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THE

CANADIAN PRACTITIONER,

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS:

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W. H. B. AIKINS, M.D., L.R.C.P. LONDON.

VOLUME X.

January, 1885, to December, 1885.

TORONTO:

WILLIAM BRIGGS, PUBLISHER,

78 & 80 KING ST. EAST.

1885.

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Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

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SUBSCRIPTION, $3 PER ANNUM.

☞ Literary Communications may be addressed to any of the Editors. ☞ All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, JANUARY, 1885.

Original Communications.

NERVE-STRETCHING FOR SCIATICA.

A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.,
Toronto (formerly of Fredericton, N.B.)

1882, Sept. 8. G. E. G., aged 40—male—minister. Not generally very robust. One or two members of family have had phthisis. Seven years ago suffered for several months from sciatica in left limb. Also four years ago had an attack of pneumonia or pleurisy, or both, which laid him up six or seven weeks. Eighteen months ago sciatica returned, and in spite of all sorts of remedies it has grown worse, till of late it has interfered very materially with his ministerial duties. Morphine relieves the pain of severe paroxysms, but it causes so much nausea and vomiting that he dreads its use. Rest relieves, and motion increases, the pain and soreness. As a rule he is able to sleep pretty well at night, but he is wakened when he attempts to turn in bed. He has lost more than twenty pounds of flesh, weighing now less than 120. When a paroxysm of pain occurs, he is often troubled in passing water. Pain is most severe at point of exit of nerve through greater ischiatic foramen, radiating from this upwards over side of pelvis and down thigh. Also often feels pain in calf of leg and foot, accompanied with numbness and coldness of part. Has worn, of late, a chamois skin on the left limb to protect it from the cold. Has used cane in walking for some months, and leans considerably to right side when doing so. Has been troubled very much with dyspeptic symptoms since his illness.

On examination there is found considerable wasting of limb in its whole extent, the calf and thigh measuring one-third of an inch less than their fellows. Also muscles are soft and flabby. Tenderness complained of along line of upper part of nerve. Bowels always regular.

3 p.m.—Operation. Chloroform given. Assistance rendered by Dr. Coburn, of Fredericton. Incision made from over lower border of gluteus maximus downwards, and a little inwards, four inches in length. The long head of the biceps was thus brought into view, and on turning this aside the sciatic nerve was reached. I now hooked my finger beneath the latter and gave it two or three vigorous pulls from both above and below. There was a sensible yielding of the nerve in its lower part, but little or none in the upper.

Carbolic acid and alcohol (1 to 10) now applied freely to raw surfaces, and horse-hair put in for drainage. Silver and catgut sutures used, and carbolized gauze and salicylic silk applied as a dressing.

Sept. 9.—Slept several hours last night without opiate. Feels very little pain, and he thinks he can move more easily than before operation. Pulse, 88; temperature, 99.8.

Sept. 10.—Slept well. P. 84, t. normal.

Sept. 11.—Doing well. Appetite good. P. 80, t. normal. Dressing changed under carbolic spray this afternoon. Horse-hair removed from wound. Only a slight bloody discharge on gauze.

Sept. 12.—Expresses himself as more free from pain than for a year past. Bowels have moved regularly since operation. P. 76, t. 98.

Sept. 15.—Doing well. P. and t. normal Wound again dressed. All sutures removed but three. Wound about healed. Adhesive plaster and dry dressing.

Sept. 17. — Remaining sutures removed. Wound healed. May get up and dress, and lie on couch during day.

Sept. 19.—Since getting up he feels some soreness all along back of limb, as if a "cord had been strained." Walks about, however, with the aid of a cane, and feels little, if any, of old pains.

Oct. 9.—Some soreness complained of still along course of nerve, but otherwise is doing well. Has gained six or eight pounds since operation, and walks much more erectly than before.

Oct. 25.—Returned home to Annapolis, Nova Scotia, to-day. Soreness along line of nerve is nearly all gone.

1883, May 6.—Patient called to see me while on a visit to Fredericton. Has no appreciable halt now in his gait. Weighs 135 pounds. Says that he occasionally feels slight pain over left ilium, but does not mind it. Limb is now same size as the right.

1884, Nov.—Received a note from the patient in answer to an inquiry as to his present condition, in which he states that he is troubled a little, in changes of weather or on extra exertion, with pains about upper hip and below knee. His general health is, however, good, and he weighs 141 pounds.

Remarks.—If one may judge from the history of the above case, the operation of stretching the sciatic nerve is not such a very serious affair, as the patient suffered so little from it that he never once required an opiate, and was up out of bed in nine days with the wound healed. Although there seems to be some tendency to a return of the disease now, after the lapse of more than two years, yet, even if it should do so before long, I think the respite that he has enjoyed more than justifies the resort to the operation. Besides, it is evident that up to the present he has not suffered very severely from pain, otherwise his weight would not be, as it is, fully up to the average in health

It will be observed that I did not use the spray during the operation in this case, and such has been always my custom in those operations where a wound is made which is readily accessible, and where there is no cavity opened, such as a large abscess or a large joint. I believe that in such operations one can destroy all germs which may have lighted on the parts by the thorough application of some strong antiseptic before closing the wound, or by hyperdistension of the cavity after its closure by injecting the same through a drainage tube. Certain it is that I have frequently pursued this course, and have found these cases result just as well as any, both as regards inflammation and suppuration. What led me to pursue this method was the fact that compound fractures and other accidental wounds which were seen within a few hours after their occurrence, did perfectly well when they were treated in the above manner, and I could see no good reason why a wound made by the surgeon which could be attended to at once, ought not to do as well as, or better than, they. And I do not consider that one materially deviates from Lister's theories in pursuing such a course, for it is more than likely that the outward flow of blood and serum carries away any bacteria which may alight on the wounded part; and also these fluids themselves, I think, according to some experiments made by Sir Joseph himself, allow little, if any, multiplication of germs in them. The latter, in part at least, probably explains the fact that if wounds are attended to within twenty-four hours of their reception, they very often pursue an aseptic course to the end, just as well as if they had been made under the carbolic spray.

For these reasons, one is, I think, justified in doing most operations without this nuisance, for that it is in itself a nuisance even its friends must admit. I, however, invariably employ it in subsequent dressings, until I am satisfied that the wound has become a superficial one.

Dr. Russell, of Dakota, has written to a prominent physician in this city stating that he has used with marked benefit, in small-pox, 10 min. doses of tinct. of iodine, and thought it might be of service in the epidemic which now exists in the county of Hastings.

PREATAXIC TABES DORSALIS.

BY A. McPHEDRAN, M.B.

(Extracts from a paper read before the Toronto Medical Society, October, 1884.

Buzzard looks upon the loss of the patellar reflex as the most important of the signs of this disease, and if with it a patient with a fairly nominal condition of the quadriceps presents also a history of the characteristic pains, he believes no other symptoms are required to conclude the case one of tabes dorsalis. By the majority of English and German writers this sign is accorded a place of as great significance in the symptomatology of this disease, while the Americans attach much less importance to it, and the French little or none. In the German-English experience the knee phenomenon is almost constantly absent, in even the early stage of tabes. Erb found it absent in forty-eight out of forty-nine cases; Berger, in eighty out of eighty-two; Buzzard, in twenty-eight out of thirty—i.e., the symptom was present in over ninety-seven per cent. of these cases. This represents pretty correctly the general experience of the authorities in these two countries. The reflex will probably be found absent in all cases in which the pains are well marked, as these two symptoms have a close pathological relationship. The occasional persistence of the reflex is due to slight damage to the posterior root fibres; this is shown by the sensation being little affected and usually the absence of pains in such cases. It is believed that persistence of the knee-jerk may indicate, in some cases, that the sclerosis has not descended as low as the origins of the third and fourth roots of the crural plexus.

American observers consider absence of the knee reflex a sign of secondary importance, because they find this reflex in many cases of ataxy; also because of their frequent failure to obtain knee-jerk in health. They report many cases of ataxy in which the reflex was not only present, but aggravated. In none of these records that I have seen was there a post mortem examination to verify diagnosis. Althaus says that cases with such a history are far from uncommon, but he looks upon them as cases of combined sclerosis of the lateral and posterior columns, the effect of the sclerotic change in the lateral being too powerful to be neutralized by the disease in the posterior columns. It is to be remembered that patellar tendon reflex is absent in many other diseases. Any lesion interfering with the integrity of the nervous arc, which extends from the patellar tendon to the gray matter of the cord and back again to the quadriceps muscle, will destroy it. It may be absent in spinal meningitis and perineuritis. It has been found absent in diphtheritic paralysis. Buzzard reports one such case, in which the reflex was renewed after recovery from the paralysis; Hughlings Jackson another, in which knee-jerk returned one year after paralysis had disappeared. It would, of course, be absent where there is change or degeneration of the muscular structure of the quadriceps.

In *Brain*, 1879, Dr. Stephen Mackenzie reports a case of tumor of cerebellum in which the patellar reflex was absent on one side.

In view of the almost universal absence of this phenomenon in tabes dorsalis, it becomes a question of greatest importance to ascertain the constancy with which it exists in health. If present in all persons in good health, then its absence in all cases, with good muscular power and idio-muscular contractions of the quadriceps when percussed, would be pathognomonic of tabes. Westphal, Erb, and others have, till lately, been of the opinion that this reflex is always present in health; they still think its absence very exceptional. Buzzard has never met with a case in which it was absent, when properly sought for. Gowers mentioned several cases, in a paper read in 1879, but he has not met one since. He thinks there is great fallacy in the failure to obtain it, and that the failure is often due to want of relaxtion of the flexor muscles. Gray, of Long Island Hospital, N.Y., failed to obtain it in two out of twenty adults, and one in twenty-three children examined, all being in ordinary health. Bannister, of Chicago, failed in two out of thirty-six persons. Many other Americans report similar results. Berger, of Breslau, in order to test the question, had 1,100 healthy persons examined. It could not be obtained in twenty-two, 1.56 per cent. These were examined repeatedly and carefully.

In no case did he meet with unilateral absence in a healthy subject. Although he had for years been examining healthy persons, he had never before failed to find the reflex.

During the last three months I have examined the state of the patellar reflex in 184 persons, some of whom were in ordinarily good health, and some affected with various ailments, usually of a trivial nature. The reflex was obtained in all instances. The subjects were of all ages, from three months to eighty years. One of the chief sources of difficulty was in obtaining complete muscular relaxation. In many the reflex was easily obtained without such relaxation. One case, a child aged 7, is omitted from the list because the legs were spasmodically contracted when any attempt at an examination was made. In eleven cases reflex was obtained only after a very careful examination. They were seated on a table, the knee bared, the eyes often blindfolded, and the tendon tapped in every part. In several cases the response was elicited only when the tendon was struck at some particular point. In only one other case, than the one whose history has been related, was there a failure to obtain the reflex at the first examination—a man, aged 46, whose feet were frost-bitten. On a second trial, a week later, the response was moderate in degree and easily obtained. In one case, a woman, aged 20, fair response was obtained at the first examination; at a second, three weeks later, no reflex could be got in the right leg, and only a feeble jerk in left after careful trial. This is not in accord with the experience of Berger, of Breslau, already referred to. He never met with unilateral absence in a healthy person. A difference in intensity of reflex was noted in the two sides in several cases. No opinion could be formed from the appearance or history of case as to the intensity of the reflex except that, usually, in nervous individuals with hysterical tendencies it was marked.

The conclusions from these cases are fully given in the following remarks by Berger on his cases, to which reference has just been made. He found the intensity of response to vary within wide limits; in some being elicited only after repeated careful trials, whilst in others a single tap called forth a powerful contraction and not infrequently a series of rapidly succeeding flexion and extension movements. It does not, therefore, appear allowable to speak of a pathological increase or diminution of the patellar sinew reflex. Only its absolute absence (with a few exceptions) and the evidence of an exalted sinew reflex in various other muscles in which under normal circumstances the contractions are neither regular nor marked, justify the conclusion of an abnormal condition.

While the sign is not therefore pathognomonic of tabes, nevertheless it is one of very great significance, and when present in any case should lead to further and searching investigation.

THEORIES AS TO PATHOLOGICAL CHANGES.

Without attempting anything like a discussion of the pathology of this disease, with its attendant morbid changes, it will not be out of place in this paper to indicate succinctly the chief theories of the disease. More or less striking changes are found after death in the following structures: posterior columns, spinal pia mater; posterior roots between their ganglia and the cord; the central gray matter, especially Clarke's vesicular columns; the part of the lateral columns contiguous to the posterior; the sympathetic system; many of the cranial nerves; and the peripheral termination of many of the spinal nerves resembling a wide-spread neuritis. Now, in which of these structures are the changes primary and essential, and in which secondary.

Some have considered the posterior spinal lepto-meningitis as the primary lesion. Others have taught that atrophy of the post nerve-roots is the initial lesion, and the disease ascends into the substance of the cord like an ascending neuritis. Both the pia mater and post roots are nearly always found in a state of disease, but in a few cases of tabes in which death occurred in an early stage from an intercurrent acute illness, both these structures were found on post mortem examination to be healthy, while gray degeneration had made considerable progress in Burdach's columns (Strümpell, Westphall.)

Brain, of January, 1884, contains the report

of two cases by Déjerine in which there were many of the symptoms of tabes dorsalis, as pains, inco-ördination, loss of knee-jerk, anæsthesia, analgesia, delayed perception, etc. After death the post columns were found in a healthy condition, but there was an extensive peripheral neuritis in the parts in which the abnormal symptoms showed themselves.

Another view is that possibly some peripheral irritation, acting constantly for some time, may give rise to structural changes in the nerves of the part, this is continued upwards, and ultimately affects the posterior columns of cord. The lower extremities being chiefly exposed to such irritations, the lumbar region of the cord would consequently be most often affected It has lately been shown that there is a tendency to peripheral neuritis in a state of low vitality, from whatever cause. Now, sclerosis of the posterior columns causes peripheral nerve disturbance as shown by the pains, paræsthesias, etc. Any protracted irritation would, in this condition, be more likely to lead to peripheral neuritis. Hence the order of the process is probably reversed—cord first, peripheral neuritis second.

The great majority of writers on this disease are of opinion that the only essential pathological change is that occurring in the posterior columns of the cord, all others being secondary. And the only necessary essential lesion is the sclerosis of the external part of the posterior or Burdach's columns. Strümpell, of Leipzig, has lately shown, however, that Gall's columns, in some cases, become sclerosed long before Burdach's. The change usually begins in the lumbar region and progresses upwards, at the same time it extends laterally until not only the whole posterior column is involved, but also often the neighboring portion of the lateral column, and of the gray matter of the cord; it may not cease, in fact, till the anterior columns are involved as well; but this is not till late in the disease, when paralysis and atrophy are superadded. As the morbid change extends upwards it presents the characteristic features of a secondary ascending degeneration, and is usually confined to the postero-internal columns or Gall's columns. Unless Burdach's columns become affected as well in the cervical region the characteristic symptoms will not present themselves in the upper extremities. The degeneration can usually be traced to the medulla oblongata, and in many cases through it.

It is, however, impossible to explain the relation of many of the phenomena in tabes dorsalis, so long as its essential pathological changes are understood to be confined to the posterior columns of the spinal cord. This is especially true of the eye symptoms, particularly optic atrophy. On this point Gower's address, delivered a year ago before the Ophthalmological Society of London, contains a paragraph of which this extract is the point: "As long as ataxy was believed to be a disease, limited to the posterior columns of the spinal cord, the association with it of a peripheral degeneration of the optic nerve was an anomaly. But Pierret has shown that the degeneration in the optic nerve is not the only peripheral lesion, and that that in the cord is not the only central change in this remarkable disease. He has demonstrated that there is often at least an independent degeneration in the cutaneous nerves, strictly analogous to the optic change. He has shown, moreover, that there may be a degeneration of the central termination of the optic nerve, as well as of other cranial nerves, analagous to that in the posterior columns of cord. He has, then, enlarged our conception of the affection from a limited disease of the spinal cord to a 'wide sensory neurosis,' in which the optic nerve atrophy falls into its definite place."

RHIGOLENE, ANOTHER LOCAL ANÆSTHETIC.

BY G. STERLING RYERSON, M.D., L.R.C.P., S.E.,

Lecturer on the Eye, Ear, Throat and Nose in Trinity Medical College, and Surgeon to these Special Departments to the General Hospital and Hospital for Sick Children, Toronto.

At the present time, when so much attention is being paid to local anæsthesia, a consideration of the properties of rhigolene may not prove uninteresting. Rhigolene, introduced to the profession by Dr. H. J. Bigelow, of Boston, is a very light, highly inflammable, non-explosive liquid obtained by re-distillation from petroleum. Its boiling point is 64°F., and is capable

of reducing the temperature to 15°F. below zero. It is not a definite compound, but is the most volatile liquid known. When used in the form of a spray it is capable of freezing the tissues in about one minute, and producing a greater degree of cold than all other substances, except cymogene, whose boiling point is 32°F. It freezes more rapidly and deeply than ether; but as this effect is somewhat evanescent, the spraying must be frequently repeated during an operation, and may be kept up as long as required. Under a rhigolene spray, both superficial and deep tissues can be freely divided, when properly exposed, without hæmorrhage or pain; but owing to the rapid disappearance of the congelation, operations must be promptly carried out.

I think that this drug may prove of considerable use in general surgery, inasmuch as the muriate of cocaine has not proved very useful when applied to the unbroken skin, and when injected hypodermically has caused unpleasant constitutional symptoms. In a previous number of the *Journal* I advised caution in its (cocaine) internal use, and Dr. Knapp writes to the *New York Medical Record* last week also warning against its hypodermic use, except in very small quantities. I think rhigolene deserves a trial.

THE CHOLERA CONFERENCE AT WASHINGTON.

BY WM. CANNIFF, M.D., TORONTO.

VISIT TO JOHNS HOPKINS UNIVERSITY, BALTIMORE, AND NEW YORK.

At a meeting of the Public Health Association, held at St. Louis in October last, the subject of Asiatic Cholera, and its probable introduction to the American Continent next summer, received careful attention. A report was prepared by a committee, of which Dr. Bryce, of the Provincial Board of Health was one, and adopted by the Association. This report, after speaking of the origin of Asiatic Cholera, and of its modes of dissemination, and the loss to the community in the waste of life and property from general suspension of business, proceeded to make certain recommendations.

First. With regard to quarantine, and notification from foreign ports of the departure of vessels either known or suspected to have infection on board, to the health officer at the port of destination of the vessel.

Second. That Congress should take such measures as will bring about concerted action with the Dominion and the British Government.

Third. Urging local safeguards.

Fourth. Advice to municipalities as to what each should do.

Fifth. "That when this Conference adjourns it be to meet in Washington, D. C., the second Wednesday in December next, and that the secretary be directed to invite the attendance at that time of the quarantine officers and the health officers of the principal cities in the United States and Canada; and that all delegates to that meeting be prepared to report the sanitary status of their State or locality, and what steps have been taken to improve the same, and to prevent the introduction of the disease." Circulars were accordingly sent to all parts of the United States and Canada requesting the presence of delegates at the Conference.

In response, three delegates from Canada were present at the meeting, which took place at the date above mentioned. These were Dr. Covernton, Chairman of the Provincial Board of Health; Dr. Montizambert, Quarantine officer at Grosse Isle, and Dr. Canniff, Medical Health Officer, Toronto. The meeting was a representative one, and lasted from Tuesday to Friday. All the State Boards sent delegates, and about seventy-five City Boards were represented. The Hon. Erastus Brooks, of New York, was the President. In an admirable address he reviewed the objects and purposes of the Convention and the causes which led to it. "We are," he said, "to consider two subjects of great public interest to the country at large, to the States which we represent, and to every inhabited locality of our respective commonwealth. He spoke of the startling mortality from cholera, even within the last few months, where thousand of lives might have been spared by proper preparations to meet the disease." He referred to the unexpected outbreak in Paris, which might have been looked for, with

"the River Seine reeking with filth, and many of the crowded thoroughfares in like condition." Such a state of affairs was the result of criminal neglect. He said, "The masses of people, and even educated people, are not well informed in regard to the germs of disease in the human body, in the soil we tread, and in the air we breathe; but we all know what filth is, and that it can be removed from our persons and houses, from our workshops and surroundings, from polluted streets and streams which, as in the Seine and the Thames, and in places nearer home, are simply sources of corruption." . . . "Whether cholera comes, or does not come to stay, in the first or second epidemic, or whether it is epidemic at all, or whether it is infectious or not, or is communicated by persons, bedding, beds, travels on land or by ships from abroad, or originates in offensive manure heaps, dust or dirt, are secondary questions to the absolute necessity of using all the means in human power to meet the disease. Every man and woman at home, in workshops, in stores, every official, and especially those engaged in health work, ought to be sanitarians. We know from long experience, prolonged suffering, frequent investigations, and progressive science, what is possible; and the possible should be practical." . . . "The experience of the past in the visitation of Asiatic Cholera, both in Europe and the United States, extends over fifty years of time. The disease has ceased to be a mystery. We now know that it grows in filth, and grows upon what it feeds, whether starting from special germs, or otherwise. This cause of offence alone, apart from the threats of danger of the cholera, should be removed. This is tangible, practical work. As a layman in the presence of skilful physicians and sanitarians from all parts of the country, I appeal to corporations, health boards, communities, citizens, and States, to enforce that best element of public safety—decent cleanliness in our dwellings, places of business, surroundings, and in every tangible place. Peaceably if we can, forcibly if we must, is in such questions the necessary law of government."

The President concluded his address by declaring that cholera ought to be excluded from the United States by quarantine laws and their proper execution. But an administration like this, for practical safety, requires capable persons, constant vigilance, complete material and equipments, and willing obedience to wise authority. And such I understand to be the objects of legislation by the representatives of the State Health Boards now assembled at Washington.

The work of the Conference then proceeded. Three Committees were appointed, to which were referred all matters which came under the jurisdiction of each. First, *Federal legislation;* second, *State action;* third, *Municipal action.* The principal work of the first Committee was that of framing a bill for the action of Congress, to reorganize the National Board of Health, and to take steps to prevent vessels from landing coming from infected ports, unless such vessels shall have been fumigated and disinfected prior to leaving such ports, and a violation of the law in this respect may entail a forfeit of $1000. The report of this Committee was adopted, and the Committee was instructed to confer with the Public Health Committee of Congress, which was done on Friday. The draft of a bill was read, and the members of the Public Health Committee of Congress expressed themselves as in harmony with the principles of the bill. It seemed to be the general opinion that either the bill submitted, or an approaching to it, would become law during the present session of Congress.

The Committee on State Action reported favorably as to harmonious action among several States of the Union in reference to the cholera.

The Committee on Municipal Action submitted a very practical report containing important recommendations, recommendations, however, which have been made again and again by our Provincial Board of Health, the Medical Health Officer of Toronto, and other sanitary officers.

Beside the work of the Committees, there were received the reports from the several States and cities represented. These sanitary reports varied in character. Some were lengthy, some short; some written, and some verbal—all more or less interesting and useful. One particularly, by Dr. Raymond, Health Commissioner of Brooklyn, was very valuable; also

one by Dr. Smith, Health Officer of the port of New York; and one by Dr. Sternberg U.S.A. Dr. Raymond's report related more particularly to municipal hygiene as exemplified in Brooklyn, N.Y. Dr. Smith's was on "Quarantine and Maritime Sanitary Regulations," in which he showed the failure of the regulations now in force to prevent the introduction of contagious diseases into the country. Dr. Sternberg's related to Disinfectants and the comparative value of those in common use. These reports led to discussions more or less interesting.

Dr. Reeves, of West Virginia, offered a resolution to form an International Committee of nine, or more members, appointed by the leading maritime nations, whose duty shall be to supervise the medical and sanitary interests of passengers on the high seas, and to decide upon the qualifications of medical officers intrusted with their care, to be referred to the Secretary of State. This resolution was adopted.

The Conference, by appointment, called at the White House, and were introduced by Secretary Freylinghuysen to President Arthur. The President assured the Conference of his deep interest in the matter which had called them together, and expressed his intention of doing what he could to accomplish any purpose the Conference might decide was for the interests of the country.

Dr. Billings, Surgeon-General, invited the members of the Conference to see the Army Medical Museum, where he had on exhibition specimens of cholera bacillus recently received from Dr. Koch.

While at Washington the Canadian delegates were kindly invited by Dr. Sternberg to visit and inspect his work of investigation now proceeding at the Johns Hopkins University at Baltimore; also by Dr. Raymond, of Brooklyn, and Dr. Smith, Quarantine Officer at the port of New York, consequently one day was spent at Baltimore by Drs. Covernton, Montizambert, and Canniff. Dr. Sternberg is not only a man of science, but as well one of hospitality, which was much appreciated. The Johns Hopkins University has already acquired considerable distinction as a scientific institution, and bids fair to be almost unequalled in the world. It consists of a series of buildings, each being devoted to a particular branch of study and investigation. Shortly after nine we met Dr. Sternberg in the Biological Department. He has been engaged for some time in a series of experiments to ascertain the relative vitality of different forms of bacteria. Being the author of a work on Micro-Organisms, the second edition of which will shortly appear, he is amply qualified for the work he has in hand. Dr. Sternberg kindly exhibited to his visitors the several steps taken in his investigations. He took a piece of common glass tubing and proceeded by means of a spirit lamp and blast pipe to form a receptacle in which can be preserved air-tight the various preparations with which he is experimenting. Instead of the tubes sealed, such as used by Pasteur and other Europeans engaged in similar work, he forms a glass bulb with a stem or pipe, which by means of heat he draws out to a fine point, and which by the same means he can easily seal up. Into this bulb he draws also by means of heat exhausting the air a quantity of fluid, perhaps water, which he has distilled himself, or some culture. He readily transfers from one glass to another as many drops as may be desired by breaking off the points with forceps and placing one pin-point within the other. In this way he can, and does with great dexterity, add to culture fluid any material he desires, and thus rapidly seals the stem. Dr. Sternberg is not only studying the vitality and general characteristics of the bacteria of infectious diseases, but is as well testing the potency of various disinfectants or germicides. He has also in view, after efficiency, the cheapest and safest agent which may be employed generally, the object being to provide a disinfectant for the public which will be at once rare, safe and cheap, so that it may come into general use. His investigations, however, are not yet completed; but certain very valuable conclusions have been arrived at. These are of practical importance. Dr. Sternberg will have his report ready by next April. But he very kindly gave his Canadian visitors the benefit of his discoveries for their personal use.

In the afternoon the Johns Hopkins Hospital

was visited. There are several buildings which connect by a corridor from the basement. The building to be used as an isolation hospital is unique. In fact, each room, for a single patient, is isolated from the others. The cost of this building is something wonderful; indeed all of the structures are arranged regardless of expense. They will not be completed for a year or more. The vast amount bequeathed by Johns Hopkins for the hospital is so placed that the capital cannot be touched, and the building proceeds as the income will permit. Dr. Billings is the designer of the hospital buildings. It remains to be seen whether the benefit derived will be commensurate with the very large expenditure.

Space will not permit to more than refer to the visit to the Health Commissioner of Brooklyn, Dr. Raymond. The kind attention given and valuable information received were greatly appreciated. Nor can the delightful visit to the Quarentine, in New York Bay, and the hospitality of Dr. Smith, with all the knowledge of his experience, be more than alluded to. Dr. Smith took in his steam yacht a party consisting of Dr. J. F. McFarland, Health Officer of Savannah, Ga., Dr. Raymond and the Canadian delegates, to see the various establishments in connection with the Quarantine, and explained his mode of inspection, isolation when necessary, disinfection and fumigation. Altogether, the visit among our neighbours was one of great interest and profit.

THE "PILES."

BY THOMAS W. POOLE, M.D., LINDSAY.

The piles! Aha! I know them well,
  Each feature, though I may not see 'em;
Old foes, which fume, and fret and swell,
  And vex and plague my perineum.

You blush at mention of a "pile,"
  And would, perhaps, the theme avoid:
Well, then, suppose, to put on style,
  We call the thing a hæmorrhoid.

Though bearing an ill-omened name,
  It seemed as if they might not pain us,
When first, as visitors, they came,
  And took up lodgings in the anus.

But now, at each succeeding bout,
  The pelvic pains appear distincter,
And there can be no longer doubt
  Of their relations with the sphincter.

You ask me, by what obvious sign
  One may with certainty detect 'em.
Well, I can only say that mine
  Are like a hornet in the rectum,

Which, having wandered from the way,
  And angry at the situation,
Stings right and left while yet it may,
  And tortures one in defecation.

"Avaunt! it is a vulgar rhyme."
  Yet stay, there must be means to cure 'em:
Oh, yes! if you but give them time,
  And meanwhile patiently endure 'em.

There are a thousand cures, you know,
  All certain sure, as dead-shot candy;
'Tis well to buy a score or so,
  And lay them by to have them handy.

And when the hornet's rage is spent,
  And things assume their wonted quiet,
The cure,—though it may not prevent,
  Will quickly quell the painful riot.

December, 1884.

Selections.

EXTRACTS FROM AMERICAN NOTES.

BY LAWSON TAIT, F.R.C.S.

. . . From Boston I passed on to Montreal, where began the series of engagements for the fulfilment of which my transatlantic visit had been arranged. The beauty of this city has been so often praised that it is useless for me to repeat the platitudes of my own impressions further than this, that in my memory there dwell above all others in prominence the recollections of three landscape views that I have ever seen: From the terrace at Malvern, from Arthur's Sea at Edinburgh, from the castle at Heidelberg, and last, but not least, from the hill at Montreal, from which extends a view all round and not surpassed by anything I ever saw. In Montreal I was the guest of Dr. Gardner, Professor of Gynecology in McGill

University, and it was my privilege to give an address to the Canada Medical Association, the annual meeting of which had been arranged to take place during the three days just preceding the meeting of the British Association. My business here, of course, is chiefly with what I saw, and not with what I said; but I wish again, here in my own land, to repeat my acknowledgments of the brilliant reception given to me by my Canadian brethren, not so much on my own account as for the position in which they placed me, that of a representative for the time being of British surgery.

During those three days I was associated with some three hundred practitioners of medicine. I heard a number of papers read with discussions upon them; and I say, without hesitation, that nothing which was said or done at that meeting but would have reflected credit on any medical gathering in the world. I often hear it said by practitioners in this country, whose lots are cast in places remote from the busy centres of life, that they find it difficult, or even impossible, to attend meetings of professional societies, and to keep themselves abreast with the growth of the science of medicine and surgery; but in that new country and at that Congress I found men eager and able to be present, though they had thousands, instead of scores, of miles to travel, and it was to me quite impossible to realize the fact that men who sat next to me, and who talked fluently and well of the most recent advances in pathology, who knew all the dodges and newest things in laryngology, etiology, and gynecology, practised in villages four, five, or even six days' travel from the place of meeting; that many of them existed in places still unmarked on the map, without any professional neighbor nearer than perhaps a hundred miles. Some of them were even professors in flourishing medical colleges, placed in large cities, which ten or twelve years ago had no existence. In the style, character, and conversation of these men, not only could nothing be detected wnich could mark them as being defective in general or professional culture and education, or which could place them in a rank lower than the practitioners of my own country, but I doubt very much if from the highest to the lowest in our own ranks we were to take 250 or 300 of our men at random we could compare favorably with them.

Instances occurred every now and then to me of a most delightful kind, in coming across, suddenly and unexpectedly, faces familiar in college life many years ago—faces of which I had lost all recollection, and of the history of whose owners I had no knowledge at all; men who, tired of the struggles of medical life in the old country, had settled in the new world, and had become prosperous, happy, and successful. One unfailing source of wonderment, which no amount of explanation has yet made clear to me, is the much larger proportion of practitioners to the population which exists on the American continent compared to what we have here. In England we have about one doctor to 1,400 people; in Canada it seems to be about one to 800, and in the States it seems to be about one in 600 or 700; yet they seem to be better paid, to be less hardly worked, to be more prosperous and successful than we are here, and to be in a much better social position than we can boast of. The latter fact, most especially, struck me, and it was proved to me in a great variety of ways. But perhaps I cannot give this impression more clearly than by taking an extract from the speech of a Boston physician recorded at the time of the opening of the new medical school. He gives his impression, as it were, from the other side, and certainly there is a singular concurrence in our experiences. "Dining," he says, "with two Englishmen, a few years since—one an Oxford professor, the other the brother of a lord—I was surprised to hear the views on the social standing of the medical profession, and could not help contrasting their position here, where, if not all autocrats, they are all constitutional, and some of them hereditary, monarchs, accompanied by 'honor, love, obedience, troops of friends.'"

Another source of surprise was the large number of medical schools. Thus, in Montreal, a city of 140,000 inhabitants, there are no less than four of these schools—two Catholic and two Protestant—and, although there is only one of great importance, still all of them are well-officered and well-appointed, and, from what I could see of the results of their training,

I am unable to say that any of them can be charged with inefficiency. In Toronto there is a magnificent university, the president of which is the famous archæologist, Daniel Wilson, and two medical schools, the buildings of both of which I inspected with care, and I venture to say that they compare very favourably with the school in our own town, or indeed with any provincial medical school, as well as with a large number of our metropolitan schools. The tendency toward the downward competition which would otherwise be inevitable in medical education is prevented by the establishment of that which we most of all want in this country —a guarantee on the part of the State of a minimum amount of medical education. The only defect of this State control, so far as I could understand it in Canada, is that all the provinces are not agreed as to what this minimum shall be, yet each province seems quite capable of protecting its own interests.

Of the hospitals of Canada I can say nothing but what is favourable. Dr. Hingston, the distinguished surgeon of l'Hôtel Dieu, and others, took great trouble to show me all their details. Their appointments are equal in every respect, and in some respects are far superior to those to be seen in any but the newest hospitals in this country. I spent a long afternoon in the hospital in Toronto, and I saw there the results of surgical work as brilliant as any to be found in Great Britain.

Unfortunately, the time of my visit to Canada was such that the schools had not reopened for the winter session, so that I saw nothing of them in actual work.—*Birmingham Medical Review.*

PALATABLE PRESCRIPTIONS.

Dr. John. L. Davis suggests the following as eligible formulæ for the prescription of certain drugs that are disagreeable or nauseous in taste:

1. Bitter Drugs.—The type of these is found among the chinchona bark alkaloids. The best formula for masking quinine he gives as follows:

℞ Quiniæ sulphatis ..... ʒ ss.
Tr. aurant. cort. recent.... ʒ ij.
Ext. glycyrrhizæ fl..... ʒ vj.
Syr. simplicis..... ʒ j ℿ.

He also commends the "tasteless chinchona" combination, suggested some years ago by Dr. Ashurst, viz:

℞ Cinchoniæ ..... gr. j.
Sach. lactis ..... grs. iv.
Sodæ bicarb ..... gr. 1-10.

The cinchona alkaloids and their salts may be given also advantageously in elixir of taraxicum. Finally, it may be said of these as of all disagreeable medicines, that if taken very cold, or if a piece of ice be taken into the mouth immediately before the medicine, the unpleasant taste will be less marked.

Salty and Metallic Drugs.—A large class of unpalatable drugs is included under this head.

℞ Potassii iodidi ..... ʒ ij.
Tr. aurant. cort. recent..... ʒ ij.
Ext. glycyrrhizæ fl..... ʒ j.
Syr. simplicis, q. s. ad .... ʒ iij.

For this combination, of which each teaspoonful contains five grains. The same vehicle may be used for exhibiting the bromides.

Iodide, or bromide of potassium, or salicylic acid, may be given in milk, to the amount of ten grains to the ounce. He also refers to the method proposed by Dr. Seguin, of administering these remedies in slight alkaline carbonated water, either natural or artificial. Magnesium sulphate, which is so disagreeable to many people, may be given very pleasantly in the following formula:

℞ Magnes. sulph ..... ʒ ij.
Acidi sulph, ... gtts. v.
Glycerinæ .....
Aqua ..... aa ʒ j. ℿ.

Half of this in a glass of water constitutes a very agreeable dose. A drop or two of mint makes it more palatable to some tastes.

Astringent Drugs.—Tannin is a representative of this class of drugs. The disagreeable taste of these remedies may be materially improved by the addition of sugar of milk and aromatic powder. When alcohol is not objectionable, the following combination is recommended for the administration of salicylic acid:

℞ Acid salicylic..... grs. viij
Spt. vin. gallici ..... m. xl.
Syr. acaciæ.....
Syr. limonis .....aa m. x. M.

For the administration of chloral he recommends either glycerine alone, or a mixture of that with the fluid extract of liquorice.—*The Medical Summary.*

A correspondent in the *London Lancet* of September 27th writes that any one may be cured of stammering by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jacky Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.—*Medical and Surgical Rep.*

Professor Dujardin Beaumetz thus speaks respecting the treatment of Chronic Rheumatism and Gout:—

To sum up, then, when you are called to treat an attack of gout, you will first assure yourself of the integrity of the kidneys, then you will administer salicylate of soda in doses of from one to one and a half grammes, or, if you prefer, the tincture of colchicum seeds combined with quinine or strong tincture of aconite root. If, on the contrary, the kidneys are damaged, or if the heart seems to be degenerated, you will have to content yourselves with giving alkaline diluents and keeping the bowels open with saline purgatives; besides enswathing the affected member with wadding, around which is placed oiled silk.

But it is not enough to combat the attack of gout, some thing must be done to prevent its return, and here we have many means at our command, both pharmaceutical and hygienic. Whatever theories may be admitted in explanation of uræmia, it is against this condition that all our efforts should be directed; here then is the place for the alkaline medication under all its forms. I will be more brief in the exposition of this part of my subject, because I have already, in a former lecture, spoken to you of the treatment of the uric acid diathesis. All the alkalies may be employed, soda as well as potassa, but there is one that seems to me better than all the others, viz., "lithia," which Garrod recommends. I need hardly tell you that the dose of carbonate of lithia is seven or eight grains (fifty centigrammes) given at mealtime in carbonic acid water; the effervescent salts of lithia are good preparations. Benzoic acid and the benzoates have also been highly extolled, and combinations of benzoic acid with alkalies are in use, such as the double benzoate of soda and lithia, which is an excellent preparation. By the side of the alkaline medication, certain tonics and stomachics deserve a place, being much in repute. These are principally bitter preparations furnished by our indigenous flora, constituting antiarthritic remedies more or less complex, such as (to name those most known) the "electuary of Sydenham" which I have before mentioned, and the famous remedy of the "Duke of Portland." These nostrums, once the subject of much discussion, have now happily passed into oblivion, and given place to quassia and cinchona bark, which are of some little efficacy in atonic gout.—*Phil. Med. News.*

Lemon-Juice in the Treatment of Diphtheria.—Dr. Gartoyski, of California, writes to the *Lancet* that he has long been accustomed to use fresh lemon-juice as the only remedy in the severest cases of diphtheria, a practice which he learned from the Chinese. The juice is drank either in the form of lemonade or in the clear state. No statistics are given, but the author speaks highly of the benefit derived from this simple treatment.—*N. Y. Medical Journal.*

External Applications of Ether for Vomiting.—The *Paris Medical* credits Dr. Galcedan with this suggestion. In a case of obstinate vomiting during pregnancy, after every remedy had been tried in vain, he applied some ether directly to the skin of the epigastrium. The effect was surprising; the patient inspired deeply several times, and ceased vomiting at once. Whatever may be the explanation of its action, this mode of treatment is certainly worth an extended trial.—*N. Y. Medical Journal.*

TREATMENT OF INTESTINAL HÆMORRHAGE OF TYPHOID FEVER.—At a recent clinical lecture, Professor Da Costa exhibited specimens from a case of typhoid fever in which death had occurred from peritonitis, with three recent perforations of the bowel. The patient four days before his death had had a profuse intestinal hæmorrhage. The distinguished teacher took the opportunity of endorsing the ergot treatment of the hæmorrhage, but insisted upon the importance of following it up with decided doses of opium in order to prevent perforation or to limit its effects.—*Phil. Medical Times.*

A TOPICAL APPLICATION FOR WARTS.—M. Vigier, recommends the following formula :—

Salicylic acid	1·00	gramme.
Alcoholic extract of *Cannabis indica*	0·50	"
Alcohol	1·00	"
Ether	2·50	grammes.
Flexible collodion.....	5·00	"

[Substantially, the foregoing is a well-known application for corns, and a very efficient one.] —*N. Y. Medical Journal.*

The following summary of the beneficial effects of cocaine are given in the *Centralblatt für Klinische Medicine.* The author recommends it—

(1) As a stimulant, if one wishes to do extra physical or mental work.

(2) In gastric indigestion.

(3) In the cachexiæ.

(4) In combating the effects of morphine and alcohol.

(5) In asthma.

(6) As an aphrodisiac.

(7) As a local anæsthetic.—*Lyon Medical.*

During the recent epidemic of cholera in France several cases are reported of recovery, after the injection into the veins of a solution of common salt. The injections were made during the stage of collapse, and judging from the histories given, one would conclude that the intra-venous injection was the means of saving life in many cases.—*Lyon Medical.*

Dr. Laurencin, of Lyons, in the *Lyon Medical,* relates several cases of hystero-epilepsy successfully treated by the hypodermic injection of the hydrochlorate of apomorphia.

DYSPEPSIA AND INDIGESTION.

The term dyspepsia is often used in a sense nearly or quite synonymous with the term indigestion. These two terms are defined in Dunglison's dictionary as equivalent. The French dictionary by Littré and Robin and the recent "Dictionnaire usuel" gives to each term a distinct definition. In the "Real Encyclopädie," commenced in 1880 and completed in 1883, indigestion is not treated of as separate from dyspepsia, the former being considered as embraced in the latter.

The name dyspepsia, from its derivation, denotes an affection not necessarily involving indigestion. The name signifies difficulty of digestion. Now, digestion may be difficult, and attended by more or less suffering and disturbance of the nervous system, the digestive function, nevertheless, being duly and completely performed. Clinical observation shows that dyspepsia, in this sense of the term, occurs without indigestion, the latter term embracing the various forms of disordered digestion. Cases are of frequent occurrence in which symptoms arising from difficult, or, as we may say, labored digestion, are unattended by symptoms that denote any perversion or incompleteness of the digestive function. It may be said, and justly, that dyspepsia is often associated with indigestion, and that the latter can hardly exist without the former; but the point which I wish to make is, that the term dyspepsia denotes an affection distinct from, and irrespective of, indigestion, the latter term being considered as denoting an affection characterized by such symptoms as nausea, vomiting, flatulence, acidity, and diarrhœa—symptoms which show the digestive functions to be either perverted or incomplete. By late German writers the affection which it suffices to call dyspepsia is designated nervous or neurasthenic dyspepsia.—*Austin Flint, senr, in N. Y. Med. Journal.*

Sir William Gull was at one time Apothecaries' Assistant in Guy's Hospital.

ADVICE TO DYSPEPTICS.

Prof. Flint in his remarks on the dietetic treatment of dyspepsia, before the New York State Medical Asssociation, says to dyspeptics: "Do not adopt the rule of eating only at stated periods—twice or thrice daily. Be governed in this respect by appetite; eat whenever there is a desire for food. Eat in the evening, or at bedtime, if food is desired. Insomnia is often attributable to hunger. In the choice of articles of diet, be distrustful of past personal experience, and consider it to be a trustworthy rule that those articles will be most likely to be digested without inconvenience which are most acceptable to the palate. As far as practicable, let the articles of diet be made acceptable by good cooking; as a rule, the better articles of food are cooked, the greater the comfort during digestion. Never leave the table with an unsatisfied appetite. Be in no haste to suppose that you are separated from the rest of mankind by dietetic idiosyncrasies, and be distrustful of the dogma that another man's meat is a poison to you. Do not undertake to estimate the amount of food which you take. In this respect different persons differ very widely, and there is no fixed standard of quantity whic his not to be exceeded. Take animal and vegetable articles of diet in relative proportions as indicated by instinct. In the quantity of drink, follow nature's indication, namely, thirst. Experience shows abundantly that, with a view to comfortable digestion, there need be no restriction in the ingestion of fluids."—*N. Y. Medical Journal.*

Prof. Lasègue, of Paris, says:—It does not appear to me that the alimentary regimen deserves to occupy a very high position in the treatment of constipation. Certain articles of diet, it is true, such as stewed prunes, figs, bran or "Graham" bread have the reputation of ensuring regularity of the bowels. From my own observation I should say that fæcal movements obtained in this way are obtained at the expense of a slight indigestion, and that if the laxative food has precipitated an evacuation and thus rendered a service, it has not been without a resulting irritation of the digestive tube which is in some degree harmful.—*Therapeutic Gazette.*

THE RATIONAL TREATMENT OF CHOREA.—Six years ago Dr. Van Bibber read a paper before the Medical and Chirurgical Faculty of Maryland upon a treatment of chorea. From that time it has been unnoticed either adversely or favorably. Having seen eighty-six cases of this disease within a year, and the treatment then suggested having been successfully carried out, including many cases which were becoming worse under the usual remedies, he submits a report of them The treatment consists in putting the patient to bed, putting the muscles in the best position for rest and avoidance of those sources of irritation which would cause them to contract and produce that condition which it is desired to cure. Massage is to be thoroughly used three times a day. Massage will quiet the restlessness, which comes on in the afternoon, sooner and more permanently than any other means. All unnecessary talking to be avoided. Diet to be nourishing and abundant. The usual remedies can be given in addition, the patient being in the best possible condition to be favorably affected by them. The confinement to bed seldom extends over a month.—*Archives of Pædiatrics.*

"ON DEGLUTITION SOUNDS."

Dr. Meltzer continues previous observations with regard to the auscultation of the sounds of deglutition. A "*pressing-through bruit*" can be distinctly heard by applying the stethoscope to the angle formed by the xiphoid process of the sternum and the left costal arch. This bruit is never missing when the stomach is empty; when the contents within the stomach accumulate this bruit becomes higher in pitch, and entirely disappears with a full stomach. The bruit can be heard all over the region of an empty stomach, and is therefore of diagnostic value in dilatatio ventriculi. This bruit is generally heard six seconds after swallowing. Another bruit in the same place, never noticed under normal conditions, can be distinctly heard in cases of phthisis with a tendency to vomit after severe coughing, in syphilis of old standing, and in some cases of diphtheritic and saturnine paralysis. This bruit—injection sound (Durchspritz-Geraüsch)—is never heard at the

back of the thorax, and is seldom followed by the "pressing-through bruit" mentioned before. One receives the impression as if the total quantity of liquid gets injected all at once into the stomach, and this bruit is a certain sign of insufficiency in the cardiac end of the stomach. The administration of atropia in small doses effected a cessation of this bruit, and stopped the sickness and eructations. In normal states the cardiac end of the stomach is contracted and the food passes from the œsophagus through the cardia into the stomach by peristaltic action, hence the pressing-through sound; but in morbid conditions the cardia remains open and the food enters the stomach suddenly, is injected, in fact, into that cavity, and hence the "injection sound."—*Medical Chronicle.*

INUNCTIONS OF OIL IN FEVER.—Colrat reports, in *Lyon Medical*, a series of observations on children. In a number of cases of scarlet fever, small-pox, and broncho-pneumonia he has found the temperature lowered as much as two degrees by the use of oil inunctions. The decline begins immediately after the inunction, the temperature remains stationary for two hours, and then begins to rise again. The younger the child, says the reporter, the more pronounced is the fall of temperature. He noticed that a child who was previously restless and irritable would fall asleep at once after being rubbed. No special directions are given as to the method to be followed.—*N. Y. Medical Journal.*

JEQUIRITY.

Dr. Knapp reports ten cases and summarises his experience as follows:—

1. Jequirity cures trachoma more quickly, but less safely than other remedies.

2. Its action is highly beneficial in most cases, but neither uniform nor always controllable.

3. The cure of trachoma by jequirity, as by nature and other remedies, is accompanied by more or less atrophy of the conjunctiva and the formation of cicatricial tissue.

4. The greatest danger from the use of jequirity consists in the occasional development of a severe diphtheritic conjunctivitis followed by pyorrhœa and more or less extensive destruction of the cornea.

5. The use of jequirity ought to be restricted to cases of old, intractable pannus, until cautious experimentation has determined the conditions under which we can obtain the benefit of this powerful remedy divested of its danger.—*Medical Chronicle.*

POMADE FOR DEAFNESS.—(Gruber.)

Veratrine	0. gr. 10 centigr.
Metallic iodine....	0. gr. 0.25 milligr.
Iodide of potassium,	1. gr.
Simple cerate	10. gr.

Mix carefully. For ten minutes, three times a day, rub a portion of the pommade as large as a pea into the mastoid apophysis. For cases of deafness due to exudation into the labyrinth, if the skin begins to redden, cease the application for a day or two.—*L'Union Méd.*

TREATMENT OF FRACTURES OF THE UPPER THIRD OF THE FEMUR BY POSITION.—In fractures of the upper third of the femur the superior fragment is directed outwards in the position of abduction, whilst the lower portion of the limb remains in the normal attitude. The resultant deformity and consequent shortening, M. Drethil proposes to overcome by placing the lower part of the leg also in the position of abduction. In three patients treated in this manner, and by extension, the shortening was from 1 centimetre to 1½ centimetres. Any of the ordinary apparatus may be employed, provided care is taken to keep the whole limb abducted.—*Le Prog. Méd.*

A NEW PROCEDURE IN PARACENTESIS THORACIS.

BY THOMAS F. ROCHESTER, M.D., BUFFALO, N.Y.

The following is one of Dr. Rochester's cases, reported at the meeting of the New York State Medical Association:

In September, 1883, I was invited by Dr. Seeley, of Attica, to see Mr. P., a well-to-do farmer, forty-five years of age. He had been

ill for three months. I found him sitting up —he could not lie down for dyspnœa; both legs and feet were much swollen; he had cough, with muco-purulent expectoration; had irregular chills and night-sweats; pulse 100 and irregular; no appetite; percussion resonance fair over entire posterior portion of chest; flat over anterior surface of right chest from second rib down, with bulging of intercostal spaces. Percussion resonance clear over left chest anteriorly, except over præcordial region; heart apex in sixth intercostal region and two inches to the left of a line drawn through the left nipple; auscultation posteriorly, respiratory murmur, with occasional bronchial râles distinct everywhere; anteriorly, bronchial respiration in right subclavian region as far as third rib; below that no respiratory sound whatever; puerile respiration marked in left lung.

Diagnosis: Sacculated empyema; a large and long hypodermic needle was passed between the fifth and sixth ribs, anteriorly, on the right side; the barrel of the syringe was filled with thick, white, inodorless pus; paracentesis was decided upon; a sharp-pointed bistoury was inserted close to the upper border of the sixth rib, and an incision two inches long was made in the intercostal space; a very slight purulent discharge followed. We now proceeded to insert a large drainage tube, but found it impossible on account of the close approximation of the ribs. These we tried to separate by various instruments, but in vain. I then examined the wound with the forefinger, and found that as I pressed firmly the ribs began to yield and separate, and then, to my great delight, the finger passed its whole length into the chest cavity, and, on its withdrawal, was followed by a copious discharge of purulent fluid. "Ah!" exclaimed Mr. P., with a gush of relief, "I would have given you five hundred dollars just now to take away your finger, and now, if I had it, I would give you as much for having put it in." Cod-liver oil, ℥j, with twenty drops of the muriated tincture of iron, three times daily, was prescribed—a favourite prescription of the writer in such cases. In about two months Mr. P. was entirely restored to health. The chest was twice washed out with warm water slightly carbolized.

Salicylate of Sodium in Acute Cystitis.—Borgehold mentions, in the *Deutsche Medicinische Wochenschrift*, twenty cases of acute cystitis in which he produced good results by the internal administration of this drug. During the first three days of the treatment he gives half a gramme every two hours; for the succeeding eight days he gives the same quantity thrice daily. The writer asserts that with this method he is able to dispense entirely with irrigation of the bladder, and that in none of the cases thus treated has the disease become chronic.—*N. Y. Medical Journal.*

ACUTE INTESTINAL STRANGULATION AND CHRONIC INTESTINAL OBSTRUCTION.

Mr. Bryant in his first Harveian lecture says:—

By way of conclusion, I would lay down the following as rules of practice.

1. Laparotomy should be undertaken as soon as the diagnosis of acute intestinal strangulation is made. There should be no delay allowed for the formation of a specific diagnosis of its cause. It should likewise be proposed in all cases of acute intussusception, and of chronic, which have failed within three, or, at the most, four days, to be relieved by other treatment.

2. In all operations of laparotomy, it is to the cæcum that the surgeon should first advance, since it is from it he will obtain his best guide. If this be distended, he will at once know that the cause of obstruction is below; if it be found collapsed, or not tense, the obstruction must be above. Adhesions or bands, are, moreover, more frequently near to, or associated with, the cæcum, than with any other part of the intestinal tract. It is also in the right iliac fossa that the collapsed small intestine, in cases of acute strangulation, is usually to be found; and, with this as a starting point, the surgeon will have less difficulty in tracing up the intestine to the seat of strangulation than if he begins at a distended coil, when it will be a matter of chance whether he travels away from or towards the special object of his search —the seat of obstruction.

3. In a laparotomy, when the strangulated coil of bowel is gangrenous, it should be brought out of the wound, and the gangrenous knuckle resected. The proximal and distal ends of the resected bowel should then be stitched to the edges of the wound, and an artificial anus established.

4. Nélaton's operation of enterotomy should be undertaken in all cases of intestinal strangulation, when laparotomy is rejected or seems inapplicable, as well as in cases of intussusception in which the invaginated bowel cannot readily be released. It should be performed in the right groin, or, rather, right iliac fossa.

5. If laparotomy succeed, the cause which called for it is removed, and the normal action of the bowel is restored. If resorted to early, and as a rule of practice, it is probable that it would be more successful than the treatment, by opium, inflation, or purgatives, which has hitherto been in vogue.—*British Medical Jour.*

THE TREATMENT OF PUERPERAL SEPTICÆMIA.

Were I called upon to sum up the treatment of a declared undoubted case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

1. Quiet all pain by morphine hypodermically.

2. Wash out the uterine cavity with antiseptics.

3. Lower the temperature at once below a hundred, not by the barbarous method of the cold bath, but by the far better one of the coil of running water.

4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.

5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.—*Dr. Thomas, in N. Y. Med. Journal.*

ALCOHOLIC INJECTIONS IN UTERINE HÆMORRHAGE.—Dr. Hapgood (*British Medical Journal*) reports a severe case of uterine hæmorrhage where the only remedy at hand was a bottle of whiskey. He promptly soaked a napkin in the whiskey, and introduced it into the uterine cavity, with the result of stopping the hæmorrhage. Encouraged by his success, he states, he has now used injections of alcohol in several similar cases, and with such good results that he recommends this treatment to the consideration of the profession.—*N. Y. Med. Journal*

TREATMENT OF PUERPERAL CONVULSIONS.

At the meeting of the New York State Medical Association, Dr. Darwin Colvin read a paper on Venesection in the Convulsions of Pregnant and Parturient Women.

The speaker based his remarks upon a combined experience of his father and himself extending over a total period of ninety-two years. Most of the cases recorded in his father's notebooks occurred at a time when chloroform was unknown and before albuminuria was heard of, while his own cases belonged to a later period, when anæsthetics were in daily use, bleeding was out of fashion, and the pathology of puerperal eclampsia was beginning to be better understood. In none of his father's cases did convulsions occur when venesection had been practised upon the appearance of threatening symptoms, and even in those in which convulsions had already occurred a prompt withdrawal of blood averted the fatal issue. When the writer himself began practice, chloroform was just coming into use, and he was anxious to make use of it in puerperal eclampsia. In a case seen with his father a convulsion had occurred, and consent was given reluctantly to make trial of the anæsthetic. This was done, but the convulsions were not averted, the patient grew worse and worse, until finally phlebotomy was insisted on. Thirty ounces of blood were removed, the convulsions did not again recur, and the patient recovered. The author related a number of cases occurring in his own practice in later years in which chloroform, chloral, the bromides, and opium were used persistently, but the patients continued to grow worse; but when, finally, venesection was with many misgivings resorted to, improvement

at once took place, and the lives of women were saved. In every case cathartics were given early, and the uterus was emptied of its contents as speedily as possible, yet no favorable change occurred until the blood-letting had been practised. Irregularity of the pulse was insisted upon as an imperative indication for the abstraction of blood. The author had never seen a fatal case, either in his father's practice or in his own, when venesection was practised, and he asserted that if this measure was resorted to before consciousness had been abolished the patient would not die of eclampsia. The lancet was the sheet-anchor in convulsions of pregnant and parturient women. The author laid down the following rules, which should be followed in every case of pregnancy: 1, Always see the patient at least two months before the completion of her term; 2, test the urine frequently; 3, if there is much persistent headache, open a vein and bleed until the headache is relieved; 4, warn the patient against indulging in an improper diet; 5, keep the bowels open; and 6, if the patient be seen for the first time at the beginning of labor, and convulsions are threatening, resort at once to venesection.

Dr. Moore, of Monroe County, had had somewhat less happy experience than the author of the paper, and he had seen cases that did not yield to blood-letting. He believed that the only real cure was to be obtained by eliminating from the blood the poison that occasioned the convulsions, and the way to do this was to produce abundant catharsis. He preferred for this purpose the saline cathartics. But the action of cathartics is not instantaneous, and in order to gain time it is necessary to avert the threatened convulsion by some ready means. Blood-letting will do this; but ether, not chloroform, will also do this and do it better. He always gave ether, in puerperal convulsions even, and especially, when there was unconsciousness with stertorous breathing. He gave plenty of it, and kept the patient profoundly under its influence, for hours if necessary, until the cathartic had produced a copious evacuation of the bowels.

Dr. Pomeroy, of Monroe County, related a case in which convulsions occurred again and again, in spite of the use of chloroform, and did not cease until the bowels had acted thoroughly. He thought the lancet was useful in certain cases, but the thing of prime necessity was free catharsis.

Dr. Hovey maintained that the main thing to do in a case of puerperal eclampsia was to empty the uterus.

Dr. Thayer, of King's County, agreed with Dr. Moore as to the value of ether, but preferred veratrum viride. The treatment of convulsions by means of this agent was very extensively practised in Brooklyn, but the doses, to be effectual, must be large—a drachm of the tincture. This drug reduces the rapidity of the circulation speedily and permanently, and when the pulse is lowered the convulsions will cease. Drachm doses may be repeated every hour, according to the indications afforded by the pulse.

FRACTURE AT BASE OF ACETABULUM.

Dr. C. C. F. Gay, of Erie County, read a paper on Fracture of the Base of the Acetabulum, at the meeting of the New York State Medical Association.

It has been said that this fracture rarely occurs, and that when it does, it is due to a violent injury over the trochanter. But the object of the present paper was to show that it is of not so infrequent occurrence, and that it may be produced by comparatively slight causes. There may be a simple straight fracture, or the base of the acetabulum may be shattered and broken up along the lines of union of the original bones. The fracture may occur alone, or may be complicated with a fracture of the innominate bone, and the head of the femur may or may not be displaced. It may occur at any age. The author related a case seen by him in which the patient had fallen sixteen feet, striking on the right hip. Upon examination, under ether, there was found a slight eversion of the foot, with no shortening, and it was stated that crepitus was present. Extension of a few pounds' weight was applied and afforded relief to the severe pain complained of. The following day another examination was made, and the same signs observed, except that no crepitus could be obtained. Some days later

the limb was again examined. Soon after symptoms of septicæmia presented themselves, and the patient died. At the autopsy the joint was found filled with pus, which had found exit into the abdominal cavity. The base of the acetabulum was fractured in three directions, following the original lines of union of the bones. The only prominent symptom in fracture of the base of the acetabulum is severe and persistent pain, increased by movement or by pressure against the trochanter; there is no shortening, no deformity, and no crepitus. This accident, when there is no displacement of the head of the femur, is not fatal, nor even dangerous, provided the patient be let alone. It is the frequent manipulation and examination that causes the change. The management of a case of fracture of the base of the acetabulum consits simply in giving perfect rest to the joint. When fracture is suspected, the patient should be kept in bed with the limb resting in an easy position, and extension may be made or not, according to the amount of relief which it affords to the patient.—*N. Y. Med. Record.*

In Japan the extraction of teeth has reached a degree of perfection absolutely unknown in France, and I might say in Europe or America, where they have good schools of dentistry. The Japanese dentists do not overwhelm their victims by a display of the instruments of torture with which our artists draw their clients' bad teeth, not to mention the sound ones. It is with the thumb and index finger that the Japanese artist delicately withdraws you a molar or two. Naturally, great practice is required before arriving to such a degree of skilfulness. To obtain this the dentist pupil serves an apprenticeship to a master. For a long time he has to exercise himself in extracting bits of wood inserted in planks, loosely at first, but afterwards solidly fixed by hammer-strokes in oak wood. When the pupil can, at a single trial and without apparent effort, draw out one of these wooden teeth, any human jaw can be confided to his care, and no tooth, though fixed in a steel alocolus, can resist him. A skilful Japanese operator can in half a minute, and without moving his fingers from the victim's mouth, remove easily his half-dozen teeth.—*L'Union Méd.*

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, JANUARY, 1885.

SALUTATORY.

We have much pleasure in extending to all our readers a very cordial greeting, and wishing them many returns of this festive season. With this issue we commence the tenth volume of this publication, and we tender our most sincere thanks to our subscribers, many of whom have supported and assisted us most loyally during all these years. In speaking to our subscribers we are addressing a constituency which far exceeds in numbers that of any previous year, and now continues to grow at a very rapid rate. The greatly increased success which has attended our efforts under the present management is a matter of the highest satisfaction to us, and encourages us to put forth still greater exertions in the future to retain the sympathy and support of our patrons.

During the past year we have frequently had to regret the necessity which compelled us to abridge or reject many valuable original communications which were placed at our disposal; but the large amount of available material has enabled us to present an unusual number of articles of rare excellence. We have every reason to believe that the character of this department will continue to improve from year to year, and we will use every endeavour to encourage such improvement. In the general advancement of medical science and art, Canada is making very satisfactory progress. We were told by distinguished men from Great Britain, at the meeting of the Medical Association in Montreal, that the papers read and discussions thereon were highly creditable. There is every prospect that we will continue to advance, and

each succeeding year will show such advancement by the increased excellence of our original matter.

In making our selections from the vast number of journals received, we have to exercise the greatest care and consideration. We have made arrangements by which we will be able to give everything of interest to the general profession in all departments of medicine. This involves a large amount of labour, because we are compelled to abridge and rewrite a great deal that appears in our columns; but we do this very cheerfully for the benefit of our subscribers, in order that they may learn something about all subjects of interest. We will continue to keep our readers informed about those matters which practically concern our own country, while we will not omit to notice the more important events transpiring in other countries.

As will be seen by looking through our advertisements, their numbers have been recently greatly increased. Manufacturers of medicines, Faculties of Medical Schools, and other parties have discovered that moneys spent in our advertising pages are unusually well invested. We have been compelled to increase our rates to a certain extent, but not at all in proportion to the large increase in our circulation. We are unable to accept all advertisements offered to us, and, in fact, will insert none of a purely medical nature unless we are in a position to vouch for the respectability of the advertisers and the excellence of the things advertised. The days of the old atrociously bulky and nasty mixtures are numbered, and we are learning to appreciate more and more the importance of choosing those preparations which are palatable and small in bulk. We wish our readers to remember that our advertisements are always worthy of a careful perusal, and their presence in the PRACTITIONER involves a guarantee on our part that the statements of the advertisers are perfectly reliable.

We are always mindful of the fact that our success depends largely on the kind assistance of our friends, and we venture to ask for a continuance of that cordial support and active sympathy which has been so generously extended to us in the past.

THE WASHINGTON INTERNATIONAL MEDICAL CONGRESS.

As our readers will doubtless remember, the next, or ninth, International Medical Congress is to be held in Washington in 1887. The Committee of Organization met in Washington, November 29th, and elected the following officers who, it is expected, will hold the same positions in the Congress :—

President—Dr. Austin Flint, sen., of New York.

Vice-Presidents—Dr. Alfred Stille, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada.

Secretary-General—Dr. J. S. Billings, U. S. Army.

Treasurer—Dr. J. M. Brown, U. S. Navy.

The Executive Committee will consist of the President, Secretary, Treasurer (*ex-officio*); Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; and Dr. S. C. Busey, of Washington.

The work of Congress will be divided into 18 sections, viz.: 1. Medical Education; 2. Anatomy; 3. Physiology; 4. Pathology; 5. Medicine; 6. Surgery; 7. Obstetrics; 8. Gynæcology; 9. Ophthalmology; 10. Otology; 11. Dermatology and Syphilis; 12. Nervous Diseases and Psychiatry; 13. Laryngology; 14. Public and International Hygiene; 15. Collective Investigation, Nomenclature, and Vital Statistics; 16. Military and Naval Surgery and Medicine; 17. Experimental Therapeutics and Pharmacology; 18. Diseases of Children.

The general meetings will be reserved for the transaction of the general business and for addresses of scientific interest more general than those given in the sections.

Notices of papers to be read, with abstracts of the same, must be sent to Secretaries of Sections before April 30th, 1887. Such papers after being read are to be handed to the Secretaries.

The official languages will be English, French, and German. Each paper or address will appear in the *Transactions* in the language in which it was delivered by the author, but the debates will be printed in English: at the same

time the Executive Committee have the right to choose the papers for publication.

The Chairmen and Secretaries of Sections will be elected hereafter, and we can only hope the choice will be as eminently satisfactory as that of the principal and executive officers has been.

THE PARASITIC ORIGIN OF GONORRHŒA.

The history of scientific research into the subject is very interesting. Neisser first demonstrated the presence of micrococci, which he claimed were peculiar to the fluid of gonorrhœa. Steinberg has since shown that these are the same as the micrococcus of Cohn, and that this ordinary bacteria may develop, under special conditions, into the pathogenic micrococcus of gonorrhœa. Dr. Amies has found the same bacteria to exist in the fluid of urethritis, provoked by purely artificial means. He has, however, found this difference, that in non-specific urethritis the micrococci are not nearly so numerous as in gonorrhœa, and argues from this that the specific character of gonorrhœal pus is acquired through this enormous increase of bacteria. He has also found that in simple vaginitis they exist in small numbers, whereas in the specific form they are found in great numbers.

The contagiousness, then, of the pus does not depend on the mere presence of this micrococcus, but on their very greatly increased numbers.

GASTON'S OPERATION.

In the October number of *Gaillard's Medical Journal*, Dr. Gaston, of Atlanta, Georgia, describes a new operation for obstructions in the gall-duct, which he thinks preferable to cholecystotomy. The object of the latter operation is to establish a fistulous discharge of the bile externally in case of closure of duodenal end of common duct. Fatal results have generally followed this procedure. It is contended that it never can be permanently successful, since the outward discharge of the bile would so destroy or impair nutrition as to make death inevitable sooner or later. Gaston conceived the idea of making a fistulous opening, not through the abdominal walls with an external discharge, but through the walls of the duct and the adjacent duodenum, the bile being thereby still passed into the intestines. This operation, practised on dogs, has been successful in Dr. Gaston's hands.

THE NEW YORK STATE MEDICAL ASSOCIATION.

We are pleased to be informed of the successful inaugural meeting of the New York State Medical Association. It will be remembered that last year a division took place in the old State Society on the subject of medical ethics. The majority were in favor of what they termed greater freedom in the rules laid down for consultation, but which really meant freedom to consult with homœopaths and other irregulars. The minority remained true to the old code, separated themselves from the Society, and have now successfully formed a new Association.

The inaugural meeting took place in New York city, and the opening address was delivered by Dr. Didama. A large amount of solid work has already been done, and a project for the formation of a library and reading-room commenced.

We are heartily glad to hear of the success of this Association, and wish for it a prosperous career. We have never had the slightest sympathy with the so-called progressive men of New York city who commenced the movement to revise the old code. We hold that it is absolutely impossible for any man to consult regularly and systematically with homœopaths and retain his place in the profession as an honest, straightforward man. If he believes the dogma, let him practise it; if not, how can he honestly countenance it?

DR. BANTOCK AND MR. THORNTON.

The latest contribution to the correspondence between the English Abdominal Surgeons is from Dr. Geo. Granville Bantock, who replies to some observations recently made by Mr. Knowsley Thornton. In this letter, which was

published in the December number of the *American Journal of Obstetrics*, Dr. Bantock accuses Mr. Thornton of wilful misrepresentation in his references to Dr. B.'s public statements, and considers that Mr. Thornton is acting contrary to all precedent in quoting, without permission, the records of unpublished cases of his colleague in the Samaritan Hospital. We fear there is an absence of brotherly love existing between these two distinguished surgeons, who are working in the same hospital. Is it possible that Bantock has gone over to the enemy, Lawson Tait, the man from Birmingham, to whom Knowsley Thornton is not fondly attached?

HORSFORD'S ACID PHOSPHATES.—This preparation has now for some years been so favourably known to the profession, that any commendation by us might appear superfluous. We have used it somewhat extensively during the last few months, and have been very much impressed by its great value in cases of neurasthenia from whatever cause. It is palatable, and can be easily combined with other remedies. There is no doubt but that it is an excellent nerve tonic.

We notice with regret the death of Dr. Mahomed, formerly secretary of the General Committee of the British Medical Association on the Collective Investigation of Disease. He was a rising physician, and one who, although still young, had made a reputation in scientific investigation. We have a very distinct recollection of his striking figure and animated mode of speaking in the British Medical Association. His principal work was on the sphygmograph; but he has also written on many other medical topics.

BACILLUS OF SYPHILIS.

Dr. Lustgarten, assistant in the Skin Clinic at Vienna, has discovered what he claims to be the bacillus of syphilis. It resembles, to some extent, the bacillus of tuberculosis, but differs from it in that it is always found within the cells. Koch examined the specimens and found that they differed morphologically from the bacteria of tuberculosis. Experiments in cultivation and innoculation must first be made before much credence will be given to the discovery. It would be interesting to enumerate the various bacteria of syphilis which have appeared and vanished from the field of pathological research.

OIL OF WINTERGREEN IN RHEUMATISM.

Dr. Seelye reports results of treatment in 118 cases of rheumatism with oil of gaultheria, in the New York *Medical Journal*. He says the medicine may be given in capsules alone or with salicylate of sodium or in soda water. The most common method used in acute cases was by the following formula:

℞ Ol. Gaultheriæ ..... ℥xx
Glycerin .....
Aq ..... āāʒi

Give this dose every two hours during day, and every three hours during night.

By this treatment pain and swelling generally left joints in twenty-four hours. Before, or by this time the patient would generally complain of some ringing in the ears and deafness, similar to that produced by large doses of quinine, but probably not so marked. The dose was then diminished, and only one drachm given every three or four hours. The symptoms caused by the remedy were more severe in those accustomed to alcoholic liquors—delirium sometimes supervening.

This treatment, it is claimed, will speedily cure in 85 p. c. of cases; and, by actual comparison, has been found more efficacious than that with the sodium salicylate.

Dr. Crocker, in an article in the recent number of *Brain*, headed, "Lesions of the Nervous System etologically related to Cutaneous Disease," gives the result of an investigation of the published records of a large number of cases in whom nerve lesions were followed by lesions of the skin. Among others he mentions three cases—two related by Schwuminer and one by Dr. Meyer, of Strasbourg—in whom bullous eruptions were caused by a sclerosed condition

of the columns of Gall. In these cases detailed histories were given, and the *post mortem* examinations were carefully made—a circumstance which gives them greater weight. Dr. Crocker concludes his article with the following statements, the results of his investigation :—

"(1). That less serious consequences ensue from cutting off nervous supply than from irritant, or inflammatory lesions of the parts of the nervous system that affect the skin.

"(2). That the kind of eruption produced by the nervous system varies greatly, often without any evident reason, when the nervous defect is apparently the same in place and kind.

"(3). That the same eruption may owe its origin to any defective link in the nervous chain from the centre to the periphery.

"(4). That the same kind of nervous lesion that at one time appears to excite an eruption or other nutritive defect in the skin, even more frequently produces no change in the skin whatever."

We take great pleasure in directing the attention of the profession to the new preparation of Reed & Carnick, "Peptonized cod-liver oil and milk." We have prescribed it for several patients who suffered from the indigestion of phthisis, and found that they could take it very well, and with great benefit to their general health. It is very palatable, and ought to be very nutritious. The taste of the oil is almost completely disguised.

TUMOUR OF THE CORPUS CALLOSUM.

In the October number of *Brain* Dr. Bristowe has written an able article on cases of tumour of the corpus callosum. The history and *post mortem* appearances of these cases are given. The progress of the disease he describes as follows: First, the occurrence of headache and other somewhat vague symptoms of progressive cerebral disease. Second, the gradual onset of more or less well-marked hemiplegia. Third, the appearance, in a greater or less degree, of similar symptoms on the opposite side of the body. Fourth, the coming on of dementia, with drowsiness, loss of speech, difficulty in swallowing, and want of control of the rectum and bladder. Many other symptoms, of course, may occur, depending upon the condition of parts near the corpus callosum.

THE WESTERN UNIVERSITY.

The second Annual Dinner of the Medical Department of this University was held in London on the evening of December the 15th. There were upwards of seventy guests; many of the leading physicians of western Ontario being present. Mr. W. J. Mitchell occupied the chair. The speeches were excellent. The toast of "The Learned Professions," was replied to by Rev. Dr. Elliott, Rev. D. G. Sutherland, and Drs. Worthington, Smith, Wilson, and Sutton. Drs. Eccles, Moore, and Fraser responded in a happy manner for "The Faculty."

Mr. L. L. Hooper, of Toronto School of Medicine, in a speech which was not surpassed for originality during the evening, and Mr. Graham, of Trinity Medical School, replied in appropriate terms to the toast of "Sister Institutions."

Drs. Bray, Campbell, Edwards, and Tye, spoke for the College of Physicians and Surgeons of Ontario; and Drs. Waugh, Fraser, McLean, Jones, and McGuigan championed the "Ladies."

THE SOUTHERN PLAGUE.

At the recent meeting of the State Boards of Health at Washington, Dr. McCormack read a preliminary report of the results of an investigation into the causes of the epidemic which has recently been present in Kentucky. The total number of deaths did not exceed 225. He stated that the disease was epidemic dysentery, caused by drinking stagnant water containing malarial poison. He discredited the theory of mineral-poisoned water.

PRESENTATION TO A MEDICAL SOCIETY.

The Medico Chirurgical Society, of Montreal, was, a few days since, made the recipient of a very handsome oil painting, which will doubtless add to the appearance of their already very attractive rooms.

The generous donor was the well-known physician and anthropologist, Dr. Egerton Y. Davis. The doctor, by birth, it appears, a Canadian, revisited his native country during the session of the British Association in Montreal in August last. He has forwarded this picture to the profession of Montreal as a mark of the high esteem in which he holds its members, as well as of his grateful appreciation of the kindly reception accorded to him.

CATCHING COLD.—Prof. Austin Flint objects to the expression "catching cold," and all it implies; and yet we cannot but think that many diseases are produced by exposure to cold, and in such cases the *modus operandi* is not hard to explain. It will be hard to put aside the popular idea that we do *catch* cold, unless we adopt the view that the cold *catches* us.

THE "ANNALS OF SURGERY."—It was a matter for deep regret when publication of the "Annals of Anatomy and Surgery" was suspended. We are pleased to know that a sort of successor is to appear under the joint editorship of Dr. L. S. Pilcher, of Brooklyn, and Mr. C. B. Keetley, of London. It will be a monthly journal, the first issue being dated January, 1885. From the names of the editors with their collaborators, and the character of their former publications, we will expect something of unusual merit.

THE IMPROVED AMERICAN POCKET BATTERY. —We have used this battery now for some weeks and can confidently recommend it. The construction of the instrument is simple. It can be conveniently carried, and can easily be kept clean and in good order. It is sufficiently powerful for all cases for whom the Faradic current is useful. Lyman & Co., Montreal and Toronto, are the sole Canadian agents.

Mrs. O'Reilly, relict of the late Dr. Gerald O'Reilly, of Hamilton, died suddenly, December 19th. Among her surviving sons are Dr. Chas. O'Reilly, Superintendent of the Toronto General Hospital; Dr. Gerald O'Reilly, of Fergus; and Dr. Edward O'Reilly, Surgeon of the steamer *Peruvian*.

Hospital Notes.

TORONTO GENERAL HOSPITAL

PELVIC ABSCESS WITH TUBERCULAR PERITONITIS.

Under the care of DR. MCFARLANE.

(Report kindly furnished by Dr. H. Bascom, of the Resident Staff.)

Patient, A. B., age 19 years. Entered General Hospital, Toronto, October 24th, 1884.

Family history: Father living and enjoying good health. Mother had her elbow joint excised, and subsequently the arm amputated, in a London, Eng., hospital. Three or four years previous to her death (which took place at the age of 32) she had an abscess in the region of the hip, which was opened and a constant discharge continued till her demise. She had a similar abscess in the left thigh. During the two years preceding her death she was bedridden.

Other members of the family are younger than patient, and apparently healthy.

Occupation, general housework for a farmer's family.

Previous history: Since February last, had felt unable to go about her duties. At that date she experienced an acute pain in right lumbar region which, however, was of short duration and did not recur. Absence of pain was a marked feature of the case. On several occasions she expectorated mucous tinged with blood. Did not menstruate since May 18th last. Her weight diminished twenty pounds since last winter. Two months ago she noticed a hard lump in left iliac region, painless and, as far as she could judge, undergoing no increase in size.

Condition at the time of admission to the Hospital. — Pulse, 120; temperature, 98⅘; bowels, costive; a little cough in the morning with expectoration of mucus; a hardness could be felt in the left iliac region which extended upwards about three inches and inwards about three inches beyond the median line. Upon examination per vaginam, the cervix could be felt surrounded by a hard ring. A distinct swelling could be made out between the uterus and rectum, and was thought to fluctuate. The aspirator was used, and a small quantity of pus was drawn into the bottle. Owing to the con-

sistency of the fluid a bistoury was used and more pus evacuated. The cavity was washed out according to instructions every four hours with carbolic acid solution. During the second syringing the patient suddenly manifested signs of collapse, and it was feared she would die; her pulse became small and quick, respirations gasping. Ammonia friction, artificial respiration, and hypodermics of ether rallied her to the extent that in four hours she became conscious, with a much-improved pulse and respiring very well. This continued for twelve hours, when alarming symptoms again manifested themselves and in a short time she died.

Post-mortem by Dr. Teskey.—In opening the abdomen the sub-peritoneal tissue in the lower part of its wall extending from the umbilicus to the uterus was found to be the seat of an unusual thickening or growth, apparently of tuberculous character, being about one inch in thickness below and gradually thinning off to the umbilicus, thus accounting for the hardness felt in that region during life. The peritoneal surfaces were extensively affected with tubercular peritonitis, the viscera being firmly adherent to each other and to the walls of the abdomen. Lung tissue was generally of a bright red colour. Miliary tubercle was found to be largely disseminated throughout the lungs, especially the right. An infarctus which had undergone softening, was found in the upper lobe of right, also one more extensive and more recent towards the base of the same lung; and upon dissecting the pulmonary artery supplying this region it was found to contain an extensive thrombus. The liver was normal in size, but likewise contained recent tubercle. Kidneys healthy. Uterus was small, being only about one and a half inches in its long diameter, but healthy in appearance. The fallopian tube of the right side was distended to about three-eighths of an inch in transverse diameter, very tortuous, and containing a large amount of whitish, cheesy-looking substance, apparently the accumulated products of the lining of the tube due to obstruction at its opening into the uterus. Brain could not be examined.

Kingston Women's Medical College showed a balance of $287 at the end of the first year.

Correspondence.

EXTRACTS FROM A VIENNA LETTER.

. . . I spent some time, as you perhaps know, in the city of Würtzburg, and, though my time was not lost there, still I should have profited more had I come directly to Vienna. It has quite an active university scientifically, many celebrated men have taught in Würtzburg. Gerhardt, Michel and Kölliker are lecturers there at present. Maas, the surgeon, uses corrosive sublimate as a disinfecting agent, almost to the exclusion of everything else. His belief in it is founded principally on the experiments of Koch, who found this agent to be the most deadly poison for bacteria. . . . In the eye clinic they seek for the gonorrhœa cocci in all cases of opthal, neonat, and in very many instances find them. The following experiment was made. The cocci were cultivated for two or three generations, and then a syringeful of the cultivated cocci was injected into the urethra of a man, and it was found not to give rise to a gonorrhœa. . . . Maas in his youth was a corps student, and bears two marks at least of his encounters with fellow-students. One wound is a transverse rupture of the right biceps, from muscular action in delivering a sword cut—the other is the loss of the end of his nose. He is of the Hebrew race, and this fact gave rise to the joke, by one of the Americans, that he cut off his nose to mend his foreskin! . . . The gross pathology is excellent in Vienna on account of the large amount which they have. Kaposi showed a case of favus of the stomach, at the last meeting of the Society of Physicians. The patient suffered from favus of the scalp, and died from uncontrollable diarrhœa. At the *post mortem* large patches of favus were found in the stomach. This is the first case of the kind ever reported. . . . While in Würtzburg I had the good fortune to see a case of myelitis ossificans which they have in the hospital. I believe the case has been reported by an American from New York. * D. M.

General Gordon suffers severely from angina pectoris.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Nov. 13th, 1884.

The President, Dr. Reeve, in the chair.

Dr. H. Wilberforce Aikins, of Jarvis street, was duly elected to membership.

Dr. Ross presented a patient suffering from the abortive form of anæsthetic leprosy, the case to be fully reported on at the next meeting of the Society.

Dr. A. H. Wright presented several enlarged glands, which he had removed from Annie C., aged 5. She was first seen as an out-patient at Toronto General Hospital in July, 1884. Some phthisis on mother's side. Mother said lumps had been forming in child's neck some months.

Examination showed enlargement of the glands on left side of neck, extending down to clavicle. One large mass under jaw reaching from lobe of ear nearly to median line.

Constitutional treatment in the shape of cod liver oil, syrup of the iodide of iron, and arsenic with external applications of equal parts of glycerine and compound solution of iodine, continued for some time.

Came to hospital in September. Lumps in creased in size. Sometimes temperature rose to 102° or 103°. At other times child fairly well.

Operation Oct. 15th. Large mass removed, together with six or eight smaller lumps. The attachments to surrounding connection tissues were firm, and considerable trouble was encountered in their removal. They weighed five ounces. Antiseptic precautions with spray used. Healed readily. Very small cicatrix left. Child went away from hospital Nov. 1 not much, if any, improved. Temperature still high at times. Appetite poor. Feels ill. At other times appears fairly well. Operation did apparently no good, as far as general symptoms were concerned.

Question—Is it advisable to remove these enlarged glands, when not sarcomatous, before pressure of large mass on surrounding parts makes it necessary? When they are likely to break down, their early removal may prevent the serious drain likely to ensue from long continued suppuration. Under antiseptic precautions the operation is more safe than it was formerly, but it is occasionally very tedious. As a rule the results are not particularly encouraging, when constitutional treatment fails to effect any improvement.

OVARIAN CYST

Dr. A. H. Wright then presented a second specimen, one of ovarian tumor, on which he had operated. Its cavity was lined with papillomatous growth. Dr. Teskey demonstrated the specimen to the Society, and showed several sections under the microscope. History of the case:—

Mrs. X, aged 37, admitted to Toronto General Hospital, October 11th. Married 15 years ago; two children, youngest twelve years old. Nothing special in family history.

Was always well until about five years ago when she first complained of weakness, which gradually increased. About two years ago she first noticed enlargement in the lower part of abdomen. Became very weak and had difficulty in breathing Has only menstruated twice since swelling was first observed, the last time being about a year ago. Was tapped in December last—twelve quarts evacuated, much relieved for a time. Was tapped three times since—the last time being about five weeks ago. Colour of fluid said to have been yellow.

On admission much emaciated—looked old—pulse 110 to 120—abdomen enlarged. Examination showed a large, apparently thin-walled cyst with a considerable fluid in peritoneal cavity. Os uteri high, sound passed 3¼ inches, fundus to front and moved independently of cyst. Per rectum something could be felt on each side of uterus rather nodular in character. Urine—quantity normal, sp. gr. 1011, acid, traces of albumen, a little pus, no sugar.

At a consultation of staff it was thought to be an ovarian cyst, with some probability of malignancy, and, notwithstanding the unfavorable condition of patient, abdominal sectim was advised as giving the patient the only possible chance.

Operation October 20th, with Listerian precautions. Two or three quarts of yellow fluid

in peritoneal cavity. Cyst looked like ovarian cyst on right side. When tapped about eight quarts of yellow fluid escaped. A few small secondary cysts were broken up, and there remained one about the size of a hen's egg. Papillomatous growths were found lining interior of cyst-walls. Cyst apparently adherent to whole side of uterus. Bladder stretched upwards, adherent to anterior surface of uterus, and a papillomatous growth existed at junction of the two at upper border of bladder. Neoplasm also growing from left ovary. As it was found impossible to remove cyst without enucleating it, or to remove uterus with cyst on account of the bladder adhesion, it was decided to unite edges of opening in cyst to edges of opening in abdominal wall at its lower part, and a drainage tube was introduced A tube was also left in peritoneal cavity. A single sponge was placed over opening of two tubes, but on third day a sponge was placed over each. Dressed under spray night and morning. Sponge over cyst tube fairly saturated with yellow fluid, other sponge fairly dry. Tube in peritoneal cavity was probably not required. Temperature, 99½ night after operation, pulse 130; third day temperature normal, pulse 112. Appeared very well. There had been no pain, no vomiting, no medicine given. Craved for more food than was allowed her, as she had done before operation. Fourth day began to sink, pulse rapid and weak. Died fifth day, p.m.

At post mortem examination, by Dr. Teskey, no evidences of peritonitis were found. Kidneys very small, and pelvis enormously dilated. Abdominal wound perfectly united.

Dr. Grassett then showed a necrosed tibia, which he had removed.

Dr. Cameron presented a myo-fibroma, which Dr. U. Ogden had removed by abdominal section. The patient was a white woman, twenty-four years of age.

The President showed two small fragments of iron removed from the fundus of the eye by means of the electro-magnet. Both patients were first seen, and were operated upon, the day after the accident. In the first case there was already infiltration of the cornea, and indications of puro-lymph within the globe. In the second, there was well-marked hypopion. The bad state of the eyes so early as twenty-four hours after receipt of injury, not unlikely due to septic material on the foreign particles, led to an unfavorable prognosis, which was unfortunately confirmed, enucleation being required for relief of ensuing panophthalmitis.

OVARIAN TUMOR.

Dr. Machell presented an ovarian cyst which he had removed. The history of the case is as follows:

Mrs. G., aged 60 years, first noticed unusual enlargement of abdomen in early part of April last. She continued to increase steadily in size up to the middle of September, when she measured thirty-eight inches at the umbilicus. Up to this time she was able to go about doing most of her work. During the first week in October she had more or less diarrhœa, and continued to suffer from it occasionally up to the time of operation. The diagnosis of ovarian cyst of right side was made. I removed the cyst, the contents of which with a little ascetic fluid measured between five and six gallons. The cyst wall was dark in colour, rather friable; quite thick in one part close to the pedicle, and very thin in other parts. On the thickened part were scattered several papillary bodies suggestive of malignant disease. Some of these little growths were also seen on the peritoneum, which was considerably inflamed, covering the intestines. The pedicle was tied with Tait's knot, and dropped back into the abdominal cavity. The left ovary, having one or two very small cysts in it, was also removed. There were very few adhesions, and very little bleeding. The abdominal cavity having been well sponged out, a long perforated drainage tube was fastened into the lower end of the wound, which was closed by seven sutures. Borated absorbent cotton was placed over the tube and wound.

For twenty-four hours she was given absolutely nothing by the mouth—afterwards, a mouthful or two of tepid water flavored with brandy. At the end of twenty-four hours a teaspoonful of bloody serum was drawn up out of the tube with a syringe. In forty-eight hours it was replaced by a piece of rubber drainage tube. The catheter was used about every six

hours for three days, when she began to pass the urine herself. From the first she had not a bad symptom. The pulse and temperature reached their maximum height at the end of first twenty four hours, when they were 112° and 99⅘° respectively. On the fourth day—the critical day, according to Lawson Tait—they were 102° and 99° at 10 a.m., their highest point. Rubber tube removed on the fourth day, half the stitches on the 6th, and the remainder on the following day. Got up for first time on 17th day, shortly after which the wound was healed up entirely.

Book Notices.

Electra. Edited by A. E. Wilson and J. M. Leyburn, *Courier Journal* Building, Louisville, Ky.

The Dry Treatment of Chronic Suppurative Inflammation of the Middle Ear. By Charles J. Lundy, A.M., M.D., Detroit.

The Relation of Micro-Organisms to Surgical Lesions. By Henry O. Marcy, A.M., M.D., of Boston. Chicago: Review Printing Co, 1884.

Fifth Annual Report of the State Board of Health, Lunacy, and Charity, of Massachusetts. Boston: Wright & Potter Printing Co., 18 Post Office Square. 1884.

Medical Education. A paper read before the Philadelphia County Medical Sociaty. By Henry Leffmann, M.D., Philadelphia. Reprinted from proceedings of the Society.

Conférences, Thèrapeutiques et Cliniques sur les Maladies des Enfants. Par le Dr. Jules Simon. Tome ii. Paris: Aux Bureaux du Progrés Médical. 1884.

Home Again. A synopsis of a Tour Abroad. By Edward Borck, A.M., M.D., of St. Louis, Mo., a delegate to the International Congress. Sent gratis to any physician who will send his address and a postage stamp to 1214 Washington Avenue, St. Louis.

The Physician's Visiting List for 1885. Thirty-fourth year of its publication. Philadelphia: P. Blakeston, Son & Co., 1012 Walnut Street.

Physicians who have not already purchased their visiting list for 1885 might give this one a trial. It is conveniently arranged, neatly bound, and reasonable in price, contains the usual list of poisons and antidotes, metric system of weights, measures, posological table, list of new remedies, etc.

Surgical Delusions and Follies. By John B. Roberts, M.D. Philadelphia: P. Blakston, Son & Co.

This little volume is principally made up of an address delivered at the annual meeting of the Medical Society of the State of Pennsylvania, to which has been added many paragraphs which have periodically appeared in the *Polyclinic.*

Although one may not quite agree with the author's opinion on all the points referred to, yet a number of important truths are presented in a very forcible manner. The book should be read by all practical surgeons.

The Elements of Pathology. By Edward Rindfleisch, M.D. Translated by William H. Meren, M.D. (Univ. of Penn). Revised by James Lyson, M.D. Philadelphia: P. Blakiston, Sons & Co., 1012 Walnut St.

The translations of this work have earned the gratitude of both practitioners and students in placing within reach this able work on General Pathology. Although the book is small it contains in a condensed form not only the views of this illustrious author, but the results of the most recent investigations in this important branch of medical science.

Popular Science Monthly. By E. L. & W. J. Youmans. New York: D. Appleton & Co., 1, 3 and 5 Bond street.

The January number is unusually attractive. The contributors are, C. H. Stephens, Frederick Harrison, Herbert Spencer, Prof. W. K. Brooks, Prof. John Tyndall, F. A. Fernald, Prof. Horace M. Kennedy, Sir Auberon Herbert, J. H. Pooley, M.D., Dr. W. Breitenbach, Mattien Williams, O. S. Collet, Robt. W. Edis, F.S.A.

Handbook of the Diagnosis and Treatment of Skin Diseases. By ARTHUR VANHARLINGEN, M.D. Philadelphia: P. Blakiston Son & Co.

This book is written for the benefit of the practitioner, and is an excellent work for ready reference. The greatest attention is paid to the diagnosis and treatment. The diseases are arranged in their alphabetical order, so that information can be easily and quickly obtained with regard to any one of them.

From our knowledge of the author as an earnest, hard-working, able man, we expected to see an exhaustive work and have not been disappointed.

The Law and Medical Men. By R. VANSHON ROGERS, JUN., Barrister. Toronto and Edinburgh, Scotland: Carswell & Co.

This book is exceedingly interesting, and will doubtless prove very useful to medical practitioners. It presents to us the legal aspects of our dealings with the public in the matter of fees and proper qualifications to practice; it defines and explains fully the various questions which may arise in actions for alleged mal-practice; it shows the position of physicians in the Courts when asked to disclose confidential communications or give expert evidence; it treats of defamation, the relations existing between patients and physicians, the Anatomy Act, medical partnerships, and other things too numerous to mention.

The author uses language that is clear and concise, and quotes largely from cases occurring in Great Britain, United States, and Canada. We cordially recommend it to our readers, who, we feel sure, will derive both pleasure and profit from its careful perusal, and at the same time find it very valuable as a book of reference.

The Science and Art of Surgery. A Treatise on Surgical Injuries, Diseases and Operations. By JOHN ERIC ERICHSEN, F.R.S., LL.D., F.R.C.S. Surgeon Extraordinary to Her Majesty, the Queen; Ex-President of the Royal College of Surgery, of England, and of the Royal Medical and Chirurgical Society; Emeritus Professor of Surgery and Clinical Surgery in University College, etc. Eighth edition, revised and enlarged by Marcus Beck, M.S. and M.B., London, F.R.C.S., Surgeon to University College and Hospital, and Professor of Clinical Surgery, in the University College, London. With nine hundred and eighty-four engravings on wood. Volume I. Philadelphia: Henry C. Lea's Son & Co.

It is more than thirty years since this work was first published, and during this period it has met with marked favour wherever it was known. It has been frequently revised, and all the more advanced methods of modern surgical practice will be found recorded in its pages.

The author says: "In every instance an endeavour has been made to give as full and clear a description of symptoms, pathology, diagnosis, and treatment, as the importance of each demands and the present state of surgical knowledge permits."

It is a work which will bear frequent reading and deep study. No one who practices the surgeon's art can afford to be without this treatise on surgical injuries, diseases, and operations.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A.B., A.M., M.D., LL.D., Surgeon Bellevue Hospital, New York, etc., etc. Seventh edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Messrs. Vannevar & Co.

This work needs no eulogy from us. It has spoken for itself, and its rare excellence is well known to the whole medical world. The fact that seven editions have been issued in twenty-five years shows how highly it has been appreciated. The present edition is considerably larger than the last, the author having drawn largely from recent surgical literature. Among the Canadian cases referred to are one reported by Dr. George Wright, of Toronto, of dislocation inward of the upper extremity of the ulna, the head of the radius remaining in its place; and one by Dr. Powell, of Edgar, of congenital displacement of the upper epiphysis of both tibiæ. These appear for the first time, and others are repeated from former editions.

The book is much larger than the former edition and is as complete, we think, as a work of the kind can be. Considering all the anxieties caused by fractures and dislocations in the ordinary everyday practice of surgery, we can only wonder that any general practitioner should think of getting along without it.

Personal.

Prof. Huxley's health is much improved, and he is about to return from Venice to England.

Dr. J. V. White, of Au Sable, Mich., went to England in November. He expects to remain one or two years.

Dr. Bathazar Foster has been requested to stand as the Liberal candidate for Chester, England.

Died at Montreal, on the 12th of November, at the age of 60, A. B. Craig, M.D., Professor of Pathology at the Ecole de Medicine et de Chirurgie de Montreal (Faculty of Medicine of Victoria College.)

A bronze bust of the late Dr. J. Marion Sims, a copy of the marble bust by DuBois of Paris, was presented to the New York Academy of Medicine by Dr. H. Marion Sims.

PROF. GROWITZ.—We learn that Prof. Growitz has declined the appointment of Professor of Pathological Anatomy in Bellevue Hospital Medical College, and that he has just been elected Professor of Pathology at Greifswald.—*Med. News.*

The Queen of England has appointed Sir Prescott Gardner Hewitt, Bart., F.R.S., to be one of Her Majesty's Sergeant-Surgeons-in-Ordinary in place of the late M. Cæsar Hawkins.

During the October "sittings," Drs. W. A. Ross, A. McKillop, and D. Gow were admitted as Licentiates of the Royal College of Surgeons, Edinburgh; and Dr. S. C. Davies received the double qualification.

The students of the 2nd, 3rd, and 4th years in McGill Medical College, recently presented Prof. Osler with a handsome gold hunting-case watch, as a slight token of the high esteem in which he was held by them.

Mrs. Weldon, in a recent suit, obtained damages to the extent of four hundred pounds from Dr. Forbes Winslow for alleged improper detention in a lunatic asylum. The defendant will, in all probability, appeal to a higher court.

Miscellaneous.

Dr. Thomas, of New York, says that among drugs the permanganate of potash is the best emmenagogue.

Tincture of benzoin is said to be useful in the treatment of chapped hands and frosted feet.

The Order of the Legion of Honour has been conferred on Dr. Robert Koch by the French people.

Professor—"Mention an oxide." *Student.*—"Leather." *Professor.*—"Oxide of what?" *Student.*—"Oxide of beef." Exit professor.

The *British Medical Journal* reports a death from chlorodyne. So dangerous a remedy should not be so easily obtained by the public.

Sir William Jenner, of London, commenced life as an apothecary in a small back street, and for a long time the battle of life fell severely on him.

Sir Henry Thompson recently presented to the museum of the Royal College of Surgeons his valuable collection of calculi, the result of 812 operations.

In November there were two more deaths from anæsthetics in England; one from bichloride of methyline in a dentist's chair at Bedminster, the other from chloroform in the Derby Infirmary.

Since last September Emperor William has had five severe fainting fits, his vitality falling very low after each attack, and it is feared at the Berlin court that he will die suddenly before the year is ended.

Talleyrand, the Prime Minister of Napoleon, was disliked by Madame de Stael. It so happened that Talleyrand was lame and madame cross-eyed. Meeting one day, madame said: "Monsieur, how is that poor leg?" Talleyrand quickly replied: "Crooked, as you see."

Dr. E. G. Janeway thinks abscess of the liver not so infrequent on this Continent as generally supposed. He has seen seven within a year, with three deaths and four recoveries. Of those that recovered the abscess was opened by operation in three cases, and one opened spontaneously.

The Christian Scientists hold that mind has supreme power over matter; that the sick may become well if they only think so, and, indeed, are well if they believe and act as if they were. They have a church in Boston, and a college where, for $300, one may be taught to become a healer. Some remarkable cures of nervous troubles have been effected.

Medical Life Peers.—An amendment has been proposed to the British Medical Act Amendment Bill to the effect that two physicians of over twenty years' standing be made life peers, and act as Lord Justices of Appeal in Medico-Legal trials. Some such measure has been frequently urged by members of the profession in England, and, if carried out, will considerably strengthen the hands of justice.

The Rich Doctors.—Enormous sums of money would be amassed by a celebrated doctor in the days of academic prosperity. To retain his services a university would give him almost any terms he liked to ask. Taddeo, of the Florentine University, Villani tells us, was the most reputed medical man of his day. He was deemed a second Hippocrates, and summoned by the rich to all parts of Italy. The Pope fell ill and sent for him; when asked his fee Taddeo claimed 100 ducats a day, at which the invalid Pope remonstrated. Taddeo was firm, told stories of what large sums other Princes had given him, and hinted at the stinginess on the part of His Holiness. The Pope recovered from his sickness, and, "to purge from himself all suspicion of avarice," he sent Taddeo no less than 10,000 ducats. The doctor was a man of pious intent, and spent this splendid fortune on the erection of a church. The university of Modena gave Suzzara 2,250 lire and a piece of land in their district, on condition that he would live among them for his life. Suzzara accepted the gifts, but the annals of his life show that he did not stick to his part of the bargain, for he wandered from place to place amassing wealth, and died far away from Modena. Suzzara was a man who extremely loved dress, great professor though he was. He is reproachfully alluded to by a fellow doctor thus: "Men of science should not go about in silken robes covered with colored embroidery, such as Suzzara used to wear." Again, Prof. Baldo spent a wandering life in spite of an oath to remain in one university. He taught thirty-three years in his native Perugia, and then passed six years at the Florentine University; from thence he went for three years to Bologna, for one to Pisa, for three to Padua, and for ten to Pavia, where he died worth a large sum of money. This moving to and fro was a curious feature in Italian university life, for not only did the professors travel, but they were followed by most of their devoted scholars who at the time were being instructed by them; thus the departure of a celebrated professor meant a regular exodus from the place they left, and a signal for great rejoicings when they arrived at their proposed destination. Not only the cities, but the Popes and Emperors, gave to the professors large gifts—to our friend Giovandrea, of Bologna, Pope John XXII. gave a feudal estate—and in their old age they were well looked after.—*The British Quarterly Review.*

The Hippocratic Oath.—"I swear by Apollo, the physician, by Æsculapius, by Hygeia and Panacea, and by all the gods and goddesses, that, to the best of my power and judgment, I will faithfully observe this oath and obligation. The master who has instructed me in the art I will esteem as my parents, and supply, as occasion may require, with the comforts and necessaries of life. His children I will regard as my own brothers, and if they desire to learn will instruct them in the same art without any reward or obligation. The precepts, the explanations, and whatever else belongs to the art I will communicate to my own children, to the children of my master, to such other pupils as have subscribed the physician's oath, and to no other persons. My

patients shall be treated by me to the best of my power and judgment, in the most salutary manner, without any injury or violence; neither will I be prevailed upon by another to administer pernicious physic, or be the author of such advice, nor will I recommend to women a pessary to produce abortion, but will live and practise chastely and religiously. Cutting for the stone I will not meddle with, but will leave it to the operators in that way. Whatever house I am sent for to, I will always make the patient's good my principal aim, avoiding, as much as possible, all voluntary injury and corruption, especially all venereal matters, whether among women or men, bond or free. And whatever I see or hear, in the course of a case or otherwise, relating to the private affairs of life, nobody shall ever know it if it ought to remain a secret. May I be prosperous in life and business, and forever honoured and esteemed by all men, as I observe and not confound this solemn oath; and may the reverse of all this be my portion if I violate it and forswear myself."

Dr. Alfred Sheen, in his paper, "Relations of the Medical Profession," says:—Not a very long time ago a friend of mine consulted a celebrated physician, who, in the course of investigating his case, told him that he (the physician) had the largest practice in the world; something like the *Daily Telegraph*, with its well-known advertisement, "the largest circulation in the world!" "A single purpose, high views, robust self-respect," will save us from falling into many objectionable peculiarities of character, peculiarities at which shrewd and sensible people only smile. Mr. Tom Hughes offers some sensible advice to medical men. He says, "Learn to read character by studying your own, to speak plainly, to practise reticence, and to avoid mercenary habits." Again—

> "To thine own self be true,
> And it must follow, as the night the day,
> Thou canst not then be false to any man."

Our first and chief duty to a patient, when he comes before us, I conceive to be this: honestly and thoroughly investigate his case, with the sole view of relieving him to the best of our ability; and if, during the progress of the case, we are not quite sure of our own resources, to seek, in consultation, the aid of a colleague in whom we have confidence.

The *Lyon Medical* tells the story of a priest who was appealed to by a woman, for advice respecting the propriety of her taking a mixture of cubebs and copaiba, which a doctor had prescribed for her gonorrhœa. The priest examined the prescription and exclaimed: "Balsamics, those are used for the chest. Yours is weak. You can take them." And being of a generous nature, he wrote across the prescription: "Furnish at my personal expense." At the drug store where this prescription was filled there is still a sly smile to be noticed as this prescription is inspected.—*Detroit Lancet.*

The *College and Clinic Record* gives three reasons why all doctors should take an active part in some medical society. "The proper use of medical societies keeps one polished and out of ruts. Membership should be had in medical societies for the aid it gives one's self." "The profession, as a profession, needs the help of the humblest of its members. A meeting and comparing of ideas, a friendly criticism and seeking for the reasons of things, all help to strengthen the individual powers of each." "The fact is to be emphasized that every physician owes it to himself, his patients, and the public, to be actively engaged in the sessions of at least one medical society."—*Detroit Lancet.*

THE MARCH OF DEATH.—Dr. Farr once said that if he could watch the march of one million people through life, the following would be observable:—Nearly 150,000 would die the first year, 53,000 the second year, 28,000 the third year, and less than 4,000 in the thirteenth year. At the end of forty-five years 500,000 would have died, at the end of sixty years 370,000 would still be living; at the end of eighty years, 97,000; at eighty-five years, 31,000; and at ninety-five years there would be 223; at the end of 108 years there would be one survivor.—*Medical Review.*