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A Journal of Medicine, Surgery, Physiology, Chemistry, Materia Medica and Scientific News, being the Journal of the Winnipeg and Manitoba Medical Associations.

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Vol 6.

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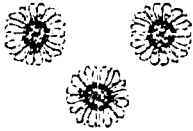
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Published Monthly. Subscription \$1 per annum in advance.

VOL. 6.

WINNIPEG, MAY, 1898.

No. 1.

ORIGINAL ARTICLES.

Strangulated Hernia—Resection of Small Intestine by Maunsell's Method—Recovery—by J. W. Good, Prof. of Clinical Surgery, Manitoba Medical College.

Male—M. S.—Commercial Traveller, Oct. 27. First seen with Dr. Simpson on the forenoon of Feb. 22, 1897. He was suffering from Strangulated inguinal hernia, strangulation having lasted 14 hours. Operation, 4 p. m., the pulse being 70 and temperature 98. The bowel looked dark, but was returned to the abdomen, as I thought it highly improbable that gangrene would ensue, considering the brief period of constriction.

At 8 p. m. the pulse was 120 and temperature 104. I again operated and drew the damaged portion out, as it was plainly gangrenous. Some 6 inches were removed and the ends fastened by suture, in the angles of the opening. The following morning pulse was 80 and temperature normal. He now improved, the pulse and temperature remaining normal, but as the opening was in the small intestine, the discharges were always fluid and constantly excoriated.

This was done on March 22nd, after the method of Maunsell, being ably assisted by Drs. Simpson and Bell: The skin surrounding the opening was thoroughly cleansed, disinfected and dried after which it was well painted with iodoform collodion. An elliptical incision was then made embracing a portion of skin surrounding the entire opening. The edges were

elevated and loosened and the skin turned inwards and stitched thus preventing infection from within reaching the fresh surfaces. The intestine and mesentery were found very firmly glued into the wound and to each other and much time was spent in getting them thoroughly freed. They were then drawn well out of the opening, and tapes were placed round the intestinal ends, 4 inches from the points where it was decided to make the incisions. It was found necessary to remove in all some 14 inches of bowel. The mesentery was enormously thickened, thus rendering its satisfactory treatment a matter of some difficulty. The intestine was then satisfactorily united end to end by the well known method mentioned above and returned into the abdomen and the wound closed. The patient did not stand the anaesthetic well and afterwards exhibited marked symptoms of shock. For some days after the operation he suffered much from flatulent distension and his pulse remained rapid and irregular but the temperature never rose above 101, which happened on two occasions. On the 2nd day flatus passed and the next day a liquid motion.

March 31.—A very slight faecal discharge was noticed on the dressings. I have no doubt this was due to the thickened and congested condition of mesentery, before referred to, interfering with the nutrition of the bowel at this point, this condition also rendered very difficult the easy invagination of the bowel during the operation.

The faecal discharge steadily diminished and ceased April 20th.

The patient was discharged some three weeks later and has since been in good health, weighing more now than at any previous time.

Finally, I am inclined to think that where extreme rapidity is not essential it is to be preferred as the easiest, safest and most rapid method of end to end union of intestine.

SELECTED ARTICLES.

SURGICAL APPLIANCES,

By J. Shelton Horsley, M. D.

A Clinical Lecture Delivered at the New York Polyclinic.

To a stranger visiting the New York hospitals the technique of a so-called aseptic operation seems hopelessly complicated, and he is more discouraged than benefitted by the elaborate processes that he sees. It seems hard to impress, however, that while these things are desirable if they can be readily obtained, they are by no means necessary to an absolutely perfect result.

I hope by a few suggestions to give the outline of surgical appliances and methods that may prove both simple and desirable as far as results are concerned.

When we consider that the word "sterile," like the word "perfect," admits of no comparison, we can see that any process which is intended to sterilize must mean an absolute destruction of all the germs on the dressing, sutures or instruments. It is certainly true that boiling water at ordinary pressure will kill most germs but whether this water is boiled in a fifty cent. asparagus boiler or in a much more expensive apparatus is a matter of insignificance so far as the death of the germs is concerned. With a comparatively small outlay, say \$25.00, exclusive of cost of instruments, one should be able to have sufficient apparatus to conduct any aseptic operation known to surgery.

First let us take the surgeon's bag. Instruments can best be carried in canvass rolls with partitions made by cotton bands in order to protect the instruments. These rolls can be

readily made by any seamstress, and should cost little more than the original cost of the canvas. It is better to have a number of these canvass rolls so that they can be frequently boiled, and so the instruments can be divided up among several rolls and be less bulky than in one roll. These rolls can be thoroughly sterilized by boiling, and should be treated frequently. They can be carried in an ordinary travelling satchel which may be purchased from dealers in leather goods. The best one for ordinary uses should have a steel frame, and open on top by two flaps so that the material contained will not be crushed together. A convenient size is eighteen inches by nine inches high, by eight and one-half broad. A folded towel should be placed in the bottom, and may be replaced by a clean one when desired.

An operating table can be readily improvised by two small tables placed together, by a kitchen or dining room table, or if necessary, by a door placed on two barrels. This should be covered by a blanket, and over this a rubber sheet should be spread, a clean aseptic sheet covering the whole. The pillow should be covered by a pillow case made of rubber, or else it should be placed beneath the rubber sheet so as to protect it from injury by blood or solutions.

DRESSINGS.

The dressings usually employed are gauzes—medicated or sterile,—cotton and bandages.

The gauze can be bought or can be as readily made from ordinary cheese cloth, or butter cloth, as it is sometimes called. This should be bought in bolts and cut into small pieces. It should then be boiled for two hours in a weak solution of sal soda (ordinary washing soda), rinsed in cold water and boiled again in pure water, when it may be dried by baking in a bread oven at a low temperature for a few hours. It can then be carried in glass jars which have been boiled. The kind called "Mason's" and used for preserving fruits is best.

Bichloride gauze should never be used, as the organic material soon precipitates the sublimate into calomel.

The list of medicated gauzes is a long one. Probably the most important

are iodoform, acetanilid and amyloform gauze. It should be remembered, however, that the iodoform, is not of itself antiseptic.

The preparation of the medicated gauze should, of course, be conducted under aseptic precautions, the hands being aseptic, the table on which it is prepared being thoroughly cleaned with 1 to 500 bichloride of mercury; and iodoform, if iodoform be used, should itself be sterilized. This can best be accomplished by securing pure iodoform crystals, known to the trade as "non-conglutinating," putting them in a glass vessel and pouring over them a 1 to 500 aqueous solution of bichloride of mercury. This should stand for at least twenty-four hours or the iodoform may be kept in this condition until ready for use, when the fluid is poured off and the iodoform dried by slow heat.

For suppurating or slowly granulating wounds, old sinuses, boils, and the like, there is probably no better dressing than the combination called balsam and oil spread upon ordinary sterile gauze. The formula for this mixture is 5 per cent. of balsam of Peru and 95 per cent. of second grade castor oil. This second grade oil should be insisted upon, as this is one of the few cases in which the cheapest is the best. The first grade is cold pressed from the seed, and the second grade is obtained by boiling the seed in water, the oil floating to the top and being there collected. The temperature of the boiling water, of course, renders the second grade oil sterile. This dressing, which was originated by Prof. Van Arsdale, is applied by folding six or eight thicknesses of ordinary sterile gauze and pouring on a sufficient amount of balsam and oil to almost saturate the gauze. This is applied next the wound, and over the whole a sheet of rubber protective is placed so as to reach just over the margin of the dressing. The results obtained have been excellent, as it secures free drainage, healthy stimulation to the granulating surfaces, and is itself a non-irritating though weak antiseptic.

Absorbent cotton had best be bought ready prepared, though it may be prepared without very much trouble from

ordinary raw cotton by boiling it for one hour in a solution of common lye and water, about one to one hundred and fifty. Then it should be soaked in pure water for twenty-four hours, the water being frequently changed to rid it of the excess of alkali. Then boil it for an hour in pure water and dry by slowly baking it.

Bandages can be made from ordinary unbleached muslin, taking 5 yard lengths and dividing into strips from one to four inches in width. These can be rolled on the knee or bandage roller.

Sponges may be made from strips of sterile gauze which is generally used for this purpose. Should, however, the marine sponge be desired, soft, close-meshed sponges should be selected, and sand removed by pounding them with sticks. They may then be placed for twenty-four hours in a solution of hydrochloric acid, one to thirty, then removed and washed in warm water till the free acid is removed. They should then be steeped for half an hour in a solution of permanganate of potash, thirty grains to a pint of water, washed thoroughly in plain water, and placed in the following solution: Hyposulphite of sodium, five ounces; hydrochloric acid, one ounce and water, two pints. After two hours remove and rinse thoroughly in warm water. They should then be placed in sterilized glass jars.

Rubber protective or rubber tissue is in thin sheets and should be bought from an instrument maker, or may be obtained from one who sells milliners' supplies.

Irrigators are frequently useful. They may be bought ready for use or can be improvised by knocking the bottom out of a large kettle, inverting it and inserting in the mouth a cork stopper which is perforated by a short glass tube. A rubber tube conducts the fluid to the desired point. Continuous irrigation may be carried out by suspending a bucket of the solution above the surface to be irrigated, and inserting a twisted wick of absorbent gauze, one end being immersed in the solution, the other lying outside the bucket. This soaks up the solution which generally drops on the surface to be irrigated.

Drainage is always an important

item in surgery, and is accomplished in one of three ways: by tubes of ordinary or soft rubber, glass of decalcified bone; by strands of catgut, or by gauze wicks. The tubes may be constantly kept in a solution of carbolic acid in water, one to forty, and may be removed from this solution for insertion into the wound. An ordinary glass jar for preserving fruits makes an excellent receptacle for the tubes and their solution. The decalcified bone tubes are not in general use.

Sterilization of the hands can be efficiently done by scrubbing them with soap and warm water—preferably running water—for several minutes. The nails should be thoroughly cleaned both before and after their scrubbing. Then the hands should be immersed for two minutes in 95 per cent. alcohol and finally for the same time in one to one thousand hot aqueous solution of bichloride of mercury. The operative field may be prepared after the same principle, only the field should be shaved and a moist bichloride of mercury dressing (one to two thousand) put on twenty-four hours before the operation if circumstances will permit.

As for the sterilization of the instruments there can be nothing more perfect than to submit the instruments to the action of boiling water for ten minutes. In order to prevent rust, a one and a half per cent. solution of ordinary sal soda in water is the best. The sal soda also increases the antiseptic powers of the heat. A teaspoonful of tincture of green soap to a pint of water also makes an excellent solution in which to boil instruments. Ten minutes is an abundance of time, and the solution should be brought to the boil before the instruments are placed in it. The instruments may be wrapped with a towel and a bandage the long end of the bandage being left out so as to remove them without difficulty. The asparagus boiler may be heated on the ordinary cooking stove or the small oil lamp may be used if more convenient. The instruments should be spread upon dry sterile towels, or upon towels which have been boiled and recently wrung by aseptic hands.

The instruments should be as sim-

ple as possible with as few screws and cranks as can be gotten along with, and should be entirely of metal. As alkaline solutions will act upon aluminum this metal is not desirable for the handles of knives unless nickel plated.

Sutures and ligatures are chiefly comprised under silkworm gut, catgut, silk, tendon, or silver wire. The silver wire can be boiled as the instruments are and so is simple of preparation. Silkworm gut may also be boiled with the instruments, though it is frequently sterilized and kept in alcohol. Silk should be prepared by getting ordinary floss or twisted silk, soaking this in ether for from one two days, to remove grease, and boiling it at the time of the operation, or else having it boiled and kept in sterilized glass jars in absolute alcohol, which is itself a slight antiseptic.

Tendons can be prepared as catgut is, and as catgut is usually the most desirable substance for general use as a suture or ligature, a great deal of importance attaches to it. The methods of preparation are numerous and most of them are effective, but the difficulty of practical application of any method which involves boiling in alcohol without a special and expensive apparatus is great.

I shall not weary you by detailing the numerous methods which are used, but shall give what I think the most practical, and the simplest one which procures satisfactory results. This method has been used by Professor Keen, of Philadelphia, for some years, and has been pronounced by him absolutely satisfactory. It requires no special apparatus. First the catgut is selected, numbers 1, 2, 3, 5 and 7 being what is most needed. The catgut can be obtained at most reasonable rates from one who furnishes jewellers' supplies. It usually comes in lengths of one metre. It should first be unwound from the coil and wrapped upon spools or pieces of glass rods, and then transferred to the best sulphuric ether, where it should remain for forty-eight hours, or longer. After it has been steeped in ether it should be immediately put in to a glass jar containing bichloride of mercury mixture consisting proportionately of 40

grains of bichloride of mercury and 500 grains of tartaric acid in twelve ounces of 95 per cent. alcohol. The fine gut should not remain in this mixture longer than seven minutes; the next size twelve minutes, and the third and fourth sizes twenty-five minutes. Before transferring the gut from the ether into the bichloride of mercury mixture, jars for keeping it should be at hand, thoroughly scalded and bathed in an aqueous solution of bichloride of mercury, 1 to 1000. When the jars are ready, they should be filled with 95 per cent. alcohol containing bichloride of palladium in proportion of 1-16 grain (two drops of the solution containing 15 grains of the salt to the ounce) to the pint of alcohol. More of the true bichloride of palladium will not stay in solution in alcohol. As the gut is lifted from the bichloride mixture it should be dropped into prepared alcohol, and is then ready for use, and will keep for any length of time.

When an operation is about to be performed a piece of gauze wet with bichloride of mercury solution should be wrapped around a jar after the mouth has been well wiped with bichloride cloth. The kind of gut judged necessary for the operation should be lifted out with a sterilized instrument and dropped into a sterilized dish. If any of the kind laid out for use at the operation is left over it may be again put into the jar, after being immersed in the original bichloride of mercury solution and left for two or three minutes. Prof. Keen says that by this means there is absolute safety from infection from catgut.

As to the solutions, the antiseptic solutions may be easily made. A few drachms of glycerine will make water take up carbolic acid much more readily than it would otherwise do. Bichloride of mercury solutions are always unstable if this drug is put up alone. It can best be used by making a fresh solution from the compressed tablet, the formula of the tablet being 7.7-10 grains of bichloride of mercury, and 7.3-10 grains of chloride of ammonia. One of these tablets to the pint of water makes a 1 to 1000 solution. The ammonia prevents decomposition of the bichloride of mercury into calomel.

Solutions for hypodermic injections are more difficult to deal with. Vegetable alkaloids though poisonous to the human system do not prevent a development of bacteria, and consequently a fungus of bacterial growth soon forms in their solutions. This may be avoided by making the solution fresh in boiling water and letting it cool down to the desired temperature, or by using a saturated solution of boric acid, about twenty-five grains of boric acid to the ounce of water. This boric acid solution can best be kept on hand by putting a pound of powdered boric acid into a gallon bottle and pouring in boiling water, and let it stand for several hours. The supernatant fluid can be used when desired, and its place taken by more water till all the boric acid in the bottle has been dissolved, when the process may be repeated.

Cocaine solutions are proverbially the most difficult to keep, but made in this way they are stable. An ounce of water, it must be remembered, will not take up more than twenty-five grains of boric acid.

The following solutions of Schleich are so valuable that I give the formula in full.

STRONG.

R Cocaine hydrochlorate, gr. 3.
Morphine muriate, gr. 1-3.
Sodium chloride, gr. 3.
Saturated boric acid solution, z 3 1-2.

NORMAL.

R Cocaine hydrochlorate, gr. 1 1-2.
Morphine muriate, gr. 1-3.
Sodium chloride, gr. 3.
Saturated boric acid solution,
z 3 1-2.

WEAK.

R Cocaine hydrochlorate, gr. 1-6.
Morphine muriate, gr. 1-12.
Sodium chloride, gr. 3.
Saturated boric acid solution,
z 3 1-2.

Fatal Poisoning by Arsenic in the Vagina. Haberd (Centralbl. für Gynäkol.) states that a maidservant from Styria, aged 25 years, was seized with vomiting and faintness on September 20, left her situation in Vienna on September 22, and was picked up prostrate a day later and sent to a hospital. She was almost pulseless and the abdomen very tender; she pretend-

ed that she was menstruating, and no pelvic examination was made, but as she stated that she was constipated an enema was given and a stool with bloody mucus came away. There was scarcely any pulse, and she died on September 25. At the necropsy, acute fatty degeneration and hemorrhages in solid viscera were detected and phosphorous poisoning suspected, so Haberda made a closer examination of the subject on order from the magistrates. He found icterus and hemorrhages under the skin and in the muscles. The spleen was greatly enlarged and there was recent fibrinous pelvic peritonitis. Arsenic poisoning was suspected. On searching the vagina, a paper bag was found containing still a quantity of white arsenic in fine crystals. Acute inflammation of the vagina with false membrane on the labia minora and incipient sloughing of the rectal mucosa over the recto-vaginal septum were detected. The labia majora were very edematous.

The case was probably suicidal, as the deceased had told the hospital authorities that she was menstruating, so as to throw them off their guard, though the pain must have been intense and desire for relief urgent. Haberda states that in the last century a peasant murdered three of his wives by introducing arsenic into the vagina after connection. Another wife murder was effected in the same way in 1799. In 1864, a single woman, finding herself pregnant, attempted to produce abortion by this means, but killed herself thereby. In 1890, a prostitute was murdered by a man who by force introduced a quantity of arsenic into the vagina, wrapped up in a knot of horse hair.—British Med. Jour.

The Bicycle and the Appendix.—The British Medical Journal says:—"The bicycle is taking the place of the cigarette as a pathological scapegoat. When so heavy and so complex a burden of disease has been laid upon it, one more might seem to be of little importance, were it not that this last straw is—appendicitis. Yet as every one rides a bicycle now-a-days, and as (if we may believe some modern authorities, nearly everyone has had or will have appendicitis,

the wonder is that the connection between the two series of phenomena has not been perceived sooner. The discovery, it is scarcely necessary to say, comes from America, where there is, we are assured, a "boom" in appendicitis. The condition is caused, it is alleged, by the contractions, too frequent or violent, of the psoas-iliacus which bicycling involves. Hence results contusion of the appendix, followed by desquamation of its mucous membrane; this makes a breach through which infective agents find their way into the walls of the appendix and set up inflammation. The straining caused by going up hill makes the danger all the greater. In persons who have already suffered from appendicitis, bicycling may easily lead to rupture of adhesions and to the development of an acute condition. Some little time ago, an American practitioner was so impressed by the dangers to which the possession of a vermiform appendix exposed mankind that he suggested its systematic removal in childhood as a prophylactic measure. In these days, when bicycling is so fashionable, this proposal may perhaps have to be taken into serious consideration."—New York Polyclinic.

CODE OF MEDICAL ETHICS.

The Code of Ethics Sanctioned and Adopted by the Ontario Medical Association.

Article 1.—The duties of Physicians to their Patients.

1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office: reflecting that the ease, the health, and the lives of those committed to their charge depend upon their skill, attention, and fidelity. They

should study, also, in their deportment so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence.

2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits should be used with discretion and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance should be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications because they savor empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him that it ought to be de-

clined when ever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened, not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality that moral duty which is independent of, and far superior to, all pecuniary consideration.

6. Consultations should be promoted in difficult protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not infrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

Article II.—Of the duties of Physicians to each other and to the Profession at large.

Section 1.—Duties for the Support of Professional Character.—1. Every individual on entering the profession as he thereby becomes entitled to all its privileges and immunities, incurs

an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

2. There is no profession from the members of which greater purity of character and a higher standard of moral excellence is required than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physics requires the unremitting exercise of a clear and vigorous understanding; and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

3. 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, or diseases of special organs, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the public prints, or suffer such publication to be made; to invite laymen to be present as spectators at operations, to boast of cures and remedies, to present certificates of skill and success to the general public, or to perform any other similar act. It is further highly improper for medical men to display their names outside public charities, or public buildings; also that the

posting of bills or circulating of dodgers under any circumstances be prohibited. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician. In case, however, of a physician or surgeon commencing the practice of his profession, or removing to another locality, a simple announcement by an unobtrusive card in the public prints is unobjectionable. Also that specialists come under the same rules regarding advertising as general practitioners.

4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or of others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret or proprietary medicines.

Section 2.—Professional Services of Physicians to Each Other.—1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences the sickness of a wife, a child, or anyone who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be intruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a

member of the profession, whose circumstances are affluent, request attendance, and an honorarium be offered, it need not be declined; for no pecuniary obligation ought to be imposed which the party receiving it would not wish to incur.

Article III.—Of the duties of Physicians as respects vicarious offices.

1. When a member of the profession shall officiate for another he shall receive regular fees for such attendance, subject to any arrangement which may exist between them.

Article IV.—Of the duties of Physicians in regard to consultations.

1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a license to practice from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based upon 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. No member or members of this Association shall be permitted to meet in consultation or take charge of any case conjointly with anyone who publicly announces himself as an Allopath, a Homoepath, an Eclectic, an Electro-Therapeutist, Physico-Medicalist, or by any such distinctive title which would limit him to a particular line of treatment, to the exclusion of all others.

2. In consultations no rivalry or jealousy should be indulged; candor,

probity, and all due respect, should be exercised towards the physician having charge of his case.

3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make further enquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or to his friend, as well as any opinion which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no opinion or prognostications should be delivered which are not the result of previous deliberation and concurrence.

4. In consultations the physician in attendance should deliver his opinion first: and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reason for it, ought to be carefully detailed at the next meeting for consultation. The same privilege also belongs to the consulting physician if he is sent for in an emergency when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives

should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should return, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient and give his opinion in writing, and under seal, to be delivered to his associate.

6. All discussions in consultations should be held as secret and confidential. In case of one or more of the participants in a consultation cannot agree with the others in reference to any important point, either in the diagnosis of the disease or the future treatment of the patient or his responsible friends, in order that they may decide whose opinion and advice they shall accept and act upon.

7. As circumstances sometimes occur to render a special consultation desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion of both time and attention, at least a double honorarium may reasonably be expected.

8. A physician who is called upon to consult should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause or ingratiating themselves into the favor of families and individuals.

Article V.—Duties of Physicians in

cases of interference.

1. A physician, in his intercourse with a patient under the care of another practitioner should preserve the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

2. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is *promoted* to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

3. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust or illiberal insinuation should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit.

4. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

5. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives (unless the patient or some responsible friends ex-

press a preference for another), who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

6. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant and with the consent of the patient, to surrender the case.

(The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.

7. A physician, when visiting a sick person in the country may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future directions unless it be expressly desired; and, in that case, to request an immediate consultation with the practitioner previously employed.

8. A physician should not give advice gratis to the well-to-do, either in private or hospital practice, because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for his support, when fees are dispensed with which might justly be claimed.

9. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if

delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

Article VI.—Of differences between Physicians.

1. A diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a court medical.

2. A peculiar reserve must be maintained by physicians toward the public in regard to professional matters, and as there exists numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

Article VII.—Of Pecuniary Acknowledgements.

Some general rules should be adopted by the faculty, in every town or district, relative to pecuniary acknowledgments from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit. With regard to club practice, physicians should be remunerated in proportion to the work done at regular tariff rates.

Article VIII.—Of the Duties of the Profession to the Public.

1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine.

It is their province to enlighten the public in regard to quarantine regulations, the location, arrangement, and dietaries of hospitals, asylums, schools, prisons and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to various other questions embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither societies for mutual benefit for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians who

are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.—Ontario Medical Journal.

THE COMMUNICATION OF SYPHILIS A CRIME.

We hope that the bill now under consideration by the German Reichstag, making the communication of a venereal disease to others by one so affected a crime punishable with fine and imprisonment, will be passed, and, if so, it will be a long step in sanitary and sociological progress which other countries should follow. It will certainly seem strange to future generations that the health boards, medical societies and legislatures of the United States should show so much agitation over the isolation and prevention of tuberculosis, while in regard to syphilis, so much more communicable and so much more terrible and far-reaching in its results, the Scriptural injunction "let it not be once named among you" is obeyed with a literalness that can be explained only by the apostolic comment that it is "not convenient" so to do. Who would not rather live in daily contact with the consumptive than with the physically, to say nothing of morally, filthy syphilitic who under present conditions walks freely and unsuspected among his fellow-men, sowing disease broadcast? With his mouth full of contagious sores he goes from one public eating-house or drinking-place to another; and who can tell how many or how few are his victims. He carries suffering and wretchedness and death into his own household, and the family doctor dare

not give a word of warning. What the real sentiment of the healthy part of the community is toward him and his gonorrhœal brother is shown in the fact that he becomes a pariah as soon as suspicion is aroused. But by the general public, particularly the feminine part of it, he is supposed to be a somewhat rare monstrosity. We are convinced that an active educational crusade by the medical profession would place us in as advanced a position as Germany in a short time. Let it be known how large a proportion of the population is tainted, how easily the virus is disseminated and how much worse than fatal are many of the sequelæ of these diseases, and an aroused public sentiment would compel the passage of stringent laws to limit their spread. Except by showing the public danger that increasingly threatens there is no hope of changing the status quo. A large proportion of the better class of unmarried women is totally ignorant that such evils as venereal diseases exist. The words syphilis and gonorrhœa would have as much significance to them as anterior poliomyelitis. And even the man about town is sometimes so unacquainted with the physical signs of syphilitic disease as to "give himself away" to his more "knowing" brother.

Were it not for the ethical and social complications of these diseases no physician would oppose the report of such cases and passage of some law similar to that proposed by the Germans. Its working would be, of course, to temporarily drive such cases from the offices of the reputable and conscientious to those of the unprincipled and the quacks. This would work hardship to the syphilologist and gynecologist, and might in the beginning partly defeat its own ends, the protection of the public. But the innocent victims of the disease would still consult the family physician, and through these the contaminator could in many cases be traced and brought to justice. As to the pecuniary loss which such a law would entail, it is the glory of the profession that such considerations have never affected its advocacy of any sanitary measure. There are some physicians who under pressure withhold a report of their diphtheria cases, but we do not talk

of abolishing compulsory report and isolation. The pressure would be still stronger in cases of venereal disease, but a big fine for omission would probably be effective in both instances. Laws, even though imperfectly administered, do accomplish something. And what we hold is that the principles which have inspired the legal measures for the restriction and suppression of other contagious diseases are applicable to venereal disease, and that it is the duty of the profession both directly, through recommendations to legislative bodies, and indirectly, through a proper enlightenment of the community, to do what it can to check this rot of western civilization.—Philadelphia Medical Journal.

EDITORIAL.

The appointment of a legislative committee by the Winnipeg Medical Association was, no doubt, called for, and their duties will be far from nominal. Legislation from time to time affecting the profession takes place, the first public intimation of it is that it has become law. One of the most recent acts affecting the profession at large is known as the Health Act. The four members composing the board, with the secretary, are reasonably remunerated but beyond this the legislation is unfair and offensive to the profession. The municipalities are required to appoint health officers, one for each municipality, said health officer, when possible to be a member of the medical profession, but no scale of remuneration for his services is laid down and consequently though appointed, and the law complied with, his actions are so restricted by municipal regulations that the position becomes practically a dead letter. But nevertheless the health officer is called upon to furnish the board with monthly returns whether there is infectious disease or otherwise in the municipality his jurisdiction extends over. Another tax laid by the public on the medical profession. Hitherto we have shown ourselves not alone so willing but so anxious to undertake services without remuneration that the public have tumbled to the idea

that medical men are fair game for any and every imposition. A word as to the offensive clause of the act: "Such health officer shall receive the remuneration fixed by the municipality," (frequently nothing at all), "and shall hold office during the pleasure of the Council." He shall hold office during pleasure only, and shall have no right of action for wrongful dismissal. Now it will not require any great stretch of imagination to picture a case when the health officer of a municipality, in the proper discharge of his duties may cause offense to one or more members of the Council, who would soon start an active canvass for his removal from the position, but, no matter how just was his conduct, and how unjust his removal from office; under this one-sided piece of legislation he is without right of appeal of any kind. The 30th section of the act being unusually explicit on this point. We raise no question against the establishment of a board of health, and an act to cover the requirements, but we protest against these enactments saddling on the profession unremunerative work. In our every day life this is voluntarily given to a far greater extent than by any other body of men. But the time has come when we must more closely safeguard our own interests and a close watch on all legislation in any way affecting the medical profession by the committees appointed for that purpose will be a potent means to this end.

MISCELLANEOUS

MICROBES IN ACUTE RHEUMATISM.

Dr. Singer, of Vienna, has explained ninety-two cases of acute rheumatism and in a great number of patients has ascertained the presence of staphylococci and streptococci. He has examined the blood, urine, synovial effusion, and various complications during life. In three necropsies he was twice able to find the same microbes that he found during life; in one of them the synovial effusion was sterile, though the walls of the synovial cav-

ity contained bacteria; in the third case there were haemorrhages in the peri-articular tissue, and in these haemorrhages he found groups of streptococci. Singer considers that the necropsis explains why arthritic effusions in cases of acute rheumatism are found often to be free from microbes; in such cases the bacteria probably have their seat in the peri-articular tissues only.

One Woman and Her Doctor.—A wealthy San Francisco woman (Weekly Medical Review; Monthly Retrospect, April 15th) who had undergone an operation successfully performed by the physician she employed, was surprised when a bill of only \$50 was presented to her. She remonstrated, saying that the sum was not sufficient for the work done for one in her circumstances. But the doctor persisted that \$50 was his charge for that sort of operation, and her circumstances had nothing to do with it. She, however, sent him a check for \$500, and was surprised when she later received a receipted bill for \$450 for itemized services rendered to the poor humanity of the City. This pleased her so that she sent another check, which is being worked out in the same way.

The example is a good one and to the credit of both patient and doctor. Those patients whose financial ability renders them capable of recompensing their physician beyond the low rate which social conditions in many instances have established as the market value of his specific services would probably be more willing in this way to share in the doctor's unostentatious charities, while the physician who receives such supplementary fees does a service to his profession and humanity at large by calling attention to the vast amount of charitable work done by the medical brotherhood.

Death From Cutting a Wisdom Tooth.—M. Heydenreich reported to the Societe Medicale de Nancy on February 28th (Presse Medicale, April 9th) the case of a man, thirty-three years of age, brought to his clinic and said to be suffering from mumps. There was high and persist-

ent fever, rising to 100 degrees F., with agitation, delirium, stiffness of the jaws, and swelling over the right parotid extending into the neck. When M. Heydenreich saw the patient, on the third day of the grave symptoms, the conditions seemed to have improved. The temperature was from 102.5 degrees to 100.4 degrees, consciousness had returned, and the swelling was strictly limited to the angle of the right jaw. The patient could open his mouth, and a drop of pus escaped by the jaw. All the teeth were there. It was certainly a case of suppurative osteitis of the inferior maxilla, due to the eruption of a wisdom tooth. There was not at this time any indication calling for operative measures. The next day, however, the patient became semiprostrate, and in the evening the temperature rose to 104.9 degrees F.; on the fifth day he was taken in a moribund condition to the hospital. There was complete left hemiplegia. A free incision was made by means of the thermal cautery as far as the zygoma, but no pus was found. He died next day at mid-day, the temperature being 98.9 degrees F. The autopsy disclosed pus on the right side between the cranial vault and the meninges up to the level of the convexity, toward the median region, and suppurative osteitis of the cranium. On opening the meninges, a bed of very thick, greenish-yellow pus (showing meningo-encephalitis) was laid bare. There was no lesion in the interior of the brain.

THE DIETETIC USES OF OLIVE OIL.

Olive oil is now used in many ways at one time never thought of. Besides

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