot, however, she at once guessed that all was over already, and burst into laughter followed by hysterical sobs. No pain was felt till the next day, when she became somewhat lame. Dr. Trivus also relates an instructive case in which a young man of 25, after having been hypnotised for the sake of experiment and subsequently awakened, could not return to his normal state for several hours: when left alone he was seized with a kind of hypnosis, and on his way home fell into a deep swoon in the street.

SUBCUTANEOUS INJECTIONS OF AMMONIA IN ACUTE ALCOHOLISM.—Inject under the skin—the epigastric or dorsal region—a mixture of one part ammonia with two to six parts water. Two or three minutes after the injection an erysipelatous redness is observed around the puncture, and the next morning some soreness. Glinsky has seen a patient comatose from alcohol recover consciousness within three minutes of such injection.—*Giornale Internazionale*.

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