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Original Communications.

REVIEW OF DIAGNOSIS AND TREATMENT OF ASIATIC CHOLERA.*

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

If the first cases which occur in a district could be promptly diagnosed, there would be little difficulty in stamping it out. But unfortunately it presents no distinctive symptom which is not occasionally found in sporadic cholera. Moreover, the characteristic phenomena are not often developed at first, and as the premonitory diarrhoea is frequently controlled with comparative ease, many such cases may occur before it is recognized. The history of its advent in many places inclines me to the belief that the earliest cases have been overlooked as simple diarrhoea. The outbreaks at the asylums of Lauffen and Neittlehen, in Germany, would seem to bear no other explanation, and coming nearer home, the cases occurring in New York City last year, scattered as they were over such a wide area, points in the same direction. These mild cases propagate the bacilli as readily as the more severe, and, in unconscious ignorance, they may be sown far and wide, to bring forth an abundant harvest of malignant cholera. Situated as we are so far to the west, with such abundant warning, we should treat every case of diarrhoea with all the sanitary precautions that we would employ if it were a known case of cholera. While it is true that there are no symptoms whereby we may with certainty diagnose the early stage of cholera from diarrhoea or cholera-morbus, yet there are some symptoms which are very rare in anything but true cholera, such as vertigo, tinnitus aurium, headache and much greater depression of spirits. In any case of diarrhoea, with a possibility of cholera before us, a marked prominence of ner-

vous phenomena should cause us to suspect cholera. When to these are added symptoms of shock, such as rapid, weak pulse and peripheral coldness, the probability is increased; but when, in addition, we have cyanosis and suppression of secretions, it amounts almost to a certainty.

The symptoms are sometimes severe from the outset, but the vivid pictures of the books are rarely seen till in the advanced stage. So far as symptomatology is concerned, it may be taken as granted that, as stated by Osler, "the clinical picture presented by Asiatic cholera is almost identical with that of cholera nostras." Bearing this in mind, it becomes our duty to procure a thorough bacteriological examination, as soon as possible, in any suspected case. By this means alone can an absolute diagnosis be made.

The fatality is said to be all the way from 30 to 80 per cent. of those attacked. Any diseased condition of the intestinal mucous membrane renders the disease very fatal. Bad hygienic conditions, such as over-crowding, bad air, poor food, impure water, or anything which causes a condition of depressed vitality, renders a person an easy prey to any disease, and cholera is no exception. This is an important fact, that deserves more attention than it usually receives. A man may think and declare that he is in good health and may have the appearance of health, and yet, on account of his having been breathing impure air, drinking bad water, or some other cause, he succumbs to a disease from which an apparently weaker person would easily recover. This is known to be true of beer-drinkers who, while they have the enviable, rosy hue of health, make a poor fight when disease attacks them, and it is just as true in regard to other conditions of lowered vitality.

Tobacco is not often referred to as an element in prognosis, yet there are eminent men who do not hesitate to declare that it very much diminishes a man's chances of recovery from cholera.

In attempting to review the treatment of cholera, I shall only take up a few of the remedies and methods which have been employed, and endeavor to discuss the principles involved, without wearying you with details, which are to be found in every medical journal. The indications for treatment are not at all well marked. For instance, it is not certain that the alkalinity of

* Read before the Ontario Med. Association, June, 1893.

the intestinal juices is something to be chemically counteracted; observers are not agreed that the cyanosis is due to the diffusion of blood-serum, and it is open to question whether it is possible to destroy the bacilli in the alimentary canal.

The diarrhoea is the principal and often the only symptom met with early in the disease, and, even regarding this, professional opinion is divided into two great camps. The one looks upon the diarrhoea as an effort of nature to rid herself of the bacilli and their poisonous products, and believe that astringent measures only favor their retention and absorption. Those who favor this view advocate the use of remedies which tend to limit or destroy the cholera germs, together with measures calculated to sweep them as rapidly as possible out of the bowels.

Those who advocate the astringent theory, regard the diarrhoea as a condition which, like all catarrhal states, favors the rapid multiplication of the bacilli. They believe that by checking profuse secretion and allaying irritation they are removing conditions which favor the growth of cholera germs. There is no doubt that many cases have recovered under this line of treatment, whether as a result or in defiance of the treatment, who shall say? There is probably a measure of truth in both theories, as I shall endeavor to show.

There can be little doubt that the undigested food and fecal matter in the bowels forms the most favorable soil for the growth of the bacilli, and the development of their toxins, and there are probably few medical men at the present day who would not regard it as their first duty to remove such material as soon as possible in an ordinary case of diarrhoea. This would also seem to be the proper course to pursue in cholera, not with the object of removing the bacilli, but the materials which favor their growth. For this purpose, castor-oil, Gregory's powder and rhubarb have met with most favor. Of course if this object had been effected by the efforts of nature, nothing would be gained by adding to the irritation. Some who have tried the purely purgative treatment have given it up and gone back to the astringent method, but they probably did not use that judgment which is necessary to the success of any treatment. Sir George Johnston, who may be said to be an apostle of the purgative

treatment, admits that there is a time when purgatives should give way to a soothing and astringent course, calculated to allay the irritation and heal the mischief caused by the disease. From several places where this plan has been tried come the most encouraging reports. It was given a very thorough comparative trial in the Liverpool parish infirmary, in 1866. Ninety-one cases were treated with hypodermic injections of morphia, astringents, stimulants, etc., with a mortality of 71.42 per cent. Eighty-seven cases treated with castor-oil and a liberal allowance of food and alcohol gave a percentage 41.37 deaths. One hundred and ninety-seven cases were treated with castor-oil alone, without food or alcohol, and the death-rate was only 30.45 per cent.

Epidemics differ so much, and there have been so many cases which have recovered with little or no treatment, that we must be careful in estimating the value of any method, but a comparative test such as that referred to, is surely of more value than any number of individual experiences.

Cantain's method to a certain extent belongs to the category of eliminatives, for while he adds tannic acid and laudanum to the enema, they do not prevent it washing out the fecal matter and toxins from the bowels as far as it reaches. There is probably very little absorption, and so the tannin and opium will only have a local effect, if any. In early stages this treatment seems to have given good results, but when used in the later stages when the blood has become saturated with toxins and nature requires all her powers of depuration, although it checks the diarrhoea, the patients usually die in a typhoid condition.

In this, as in many other diseases, we are in great need of a more complete knowledge of the natural history of the disease, uninfluenced by drugs. We know at present that many cases get well with little or no treatment, and the most active measures give only a small percentage of recoveries. Fuller knowledge of its natural history would, doubtless, cause us to discard many of our powerful remedies. Opium is one of our most powerful means of relieving pain and shock, which are such important factors in the struggle for life in either a medical or surgical case. It also lessens peristalsis, and diminishes all the secretions, except that of the skin. These properties may prove of great value if wisely used, but powerful weapons

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require skilful hands. We must recollect that nature is making a desperate effort to cast off an invader, and if we drug her off to sleep, and check all the measures she has adopted to defend herself, we are giving the advantage to the enemy.

The history of the profession shows that we have had a tendency to mistake relief from suffering for improvement. A patient bled to the approach of syncope, expresses great relief, but it was the relief which comes from the near approach of death. So opium, alcohol, chloroform, etc., give relief by pushing the system a few stages nearer the boundary line of death. Many believe that opium has a stimulant effect in small doses. I am afraid that many young men, and some older ones, have learned by bitter experience, that even minute doses of opium, not only relieve pain, but, under certain circumstances, produce sleep from which there is no waking. Koch could not communicate cholera to guinea pigs till he had narcotized them with opium.

When we discover a narcotic that does not lower the vital powers, we can use it without fear. In the meantime I hold that no narcotic whatever should be used in the treatment of cholera, unless it seems certain that the relief to pain and shock will do more good than the lowering of the vital functions will do harm. In our choice of a narcotic we should select that which will give the greatest relief to pain, and at the same time produce the least depression of the vital functions. Chloroform by mouth or inhalation and chloral hypodermically, seem to meet these indications.

From a study of the action of alcohol it is difficult to conceive how it could do anything but harm. It is certainly an anodyne, but in this respect very inferior to chloral or chloroform. If it were as fatal to bacteria as it is to man, we might expect it would be an excellent germicide, but its action in this respect is very slight. On account of its affinity for water it must assist the disease in robbing the system of its fluids and increasing the thirst. I believe that it belongs to the class of narcotics, all of which weaken the vital powers.

In this I may be wrong, but I find myself in a large and very respectable company, such as Sir William Gull, Sir Andrew Clark, Prof. Wilkes, Prof. Whitla, of Belfast, and a host of others at home and abroad. If this view be correct, it

forms one more reason why it should be sparingly prescribed in cholera.

In a disease in which the causative agent is confined, to a great extent to the alimentary canal, we might expect great results from antiseptics. So far, however, there has been no notable advance made in that direction.

Calomel maintains its reputation as the most valuable antiseptic in this disease. Runnuff and Zeimmsen especially assert its superiority. They commence with a dose of from four to eight grains, and continue with from $\frac{1}{2}$ to $\frac{1}{4}$ grain, every two hours. Paul Gibier, of New York, gives the bi-chloride, but calomel is probably, to a certain extent changed into bi-chloride in the stomach and bowels, especially if an acid be given.

Mineral acids are destructive to the bacilli and are found to maintain that reputation in practice.

Muriatic, sulphuric and lactic acids have, so far, been the favorites, but probably here, as in many other diseases, the sulphurous may be found to be superior to any other as an antiseptic.

But it seems to me more reasonable, instead of using powerful poisons to kill the bacilli, to use measures to carry them out of the bowels along with anything which might be a favorable medium for their propagation. If enemata of hot water be used they would have the additional advantage of supplying heat to the body in a very effective manner, and we know its value in inflamed conditions of the stomach.

During the algid stage, many patients are said to have been rescued by injecting water into the blood. Of the several methods which have been adopted to accomplish this, intravenous injection, which dates as far back as 1834, seems to be the most successful. The procedure has been very much simplified. Now, a simple reservoir for containing the fluid, a piece of rubber tubing and a needle trocar for perforating the vein are all the instruments required. Cantain introduced the method of injecting the fluid under the skin. Grettman, of Berlin, prefers this, but in hospital practice generally the intravenous method met with most favor. In private practice the continuous subcutaneous method has been most used, but was followed by abscesses in some instances. The fluid has also been introduced into the peritoneum, but this method has not been used sufficiently to justify an opinion.

Different formulæ for the fluid to be injected have been proposed, but the normal salt solution, containing .75 per cent. of salt and properly sterilized, seems to have given as good satisfaction as anything.

One of the latest methods of treatment has been the Kleb's anticholerine, a toxic material obtained from a pure culture of comma bacilli. It has not been extensively tried, but the reports so far do not indicate that it has much value.

To sum up, it does not seem that late years have given us any remedy or procedure of notable value. The battle yet remains to be fought out between the eliminative and astringent methods. I believe that the eliminative forces will win at no distant day, and that this will mark the first great advance in treatment.

The points on which I am specially anxious to hear a good discussion are :

(1) Cholera frequently exists in a vicinity in such a mild form as to escape detection for a length of time, before malignant cases occur.

(2) The eliminative method of treatment may not give the most prompt relief to suffering, but it ensures much the largest proportion of recoveries.

(3) Opiates should be used only for relief to pain and shock, and then only after other anodynes have failed to give relief.

THE TREATMENT OF POTT'S DISEASE OF THE SPINE.*

BY A. B. JUDSON, M.D.,

Orthopædic Surgeon to the Out-Patient Department of the New York Hospital.

While caries of any part of the vertebral column cannot be considered an unimportant affection, it is well to recognize the fact that much depends on the region of the spine involved. In the middle dorsal region it is perhaps the most serious trouble, excepting malignant disease, that can attack the bones of the growing child. In this part of the spinal column the destruction is often extreme and the deformity great, evidently because the affected bones are at the greatest disadvantage mechanically. Lower down, the vertebral bodies are so large that they do not lose their relation of

mutual support until the loss of substance is very extensive, and above, the vertebral bodies, though small, have less weight to sustain. But in the intermediate portion not only do the bones feel the incessant movements of respiration, but they are also more widely moved in flexion and extension and in lateral curving with rotation than in other parts of the column, and furthermore they are exposed in a peculiar manner to the risk of over-strain from their position in the middle of the column. I think it is in the experience of all of us that in this middle and upper dorsal region Pott's disease continues longest before consolidation takes place. Here we have a most striking illustration of the fact that the recovery from articular osteitis is postponed by unfavorable mechanical environment. As joints in the upper extremity, free from the mechanical stress attending locomotion, recover easily, while those which in the lower extremity, bear the heat and burden of the day, recover only after prolonged and extensive destruction, so articular osteitis in the cervical region of the spine is easily curable, while in the upper and middle dorsal region relief and repair come only after desperate and prolonged risk.

How can we best assist nature to cure this disease in this difficult part of the skeleton? The same general rules apply here as in the treatment of articular osteitis in the lower extremities. We can not cut short the disease by an operation or by any procedure whatever, but can expect with confidence, and must promote by our best endeavors, the arrest of destruction and the beginning of repair. What then can we do to put the affected vertebræ in their best attitude and to raise the defensive and reparative powers of the system to their highest efficiency? As in articular osteitis occurring elsewhere we desire, (1) to relieve the bone of the duty of supporting weight and concussion, and (2) to prevent the affected joint from motion, believing that the arrest of these two functions, weight bearing and motion, are essential to good treatment. It does not seem wise to keep the patient recumbent for the long period necessary. In the management of hip disease we put the affected limb to bed, so to speak, while the patient is up and about. But a similar resort in Pott's disease is impossible. Since the patient is up and, to a certain extent, active in locomotion, our best resort, in my opinion, is to take what

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benefit can be had from the application of a lever making pressure from behind forwards in the neighborhood of the posterior projection and counter-pressure from before backwards at two points, one above and the other below the level of the disease. In a limited sense this application relieves the diseased joints from the weight of the body while the patient is up and about, because antero-posterior pressure thus applied transfers a part of the weight and concussion, incident to standing and walking, from the diseased bodies of the vertebræ to the processes, which remain sound. Having thus (1) removed so far as is practicable, injurious pressure from the diseased structures, it is obvious that we have also applied the most effective kind of retentive splint for (2) the arrest of motion in the affected joints.

It does not take much practical experience to convince one that efficient pressure applied in this manner is productive of good. It may not at once arrest morbid action and induce cicatrization of the carious bone. For these events we must wait for the natural re-action, but it is not difficult to believe that nature will the more promptly intervene with reparative efforts if our mechanical applications relieve distress and substitute a feeling of strength for weakness and apprehension. A well-applied support at once gives a degree of relief which finds plain expression in the face and attitude of the patient. As a matter of fact a feeling of security and comfort is afforded by the use of a corset made from any of the materials in ordinary use. I will not indicate the defects of apparatus of this kind. The inexpensiveness of jackets and the ease with which they can be obtained and applied, make them of the greatest service to a vast number of patients who otherwise would have no mechanical support whatever. But when and where it can be done it is necessary to give the patient the benefit of accurately adjusted antero-posterior pressure.

At the best, antero-posterior pressure, no matter how carefully applied, fails to give all the support which is desirable. This is because the leverage is deficient. In the vertebral column there is found no long bony lever such as is at hand in making a mechanical application for fixing the knee. There is, rather, a succession of irregular bones movable upon each other, which, from the nature of the case, impair the success of any

attempt to arrest motion or support the column by pressure from behind forwards and counter-pressure from before backwards, because the pressure from before backwards will, a part of it at least, be expended in bending backward portions of the vertebral column above and below the projection. The force thus employed is, however, by no means wasted, as it secures an ultimate improvement in the shape of the trunk, which is often characteristic of patients who have been thus treated.

The apparatus needed is essentially simple, consisting of two parallel uprights united below by a pelvic band, and diverging at their upper ends at the base of the neck, and curving over the tops of the shoulders. Pressure from behind forwards is made by two pads attached to the uprights at the level of the projection and applied a short distance from the median line on each side. Counter-pressure from before backwards is made below by a strap passing from one end of the pelvic band to the other in front of the pelvis, and above by straps, one on each side, passing from the upper end of the upright through the axilla to be buckled to the upright. The most important feature of a brace constructed to carry out these views is the use of mild steel for all the metal parts. The use of this material puts in the hand of the surgeon the power to modify the degree and direction of pressure to the changing shape, and to meet the increasing tolerance of the skin to pressure. The re-action of the skin should receive special and constant attention, and gentle and gradually increasing pressure should be made till the limit of comfortable tolerance is reached.

By patient attention to details, apparatus thus designed may with certainty be made comfortable and efficient. The diffused support furnished by a jacket is often secured by the addition, to the simple lever described above, of aprons and other pieces which add to the feeling of stability and security without interfering with the chief function of the apparatus which is to make antero-posterior pressure. One hardly knows where to begin and where to end in the consideration of the details which demand attention in practice of this kind. I will close by saying that cheapness and cleanliness may be promoted by leaving the steel parts of this brace unpolished, and covering them with a single layer of adhesive plaster, and then

with strips of canton flannel or silk cut bias, and renewed without much trouble as often as may be desired.

Selected Articles.

THE ÆTIOLGY AND THERAPEUTICS OF ALCOHOLIC INEBRIETY.

The "alcohol habit," "drink craze," "thirst for alcoholic liquors," oinomania, dipsomania, comprehended under the general title Inebriety, and for which the latter is a synonym, is oftentimes, if not always, the symptom or outward and prominent manifestation of diseased conditions, which antedate the alcohol craving, and are its predisposing and exciting causes not only; but complications—which retard, and sometimes even prevent a cure.

In the popular, and too often in the professional mind, alcohol is regarded as the cause and the root of the whole evil of inebriety. We desire to assert that inebriety is frequently dependent upon causes with which alcohol has nothing to do. There is a neurotic craving—it may be congenital, it may be developed as the result of disease or accident. This craving demands the various forms of narcotic stimulants, those that first excite, then produce narcosis more or less complete. Alcohol fulfils this condition, is easily accessible, reasonably inexpensive, and is the one drug that meets a morbid craving that seems to be almost universal. But what about the origin of this craving, this abnormal desire for alcohol or other drugs.

We do not fail to recognize the deteriorating effects of alcohol manifested principally, at least, more pronouncedly upon the nervous system as seen in the various forms of insanity, and the various neuroses, neuritis, epilepsy, alcoholic paralysis. We also note the degenerative effects of alcohol on lung, liver, kidney or other organs and tissues of the body; or as a special poison in the same sense that lead, arsenic and tobacco produce their effects.

But beyond and back of the direct, deleterious effects of alcohol, functional or organic, upon the nervous system, or its alterative effect on tissue, or its direct poisonous effects, as far as alcohol may be regarded as a factor in the production of inebriety, we believe that we may practically exclude it from consideration as a prime factor, certainly the most important factor in the ætiology of inebriety.

We believe that the great majority of inebriates become so from necessity, not from choice, that there is a "vis a tergo" of heredity, environment and disease, that produces physical degeneracy and pushes them over and plunges them into inebriety.

With some of the various predisposing and exciting causes of inebriety we are reasonably familiar; these by their direct or reflex influence upon the cerebro-spinal axis produce or lead to habits of involuntary drunkenness or inebriety. The patient with fever craves and may drink water freely, excessively and injuriously. The diabetic is an aqua-maniac in a certain sense, but in neither case do we recognize the aqua-mania or water craving as the disease, but rather as proceeding from certain abnormal conditions which we readily recognize. So the liquor thirst is the result of morbid conditions that produce an abnormal desire, which alcohol seems, temporarily at least, to satisfy.

Whether there are any definite lesions of the nervous system which produce dipsomania as other well-defined lesions of the nervous system have produced definite well-known symptoms, we are not prepared to say, but classify dipsomania with erotomania, kleptomania, pyromania, or other forms of periodical and impulsive insanity, which are marked by nerve storms or crises, which like tidal waves come suddenly, overwhelm the individual and plunge him into characteristic forms of dissipation, violence or crime.

The excessive use of alcohol, while it is oftentimes the cause of various diseases of the nervous system, and also a frequent cause of insanity, is also the precursor or initiatory symptom of certain diseases of the nervous system and also of insanity.

The parietic will crave and use alcohol in the earlier stages of his malady. The victim of nervous syphilis is addicted to it, more especially in the later stages when the nervous system becomes involved; about one in six of the several thousand inebriates that have passed under our observation at the Fort Hamilton institution were so affected.

I have reason to believe that many did not use alcohol in excess until the nervous symptoms of syphilis were developed. Any depressing, exhausting, or painful disease may produce the alcoholic craving, alcohol being sought for its stimulating properties. The neurasthenic craves alcohol, and it temporarily relieves the "nerve exhaustion" so common amongst the great army of neurotics. Alcohol, moreover, is second only to opium, ether, or chloroform as an anæsthetic, indeed, has been used as a substitute for the latter. Hence, persons find experimentally, that alcohol relieves pain, and its use is carried to a harmful extent, its deleterious effects produced and inebriety established. Indeed, there is an analogy here between the opium and the alcohol habit. While the former almost invariably has its starting point as a pain relieving agent, the latter has also, not infrequently, the relieving of pain as its beginning.

It is possible that a healthy individual with

good personal and family history, may use alcohol sociably or as a matter of custom, until the habit becomes firmly established. The alcohol breaks down the constitution, invades and degenerates the nervous system, and thus develops inebriety, because the alcoholic degenerations, or even functional disturbances of the nervous system are the very conditions under which inebriety is established. We say this is possible, but we assert again that behind the large majority of inebriates will be found a defective family or personal history, not only complicating but causing the inebriety; retarding, oftentimes preventing a cure.

It can be thus seen that inebriety is but a symptom—a flag of distress hung out by the nervous system. As some one has aptly said, “neuralgia is the cry of the diseased nerve,” so the “drink craze” is the cry of the neurasthenic for a stimulant, of the pain tortured nerve for an anæsthetic, of the victim of insomnia for a hypnotic. It is but reasonable to infer then that the therapeutics of inebriety must be varied as the causes that underlie and call it forth. Not any patient that applies for relief to the physician needs a more careful examination than does the inebriate. You may rest assured that there is some underlying cause, probably several, that must be removed if we would restore the inebriate to his former habits of sobriety. If he is found suffering from the later manifestations of syphilis he will need special treatment for this condition, especially if the nervous system is involved; a painful stricture of the urethra may require division. Chronic malarial poisoning with its complicating disorder of stomach, liver and spleen, will demand special treatment. In a case on record the irritation of a tape-worm produced a tendency to the excessive use of alcohol, which tendency passed away when the worm was expelled.

In a word, the large majority of inebriates are diseased persons and that primarily and antecedent to their inebriety, which is appended to and aggravates their diseased condition.

Special diseases therefore require special treatment, irrespective of the inebriety, if we would cure the inebriate. In this connection we may ask are there any drugs that we can substitute for alcohol. Opium and the salts of morphia will do so in a marked degree, although cocaine, chloral and the bromides have been so used.

The use of opium or morphia is not uncommon among inebriates who desire to “leave off alcohol.” The inebriate, as a rule, is a congenital neurotic. From birth almost, he reaches out for some drug that will gratify or meet his neurotic craving. He will “ring the changes” on all drugs that effect the nervous system; he will try all things (drugs) and hold fast to that which is bad. The alcohol and the opium habit to the inebriate are

convertible habits, and the inebriate, like a pendulum, will swing from alcohol to opium; not infrequently the two habits are combined, as in the form of tinct. opii., constituting a mixed habit, in which the affects of both alcohol and opium have to be considered. Occasionally a case is presented in which morphia is used hypodermically, and the alcohol used in the usual manner. In cases where opium addiction is associated with the habitual use of alcohol, the opium habit is of paramount importance and the alcohol assumes a secondary place. The fact that opium can substitute alcohol is the keynote to many vaunted secret cures, in the so-called “narcotic treatment” for alcohol. It simply substitutes one habit for another and as long as the victim is taking the so-called remedy he is reasonably comfortable. But I admit if the “narcotic treatment” was carefully practised, in judicious hands it might, in conjunction with such other remedial measures as would best eradicate the primal causes of the inebriety, prove useful if not curative in cases of inebriety.

Are there any drugs that are specifically beneficial for the treatment of inebriety as such? We would state that drugs that act directly as a stimulant to the nervous system are of value. Strychnia is a type of this class of drugs and one of the best of its class. Luton, of Rheims, Belgium, was the first to point out its value in alcoholism. Then the Russians used it largely and it was known as the “Russian treatment,” and finally, the Americans adopted its use in such cases.

Strychnia has proved serviceable as both abortive and curative in acute alcoholic delirium, as well as useful in the more chronic forms of alcoholism. It seems to be tolerated in such cases—in cases of alcoholic poisoning under normal conditions, we have no record of the value of strychnia as an antidote; interesting experiments might be made on the lower animals with a view of determining this point. Strychnia is an excellent cardiac tonic, and one of the best respiratory stimulants, and might be used in general medicine in cases in which alcohol is oftentimes prescribed.

Oxide of zinc, during the past twenty years, has been used with advantage in cases of chronic alcoholic intoxication. This drug was largely brought to the notice of the profession by Dr. W. Marcet, of London, who had an extensive hospital and dispensary practice, especially in diseases of the nervous system; and as he found zinc of value in various chronic disorders of the nervous system, he used it also in cases of chronic alcoholism. His observations, published in a small work entitled, “Chronic Alcoholic Intoxication,” are an extremely valuable addition to the literature of alcoholism.

Quinine has been used more particularly in the later or convalescent period of the treatment of alcoholism. The so-called “Red Cinchona Cure”

for a time interested the public. Rational medicine does not recognize any special drug or specific remedy as a universal cure in inebriety, nor does clinical experience form any basis for such a claim. From the very nature of the case, such a remedy would be impossible. The ætiology of inebriety is dependant on such a variety of causes, and its environments and complications so numerous, that any one remedy could not fulfil all, or even meet the more important of these conditions. However valuable drugs may be to meet certain indications in the various conditions incident to inebriety, we believe that so far as the curative treatment of inebriety is concerned, drugs must assume a secondary place valuable as they may be in their respective spheres.

In the treatment of the alcoholic habit we place first: *Restraint, and seclusion in a special asylum for a definite period, and total abstinence during this period.* In a few words, concisely expressed, this statement includes the plan now adopted by the leading asylums of this country and of Europe for the recovery of the inebriate. It involves restraint (legal if need be), seclusion, a special institution, in which all the latest and best methods of dealing with the inebriate are procurable, a sufficient period in which to apply these measures and we need hardly add, a long period of total abstinence from all alcoholic liquors. We need hardly add that diet, rest, recreation, hygienic surroundings and the exhibition of appropriate drugs are all included in the above plan.

The causes of degeneration being removed, the factors of regeneration being brought into action, new formation of nerve, muscle and tissue must supplant degenerated tissue, if haply organic disease has not resulted in irreparable injury.

We have hinted at an hysterical element in the history of inebriety. The inebriate, whatever may be his condition, is largely influenced by his surroundings, hence, as almost in no other disease, must we recognize the value of psycho-therapeutical agencies hitherto if not altogether, used by the charlatan, but recently recognized and practised by leading neurologists, as of value in their specialty. In the light of such an hysterical element in the clinical history of inebriety, we can readily account for the apparent success of the so-called temperance movements that sweep over communities periodically and effect many apparent cures, or rather, in the language of the day, reformations. Such an element will also explain why after such a tidal wave of excitement, relapses take place oftentimes in large numbers, and the period of excitement is followed by a period of reaction.

The occurrence of relapses is readily accounted for by the fact that the stimulus of the period of excitement buoys up the inebriate for the time being, during which strong mental emotion is a powerful factor. He is keyed up, as it were, for

the time, and sustained by a moral stimulus. When this is withdrawn, reaction, followed by corresponding depression, sets in, and the old method of stimulation is again imperatively demanded and yielded to. Why some inebriates go through such a period of excitement and do not relapse, and why others do, can be accounted for by the fact that the former are in a reasonable degree of physical health, and are not burdened, dragged down and handicapped, either by disease that is non-alcoholic, or that is the result of alcoholic degeneration. The inebriates so affected are not influenced, or if at all, only temporarily, by the so-called "temperance revivals" that appear and disappear with almost stated regularity in large and small communities, and we must add do good, but only in the channel indicated. It is also, operating through this hysterical feature of inebriety, that charlatanism may effect a temporary, possibly a permanent success in a certain class of cases.

A physician observed to me that he had visited many asylums for the cure of the inebriate, and that when the medical superintendents were men of strong will power and personal magnetism, as he expressed it, more cures were effected than when the reverse was true.

When the inebriety is due largely to neurasthenia, or in cases where the hysterical element largely preponderates, we believe psycho-therapeutical agencies, or even those that appeal to purely mental conditions, will be of service, but they will not cure a cirrhotic liver, lung, or kidney, or remove the physical causes upon which the inebriety may depend. In addition to those measures that appeal to the higher moral nature, there ought also to be combined such as meet with certain intelligent wants. To this end all reasonable amusements, entertainments, and especially such occupations as will interest the person and keep him busy, should be encouraged if not made compulsory. Incidentally I may mention hypnotism as having been used especially by French physicians, with some benefit in cases of chronic alcoholism. I have no data to give and have not had any personal experience with it.

The therapeutics of inebriety is a new field as yet not fairly occupied, but we believe the only true road to successful treatment will be along the lines we have indicated. That is, a knowledge of the underlying causes and the use of such therapeutical agencies as will best remove these.

"Tolle Causam," the legend emblazoned on the standard of rational medicine, the watch-word of every true physician and surgeon, should guide the specialist and direct his methods in his endeavors to cure the inebriate—Lewis D. Mason, M. D., in *Brooklyn Med. Jour.*

PHARMACOLOGY OF THE NITRITES AND NITRATES.

Although the first two Croonian Lectures, which dealt with the pharmacology of nitrites and nitrates, contained the results of a large amount of labor and of close experimental research, the third and fourth lectures are, we venture to think, more likely to be of value to busy practitioners, since they deal mainly with therapeutic considerations. Whilst laying due stress upon the various conditions in which the nitrites and nitrates may be of service, Professor Leech does not hesitate to indicate clearly their limitations, even though he thinks that they are too often discarded through excess of caution. In their favor he points to the small quantities necessary to influence the vascular system, to the relative absence of risk, unless employed with suicidal intent, and to the evanescent action. After referring to the broadness of the definition of angina pectoris adopted by Sir Richard Quain, he maintains that according to clinical experience this condition is always associated with a rise in tension, due to temporarily decreased calibre of either systemic or pulmonary vessels, and that the symptoms are the outcome of the heart proving unequal to the work it has to perform. The theory that the relief due to the administration of nitrites is the result of true analgesic action is not supported, the reduction of tension, as originally held by Dr. Lauder Brunton, being maintained as the true explanation. On account of their rapidity of action he prefers the nitrites of the fatty series, which can be employed by inhalation, but he considers that experience has shown that later attacks are of longer duration and that although inhalations are beneficial in earlier attacks they may frequently have to give place to remedies of more prolonged activity, such as nitro-glycerine. Nitrite of amyl, as is well known, is not a stable compound, and it may on that account fail when it is given in solution, although a disappointing result may sometimes be due to the short duration of its period of action or to special insusceptibility of the individual. On the other hand, Professor Leech records many cases in which it has been found expedient to largely exceed the pharmacopœial dose of the liquor trinitrini, and it is noteworthy that in his experience it is far safer to employ somewhat large doses of nitro-glycerine than to resort to injections of morphine. Ethyl nitrate has scarcely been sufficiently employed in angina pectoris to warrant any very definite conclusions, but it appears to exert a more powerful and more persistent influence in reducing tension than that possessed by ethyl nitrite. Although the nitrates of propyl, isobutyl and isoamyl are as effective as the nitrite of ethyl in lowering tension, they cause so much headache

that they have not been employed medicinally. It must not be forgotten that the influence of nitrites and nitrates upon angina pectoris is palliative rather than curative, and that they should therefore be used concurrently with such remedies as iodide of potassium and arsenic.

Paroxysmal cardiac dyspnoea may be relieved by the action of the nitrites on the pulmonary system of vessels as well as on the systemic system, but the ordinary shortness of breath consequent on exertion, which is so frequently met with in simple valvular lesions of the heart, seems to be unaffected by them. On the other hand, Professor Leech is convinced that some good, and no harm, has resulted from the use of nitrites in cardiac failure or in syncope such as that occurring during the administration of chloroform. Of the value of this group in asthma and bronchitis there can be no doubt, but the *rationale* is not easy to explain. It is possible that asthma is not the result of simple bronchial spasm, but that there may also be, as has been suggested by Sir Andrew Clark, some hyperæmia or tumidity of the bronchial mucous membrane, and that the influence on the pulmonary vessels may also relieve the bronchial vessels. Whatever explanation is adopted, testimony is largely in favor of using nitrites in many of those cases which are ordinarily treated with ammonium carbonate and ether. In uræmic dyspnoea and in migraine the results are disappointing, but the converse holds goods for the treatment of forms of headache associated with high tension. The value of the series in tetanus, strychnine poisoning and epilepsy is open to considerable doubt, notwithstanding the favorable statements which have previously been made. In the treatment of acute Bright's disease there is also great lack of certainty of the efficacy of the nitrites, although diuresis has appeared to be hastened by the administration of nitro-glycerine or sodium nitrite; headache and other discomforts have been relieved by them, and they certainly have the advantage of causing no ill-effects. Similar difficulties attend the estimation of the results in cases of large white kidney and in mixed forms of chronic nephritis, but in dyspnoea and cardiac failure of late stages of contracted kidney nitro-glycerine adds to comfort and perhaps tends to prolong life.

Amongst other practical points may be noted the remarks upon the official compounds. On account of the decomposition of nitro-glycerine in presence of any salt it is better to employ the tabellæ or else a simple dilution of the liquor trinitrini with distilled water. For subcutaneous injection, in the rare cases where inhalation of amyl nitrite fails, nitro-glycerine is better than sodium nitrite. The benefits of spiritus etheris nitrosi has frequently been challenged, even when the spirit has originally contained its proper

proportion of nitrite of ethyl, and this lack of appreciation appears to be largely the result of the rapid decomposition which occurs on mixture with water; hence the valuable recommendation that the dilution should be affected only at the time when the drug is required. It is curious, however, to learn that this decomposition is retarded or prevented when solutions of acetate or citrate of ammonium are mixed with the spirit of nitrous ether. This combination has so long found favor with practitioners that it is comforting to know that their faith was grounded, even though unconsciously, upon sound scientific foundations.

In the concluding portions of the last lecture Professor Leech examined the pharmacology of certain groups allied to the nitrites, such as the nitro group, the nitrosamines, the hyponitrites and the oximes, but his remarks and experiments upon these points have far greater interest for the pharmacologist than for the bulk of the profession. Some of these groups are too nauseous for therapeutic work and others have exhibited marked toxic properties, and upon the whole we feel that they have been investigated rather with a view to throw light upon the method of action of older and simpler compounds than for the sake of perhaps adding to the list of new remedies. On these grounds, therefore, we refrain from summarising the results obtained by Professor Leech and content ourselves with noting that he has found that the nitro-compounds of the fatty series—nitromethane, nitro-ethane, etc.—lower tension for a long time, although not very markedly. From all that has been said it will be gathered that in these lectures Professor Leech has presented a very ample vindication of the value of pharmacological research. Experiments upon the behaviour of the different groups upon muscle have afforded indications which have not only encouraged or discouraged therapeutic investigations, but have also given rise to very numerous practical observations upon the proper methods of prescribing and employing either the nitrites or their allied compounds.—*Ed. Lancet.*

OBSERVATIONS ON THE IMMEDIATE TREATMENT OF NON-PREVENTABLE MISCARRIAGE.

To carry out the instructions of modern writers in the treatment of surgical cases antiseptically, one is forced to believe that they take it for granted that hospital conveniences are always at hand. We all know the confidence the hospital walls instil, and the absence of their environments is one of the causes that lead to atrophy of the enlarged cerebrum of the ex-house-surgeon, and make us all feel a certain want of confidence when thrown en-

tirely upon our own resources in the treatment of these cases. Where an abortion is, through existing symptoms, determined to be unavoidable, the question of treatment at once presents itself. If it were but possible to establish therapeutical rules in such cases the skill and judgment that give pre-eminence to a doctor above his fellows would be wanting, and the professional ignoramus would stand on a par with the erudite physician.

The cause, condition of the parts, general state of the patient and her surroundings are all to be quickly and intelligently considered in solving the problem of treatment.

Have you not, as a rule, found upon being called to a case, two symptoms taking precedence over all other, and for the alleviation of which your aid was chiefly sought. I refer to pain and hæmorrhage. Pain, if very severe, for the time being at least, we overcome by internal or hypodermatic medication, and we at once address our efforts to the control of the more alarming of the two, the bleeding.

Placing your patient upon her side, you make a digital examination, and as a rule find the vagina filled with clots, the removal of which is generally followed by a more or less severe hæmorrhage. The point of the finger now reaches the internal os, and just within you feel the presenting fœtus, that is, if the product of conception has advanced that far, or if it has already been expelled the remaining membranes composed of the placenta and amnion or deciduæ and chorion, if the abortive effort is made before the third month. Placing the disengaged hand externally over the fundus of the uterus, you press it downward, and endeavor with the engaged finger to secure an idea of the relation of the parts, and if possible remove the presenting mass; failing in which, you have at your option three methods of procedure for immediate application, viz: Curettement, as a rule preliminary dilatation being necessary; vaginal tampon and the administration of ocytotics; ocytotics with application of external pad and T-bandage and fluid extract of ergot internally.

Treatment by curettement is now generally adopted by the progressive members of the profession, and yet I am in doubt as to its always being advisable. It is the exception when I resort to it, as I prefer to keep my patient under observation for a few days and judge of the necessity of its performance. I have so much respect for nature that I do not go to her aid with artificial assistance until she calls, and her voice is as easily distinguished as it is imperative in its tone. Have you not often wondered if the advocates of curettement have given due consideration to the lack of knowledge on the part of the general practitioner to its skillful performance. The use of the instrument, particularly the sharp one, requires practice, and I venture the assertion that seventy

per cent. of the physicians engaged in general practice do not possess the requisite skill. It is not the easiest thing in the world to distinguish between the uterine tissue proper and the pathological material so closely adherent. A blind scraping can, of course, be resorted to, yet a delicate and educated touch is necessary to recognize through the curette the uterine mucosa, the integrity of which, if destroyed, opens a way for the absorption of the putrefactive germs that are active within the decomposing membrane. Acute and chronic pelvic inflammatory deposits are often the cause of abortion, and you all know how slight the violence to the uterus that it is necessary to light up a general peritonitis in such cases, and unskilful manipulation is likely to extend such; furthermore, I would ask, is it justifiable in the practitioner coming from the bedside of infectious diseases, to expose his patient to the danger of contamination which the operation presents. Do not understand me as arguing against this most valuable operation but only against its indiscriminate performance by those legally but not practically qualified.

The old treatment of tamponing the vagina is by no means obsolete, and when properly performed has an individual value which no procedure can supplant. As often resorted to, by packing the vagina with bunches of cotton, it is both useless and dangerous—the cotton, by absorbing the serum, diminishes in size, and is easily washed out, or else lies loosely in the cavity; the hæmorrhage but little interfered with by its presence. I find many physicians make use of pieces of sponge, and provided they are fresh and sterilized as tampons, I can see no objection to their use, except their doubtful utility. Kite-tail tampons, made after the manner of Sims', and applied with the aid of his speculum, packing each successive piece around the cervix, and then packing the vagina, will prevent serious hæmorrhage. The necessity of their frequent removal to prevent infection, and the time and trouble it requires for their proper application, is a matter of importance to be taken into consideration by the physician if he intends to make use of them during the abortion, but to check hæmorrhage and cause expulsion of the uterine contents I hold them indispensable.

The hæmorrhage is most alarming in the earlier stages of the case, due of course to the commencing separation of the ovum and chorion, or at a later stage of the placenta. It is in this stage that the kite-tail tampon finds its greatest utility, acting not alone as a mechanical hæmostatic, but as an excitant to uterine contraction.

If the hæmorrhage is not severe, external pads of sterilized cotton, held in position by a T-bandage, will serve a good purpose in preventing anxiety on the part of the patient, and acting as a barrier to the admission of germs from without; they have

the advantage of being easy of application by an ordinary attendant, and can be frequently removed for the sake of cleanliness.

I trust you will not consider it self-adulatory when I state that during thirteen years' practice, hospital and private, I have yet to lose a case under the following summary of its treatment, asking you to overlook the repetitions involved.

Morphine I administer for the double purpose of relieving pain and softening the cervical tissue; facilitating the dilatation of the os. If, upon examination, I find the membranes protruding, by a gentle, twisting motion, with two fingers, I attempt to remove them. Should I be prepared with forceps or vulsella, I would use either in preference to my fingers, owing to the better purchase obtainable. If the membranes do not present, yet are perceptible to the touch above the internal os, I attempt dilatation with my finger, and if successful, endeavor to sweep around and above the mass separating and delivering it. This accomplished, I irrigate the uterine cavity with a five per cent. solution of carbolic acid, or a 1-10000 solution of the biniodide of mercury. In cases where the membranes or placenta remain firmly attached beyond the reach of the finger, provided there is no fetid discharge, showing putrefactive changes, I order vaginal douches of the same strength; apply kite-tail tampon; order twenty minim doses of the fluid extract of ergot, and leave my patient until my next visit, sometime within twenty-four hours. The use of ergot is prohibited in these cases by some teachers, and the experience of the members will be of interest. Does it not seem paradoxical to administer ergot and morphine at the same time for contrary effects? It is only seemingly so; the morphine blunts the sensibility of the nerve periphery, and lessens resistance. On revisiting my patient, and finding the temperature and pulse normal, discharge free from odor and hæmorrhage slight, I order the vaginal douche and ergot continued, but substitute the external pad and T-bandage for the kite-tail. This treatment I continue until the contents of the uterus are expelled or the temperature, pulse or character of the discharge demand curettement. Whenever, then, you get a history of a chill, with or without increase in pulse, fever, hæmorrhage or presence of a fetid discharge, curette thoroughly, irrigating afterward with the biniodide or carbolic solution of the strength mentioned; following which, unless the cervical canal is well open, insert a strip of iodoform gauze, and you can then leave your patient, feeling that you conscientiously performed your duty. Further treatment will depend entirely upon the nature of the symptom, about which I have naught to say, as these random remarks were supposed to be confined to the requisite treatment but into which I injected digressions.—*Dr. J. C. Evitt, in Brooklyn Med. Jour.*

A CASE OF REMOVAL OF A PORTION OF THE SIGMOID FLEXURE.

I have ventured to publish the following case in order to show that simple measures in uniting bowel may possibly be attended by success and that the older method of operating, so severely condemned by the advocates of the newest gut plate or bobbin, is not of necessity followed by the death of the patient.

A married woman, aged forty-four, was sent to the London Hospital on November 27, 1891, by Mr. Holroyde, of Chatham. She had had excellent health until the previous June, when she had an attack of intestinal obstruction. This followed the eating of a considerable quantity of maize and was marked by colic, vomiting, constipation and distention of the abdomen. The patient was well again in fourteen days. A second but milder attack followed in August, 1892, and a third and much severer one in September. Between the attacks the bowels had responded readily to enemata and aperients. The symptoms of obstruction had passed away before the patient came to the hospital. On admission she was noted to be of healthy appearance and to be well nourished. The abdomen was soft, pendulous and distended. A very considerable quantity of faecal matter was evidently lodged in the colon. There was no ascites; no tumor could be detected; a few coils of bowel became occasionally visible; there was no vomiting, and rectal and vaginal examination revealed nothing worthy of note. The treatment consisted of rest, daily massage of the abdomen, the daily use of enemata and aperients and the observance of a carefully selected diet. By these means the abdomen soon regained its normal size, an enormous quantity of faecal matter was evacuated, the appetite was restored and the patient left the hospital in sixteen days, *i.e.*, on December 13th, expressing herself as feeling quite well. The diagnosis which I had caused to be entered in the notes was "stricture of the large intestine either in the descending colon or sigmoid flexure." No idea of operative interference at this stage was entertained by the patient. The absence of any of the usual causes of a simple stricture of the bowel led me to suppose that the stricture was due to epithelioma. Nothing more was seen or heard of the patient—who had moved from Mr. Holroyde's district—until Nov. 15, 1892, when she again entered the hospital. During the year which had elapsed the phenomena of the previous six months had been repeated and intensified. There had been increasing constipation, a more constant use of aperients, and more frequent and more severe obstructive attacks. Vomiting was common, the appetite was poor, the patient was haggard and anæmic, had wasted considerably and had

become very weak. The abdomen was now greatly distended with ascitic fluid and measured forty-two inches at the level of the umbilicus. Much pain was complained of, and vomiting was frequent and troublesome. Aperients merely added to the patient's distress, and enemata produced very little effect upon the now evidently much distended intestine. Rest and opium gave the patient relief and served to prepare her for the operation, which was carried out on November 26th. There was at no time any albumen in the urine. The abdomen was opened through a median incision three inches in length. The ascitic fluid which escaped filled one full sized bucket. An annular epitheliomatous growth was found on the summit of the sigmoid flexure. It presented the usual simple ring, had formed no adhesions to adjacent parts, and had not extended beyond the bowel. The abdomen having been freed of all ascitic fluid, the effected loop of bowel was drawn out of the wound, and numerous sponges were wedged around it so as to make the operation in every respect extra-abdominal. The growth was found to involve the colon for one inch and a half of its extent; no enlarged glands were detected; the bowel above stricture was greatly hypertrophied and was so distended as to equal the adult forearm in circumference. The gut below the stricture was thin, empty and contracted. The colon above and below the part to be excised was clamped by the fingers of my house surgeon, Mr. Speechly. Seven inches of the sigmoid flexure were then cut away with scissors. The contents of this segment were received upon a special sponge. The interior of the bowel was cleansed. A V-shaped portion of the mesocolon was excised with the bowel. This gap in the sigmoid mesentery was at once closed by two sutures of No. 2 silk. The next step was to partly close the divided end of the greatly distended upper segment until the part left patent should correspond to the lumen of the collapsed bowel below. This was done by means of a continuous suture of the mucous membrane, followed by an outer line of Lembert's suture. For each suture No. 1 silk braid was employed, a milliner's needle being used for the continuous suture and a small, round Hagedorn's needle for the interrupted stitches. This upper segment of the bowel was as rigid as if made of leather. The two ends of the gut were now joined together in the same way, *i.e.*, by a continuous suture of the mucous membrane and an outer line of Lembert's suture. Whilst I was introducing the interrupted stitches to one end, my colleague, Mr. Openshaw was inserting them at the other. I should judge that about fifty sutures were employed. The assistant's fingers were now relaxed and the contents of the bowel allowed to pass through. It was apparent that the suture line was at all points water-tight. The sutured bowel was dropped back

into the abdomen, and the wound in the parietes was closed in the usual way. The operation occupied one hour and a quarter. The patient was sick three times after the operation, and during the convalescence an injection of morphia was given on three occasions only. The highest temperature reached was 101° on the evening of the second day. The bowels first acted on the third day, when five liquid motions were passed. Between the third and the eighth days the bowels acted twenty-one times. In these motions, which were for the most part liquid, fifteen cherry stones which were swallowed in the previous summer, were discovered. The parietal wound was first dressed on the tenth day, when it was found to be soundly healed and all the sutures were removed. On that day the patient was ordered fish. Subsequently to this a slough of mucous membrane containing one of the continuous sutures, was discovered in a motion. The patient's recovery was uninterrupted, but her discharge from the hospital was delayed by the tardy healing of a bed-sore which had formed before the operation. She returned to the country on January 18, 1893. She had been up and walking about for some time before this date, but the bed-sore had not quite healed when she returned home. The bowels were now acting regularly without aperients; the abdomen was flat; there were no ascites, no pain and no vomiting. The stricture exhibited the ordinary features of cylindrical epithelioma, and the narrowed passage would barely admit a No. 12 catheter.—Frederick Treves in *Lancet*.

THE RIGID OS AS A COMPLICATION IN LABOR.

One of the most frequent complications which occurs to annoy the obstetrician, protract labor and exhaust the patience and endurance of the parturient, is a rigid and unyielding os.

This term is applied in a general way to a variety of conditions, materially differing from each others; but possessing this feature in common—the cervical tissues are unyielding, and the os undilatable.

This may depend upon non-development in the early primipara; upon fibrous degeneration in the old; upon cicatricial induration, consequent to previous lacerations, and upon pathological change, incident to carcinomatous disease.

But we frequently find a persistent rigidity where none of these conditions are present; wherein the lower uterine segment is apparently fully developed, and normal in character, thin and soft when quiescent, but upon the advent of each uterine contraction the encircling tissues spasmodically contract and become rigid and unyielding. More or less sensitiveness and irritability of the

cervical tissues are present, and occasionally we find an acute hyperæsthetic sensitiveness of the whole vagina, sometimes accompanied by local heat and dryness. The patient is restless, nervous, irritable and depressed, is annoyed by examinations, suffers severely at each recurrence of uterine effort, and persistently demands relief from the attendant.

Again, we may find the encircling tissues to be a thick muscular band, insensitive and rigid.

The patient may be in good health; presentation, position, the relative size of the child to the maternal pelvis, uterine contractions and personal effect may be all that could be desired, yet, whenever these rigid conditions persist labor will be correspondingly protracted, the patient subjected to increased and unnecessary pain and distress and liable to suffer from injurious sequelæ.

The most serious, but fortunately the least frequent result to be apprehended is rupture of the body of the uterus, allowing its contents to escape into the abdominal cavity. More frequently has there been a complete separation of the cervical rim, and quite frequently, or rather perhaps, the usual result is more or less laceration of the cervix, giving rise to hæmorrhage and laying the foundation for future pathological and gynecological conditions, which afford a fertile field for the specialist to cultivate, often to his own financial rather than to his patient's physical improvement. Unaided, after long continued and vigorous efforts, the minor tissues around the os may tire out and give way to slow dilatation; but more frequently the sudden rupture or laceration, previously noted, may occur, and labor be advanced towards completion. Then, too, long continued pressure against the cervical rim, especially in the absence of the protecting bag of waters, is liable to cause contusion with subsequent necrosis, which will add another factor towards future pathological complications, and trouble and ill health for the patient.

In cases wherein structural change has occurred from carcinomatous deposit, surgical interference is beyond doubt the proper method of relief; making lateral or bi-lateral incisions through the diseased tissues and keeping the patient sufficiently anæsthetized to prevent undue suffering until delivery is accomplished. Incision is also proper in cases of non-development, and in fibroid degeneration after failure to obtain dilatation by milder means.

In cases of irritable, spasmodic or of muscular rigidity, various methods and remedies have been employed. Blood letting to faintness is an old remedy and often effective; but bleeding is not fashionable at the present day, and the average practitioner does not possess the necessary moral courage to revive the practice. The relaxing effect of the hot bath, recumbent or sitz, has been

used with benefit, but is often inconvenient or impossible to give in general practice. Ipecac, tartar emetic, lobelia, tobacco and other emetics have been given ad nauseum with more or less effect, but more often to the doctor's disappointment, and the patient's disgust.

Digital and instrumental dilatation has its advocates, but is objected to by those who live in mortal dread of any such interference, on the score of the danger from septic infection. Chloral hydrate is often used, but is perhaps of more value to relieve the excessive irritability and procure rest than to effect immediate dilatation, and the same may be said of opiates in their various forms.

Undoubtedly the most popular remedy of recent times is anæsthesia pushed to a degree of complete relaxation. It is often efficient, and as it relieves the patient from the agony, it is hailed with delight by the sufferer and ever after held as a boon of inestimable value. But anæsthesia will sometimes fail and organic disease or personal prejudice may preclude its use.

I have the pleasure to offer another remedy, not to my knowledge generally used by the profession for this purpose, viz., atropia used hypodermatically. So far as I am aware, it was first used for this purpose by the late Dr. A. Ady of West Liberty, Iowa; although belladonna, extract and ointment has been applied to the cervix for this purpose from time immemorial. Dr. Ady has used atropia for many years in his practice, and he states "that it will as certainly dilate the os, as it will the iris," and in the cases wherein I have used it, I can fully concur in the statement. I believe it to be the most prompt and efficient remedy we possess to inhibit the contractility of the circular fibers of the cervix, thereby favoring prompt dilatation and thus accelerating labor. 1-100 gr. will generally be sufficient. Its effects will be manifest in from fifteen to twenty minutes. Rarely will a second dose be necessary.

The only unpleasant symptom attending its use is the dryness of the mouth and fauces and dilatation of the pupils. Neither in Dr. Ady's experience or in my own has it seemed to favor hæmorrhage or interfered with postpartum contractility of the uterus or with lactation.

Possibly, delirious excitement may be caused by it in persons peculiarly susceptible to such an effect of the drug, but such cases must be extremely rare.

I therefore, briefly present this remedy to the profession that it may be given a thorough and satisfactory trial, and its true value be determined.—H. King, M.D., in *Jour. Am. Med. Assoc.*

Scrofula as well as tuberculosis is benefited by creosote, which Dr. Sommerbrodt administers to children in milk or wine in daily doses not exceeding fifteen minims.

ON A CERTAIN LACK OF HUMOR IN PHYSICIANS.

Physicians may undoubtedly be pardoned for it, but they surely have a natural or acquired deficiency of the sense of humor. Their right to pardon comes from the tremendous seriousness of their daily work; they may not even smile at the unconscious jokes of their patients, except after they and their "guitars in their noses" have left the office. "It's awful to have the nerves, doctor," and it's awful likewise *not* to have 'em. Some years ago a medical humorist began the compilation of an encyclopedia of medical wit and humor, and solicited contributions from all physicians. The contributions came in huge packages, but they were neither witty nor humorous—they were simply—not to be printed. The would-be author-editor never smiled afterward. It was a sad case of pseudo-cyesis.

Another proof of this thesis has lately come to our notice. Remarkable, with much despondency of heart, that physicians as well as "the vulgar herd" like to handle secret proprietary remedies, and believe in outrageous claims and certificates of impossible cures, a humorist spent considerable money in advertising in "reputable medical journals" a series of preparations, trade-marked and patented, of the most astonishing qualities and powers. Certificates from pompous magnates, with titles of surpassing length as tails to their names, were appended; and the whole affair was set forth with the customary effrontery in the remarkable scientific jargon of the professional advertisement-writer. The actual advertisements are before us as we write.

For the anti-vaccinationists and the aristocratic, "Jennarine" possessed a charm; it was of spontaneous production in a blooded cow of long pedigree, but for many generations had been carried through the human royal family of England, acquiring thereby great intensity and nobility. Transmission of the virus and inoculation could also be effected by telegraph "over many miles of wire."

Of "Pasturine," the universal microbicide, the formula was published, though the name was trade-marked, and "other dealers are warned," etc. And this is the formula:

Nitrogen, one volume.
Carbonic acid gas, pure anhydrous, two volumes.
Permanganate of potash, two parts by weight.
Pure oxygen, without admixture, one volume.
Pure carbon in crystalline form, one part by weight.

"Consumptine" was guaranteed a sure cure for consumption. As regards Croupine, the physician required especial teaching and drilling in its application, to prevent the digestion of the membrane

of the patient's throat while being swallowed. Its price was \$7.50 per ounce, "very reasonable in consideration of the results obtained." "Dyspepsine" and "Cancerine" were guaranteed of absolutely unflinching power. "Ostrichine" enabled one to eat mince pie and railroad sandwiches with impunity. ("We raise our own ostriches.")

"Brainerine" needed only its name to recommend it. "Brains are scarce just now," says the advertisement, "and for this reason our supply, for a few years, will be limited. Physicians requiring this article for their personal needs or those of their patients, will please apply with subscription at once."

And now for the promised proof of professional lack of humor: To the address of the "Nineteenth Century Therapeutical Company," from every part of the United States, came thousands of serious letters from physicians—literally thousands—requesting samples, ordering supplies, and making inquiries as to the applicability of these remedies to ailments described in detail.—*Ed. Med. News.*

[We venture to assert that in no other country in the world could so huge a practical joke have been played upon the profession. We have always thought the laity of the United States the most credulous of any civilized country (witness the success of homoeopathy), but now it would appear that a large portion of the profession is equally gullible.—*Ed.*]

CHLOROBROM IN SEA-SICKNESS.

In the *Lancet* of June 24th, Dr. Ledingham contributes an interesting note on the use of chlorobrom in sea-sickness. My experience of this solution, derived from its systematic use during six trips across the Atlantic, has led me to entertain a similarly high opinion of its efficacy in this malady. There can be no doubt that, administered in the right way and assisted by a careful regulation of diet and exercise, it quickly restores the patient to health after the first outburst of retching and vomiting is over, and there is a probability that it will prove to be an absolute preventive of the onset of sea-sickness in a very large proportion of cases provided that due attention is paid to the stomach and bowels for a few days previously to sailing. The voyage across the Atlantic occupies so short a time nowadays that few even of those who know themselves to be bad sailors think it worth while to consult a physician, and, as a result, an opportunity of testing the prophylactic value of any drug rarely presents itself; but in one case of which I have notes the result could hardly have been more satisfactory.

A young married lady, who when voyaging had invariably suffered from utter prostration and

sea-sickness, dreading the eight days' ordeal which she confidently anticipated, consulted her medical adviser in the hope of obtaining some measure of relief. The result was that she went on board in a condition of health, so far as concerned her bowels and stomach, to admit of chlorobrom having a fair chance of showing what value it possessed as a prophylactic. She continued to take it night and morning for the first three days in half-ounce doses, and during this time she felt in perfect health. On the fourth day she ceased even to be nervous, and no longer regarded herself as a patient. She gave up her medicine and freely indulged an excellent appetite. Unfortunately for her, but fortunately for the value of the case as a test one, the sea became rougher during the fifth night of the voyage. In the morning when called to see her I found her vomiting and retching violently. After her stomach was thoroughly emptied, a mustard leaf was placed on the epigastrium to allow chlorobrom to be retained, and half an ounce was given. She fell asleep and remained so for four hours. On awakening she felt well, and wished for something to eat. She was given some beef-tea, which her stomach rejected after she went on deck; but immediately after this took place the feeling of sickness entirely left her, and she remained, with the aid of chlorobrom in the evenings, perfectly well till the end of the trip.

It is rare indeed to find passengers so carefully prepared as this lady was. The condition of most of them, owing to pleasant meetings with their friends before sailing, is one in which the first acute attack of sea-sickness acts as a very whole some and beneficial emetic; but it is the secondary stage—the stage of headache, retching and prostration—which is most undesirable for the weak, and fraught with most discomfort to all because it is often prolonged, and it is just in this stage that chlorobrom is most useful. The testimony of an intelligent patient is most valuable in a case of this kind, and, if my memory serves me right, I have never given this solution to a saloon passenger without his speaking well of it to me afterwards. One gentleman, an Anglo-Indian, in delicate health and a martyr to sea-sickness told me that he would never travel by sea again without taking chlorobrom with him.—*Dr. Robertson, in Lancet.*

WHY GROW OLD AT THIRTY ?

It is quite true that a man's life is not necessarily measured by the years he has lived, but by the way in which he has spent them. Many an individual may be as young and active at seventy as another at twenty-five, and the length of life, his health, and his ability to enjoy green old age, depend in a great measure on what the surround-

ings have been in the earlier years of his life. The ability to die a centenarian is within the reach of many more than might be supposed if, all through life, by the powers of selection given, the surroundings of life are kept true to that purpose.

If we want to see good health in old age, we must look for it in the men who are noted for their physical and intellectual vigor, and these are men who have always taken active exercise, it matters little whether it be in felling the monarchs of the forest, brisk walking, or other physical exercise coupled with a large amount of brain work. If systematic in their work, they will enjoy the pleasures of life long after they have passed their threescore years and ten. Of such material are the men who control the destinies of nations, men who give indications of mental and bodily vigor that would shame half their age. The wiry frame will be vigorous when the obese and sedentary individual of the same age has drifted into senility and premature decay.

As we view the subject, very much indeed depends upon the trend of the individual in early life, when the timbers are being framed that are woven into the solid edifice of later years. As the twig is bent, so the tree is inclined. The physical defects in middle and later life are but the physical distortions of early ventilation of the rooms, the sanitary arrangements of youth. What a mighty and valiant army of men and women might be produced in the next generation, if the trainers understood the possibilities of the age and realized the responsibility of such a work! It matters very little whether you take a grain of wheat or an acorn, its proper development depends upon the judicious attention given it in its early existence. If properly attended, it becomes a strong plant or a sturdy oak. Just as sure as it is planted in congenial soil and properly attended to, it will grow luxuriantly. It is the same with a human being, and however weakly it may be as an infant, if it is properly nursed and cared for, the foundation is laid for a mature and sound constitution in later years. It is indeed a mooted question whether every individual born into the world has not an equal amount of vitality, and, with proper application, with perhaps few exceptions, can make a grand success of life. We grant that everyone may not be born with a strong and healthy constitution. There are certain constitutional defects hereditary in certain families which may influence the length of life; but all these weaknesses and idiosyncracies of inherited constitutional defects may be wonderfully improved, and even eventually eradicated, if in early life proper care in regard to exercise, food, fresh air, and those surroundings which tend to strengthen the system and improve the physical stamina, are made a part of the daily routine.

Every boy and girl should indulge in athletic exercise of some kind, so that the habit of taking exercise may become established, and this, once acquired, is seldom neglected even in later years. Even the weaker boys and girls, if led into the vigorous exercises of football, cricket, tennis, and other games of a like nature, will learn from the simple love of emulation to keep up their muscular and nervous strength, which is capital that will bring them a support in middle life and pleasure to a greater degree in old age.

We may inherit the scrofulous taint, and early fall victims, if not careful, to consumption, or we may inherit the gouty diathesis, and become subject to all the ills which this disease entails in the middle age and afterwards. We may inherit the tendency toward obesity, which may be a drawback to comfort in advancing life, and will undoubtedly tend to shorten existence.

The bearing of these tendencies healthwise should be understood early in life, and care taken to fortify the constitution; hence it is that individuals with these tendencies may be remarkably well all their lives, and the tendencies crop out in the third or fourth generations, if not careful.

Early school life is an important epoch in the history of the individual, and a parent will do well before sending his children to school to see that the school, and the diet and capabilities for gymnastics or outdoor exercise, are adequate. These things are of as much, if not more importance, than the knowledge of Greek, Latin, etc. There is every reason, while the intellectual faculties are being trained, that proper care should be taken of the body; in fact, a boy's mind cannot be stored with useful information and health be maintained at a standard to resist disease, if the brain is not fed by proper food, and the constitutional stamina kept up by exercise and fresh air.

It is indeed a melancholy circumstance to see a lad, unfortunately left with boundless wealth and a great name, beginning life at seventeen years of age and becoming a prematurely old man at twenty-four. There are few medical men of large experience who cannot recall numerous instances of men who have overdrawn their constitutional bank account before the age of twenty to such an extent that the balance can never be placed on the right side this side of the grave.—*Health Journal*.

CLAUSTROPHOBIA.—Dr. Harry Campbell, London, said that anything that interfered with the free movements of the limbs or with respiration was violently resented. If seriously threatened in either respect man was seized with panic, and made frantic efforts to secure perfect freedom of limbs and breathing. The craving for this twofold freedom and the fear which attended any threatened interference with it, must exist very low

down in the scale, and subserving, as they did, useful ends, must have come into being by the ordinary laws of organic evolution. Fear sometimes produces paralysis—a fact difficult of explanation, since such paralysis, far from being helpful in extremity, was generally the very reverse; but the particular fear under consideration generally provoked active, it might be even convulsive, movement. Once evolved, the instinct for freedom could not find satisfaction in mere physiological conditions. Claustrophobia, or fear of closed places, a disorder more common than was generally supposed, was an exaggeration of that fear normally excited by any inhibition of the movements of the limbs or the breathing. This might be expressed in another way by saying that anything which engendered a sense of captivity was highly repugnant to the individual. Not only did he resent having his limbs tied, or being placed in a tightly-fitting wet pack, but being held captive in any way, as when a limb or the head was caught between two bars; the sense of captivity thus engendered might culminate in the direst panic. A similar, though less intense, panic might be induced by difficulty in doffing some garment, such as a coat with tightly-fitting sleeves, or in getting off a boot, a skate, or even a finger ring; in all which cases there was the same sense of captivity. Sometimes a sense of suffocation might be excited in any of the above instances, but it was, of course, most pronounced when the breathing was actually interfered with. The claustrophobic had a morbid fear of suffocation and of captivity. This statement expressed his condition in the most general psychological terms. To state simply that he feared closed places, was to take a far too narrow view of the case. He feared to be in a room with the door closed, above all with the door locked. He might even be uneasy if he feels he could not rapidly get out of the house if so inclined, insisting that the hall door should be kept unlocked. He might object to be inside a church or theatre, and if he ventures there will probably insist upon being near the door. He often objected to travelling in trains, and had an abject dread of tunnels. He disliked a crowd or narrow passages, and might even be fearful of walking down a street with high houses on either side. The craving for free space might be so imperative that he was not happy unless he was in the wide open country, with not even a tree by. This was the border-land of insanity. In any pronounced case of claustrophobia, a highly neurotic history, frequently one of insanity, would be found. The suddenness with which the panic arose in many of these cases was most remarkable. The claustrophobic seldom complained to the physician of feeling fear when his limbs were hampered, because he seldom found himself in such predicaments. If he did, however, he was

far more likely to be seized with panic than an ordinary individual. He delighted in wide open spaces because they suggested the very antithesis not merely of captivity, but also of suffocation. Thus a lady inclined to be claustrophobic took intense delight in surveying a broad expanse of hill and moorland, and she had suggested that Shakespeare understood this feeling since he makes Lear's wicked daughter say, "He is dearer than eyesight, space and liberty." It might seem that one of the words "space and liberty" were redundant; but the lady referred to was convinced that each had for the poet a very particular meaning, and that he himself must have experienced that glorious sense of being able to breathe freely which the prospect of a wide, open space inspired in her.—*Brit. Med. Jour.*

LOCALIZATION OF EARLY PHTHISIS TO APEX OF LUNG.—Dr. Campbell, *Guy's Hospital Reports*, in discussing the question as to why phthisis usually begins in the apices in man, says that the chief reason is that in him the extreme apex is extra-thoracic and not intra-thoracic. It is therefore "under exactly opposite conditions, as regards pressure, to the rest of the lung; in inspiration the intra-thoracic lung is under a pressure less than that of the atmosphere, but the apex is subject to the atmospheric pressure which is communicated to it by the soft parts covering it. This is forced downward into the thoracic cavity, with the result that it becomes slightly compressed, and air is forced out of it; this air meets the incoming air from the trachea and large bronchi, and the pressure becomes equalized. The result of this is that on inspiration only a small quantity of oxygenating air reaches the apex. Again, on expiration, the pressure in the apex being that of the atmosphere, and hence less than that of the rest of the lung, air rich in carbon dioxide, but poor in oxygen, is forced into it. From the above it follows that the contents of the apex are under most unfavorable conditions for becoming aerated, and thus the vitality of its tissues is lessened and their resisting power lowered. Further, the same conditions which interfere with the elimination of carbon dioxide also operate to prevent secretions and excretions from finding their way out of the apices; and this retention, and the resulting decay and decomposition of waste products, must still further lessen the power of resistance of the tissues to the attacks of bacilli." He is further convinced of the truth of his theory by the study of the anatomy of the chest of monkeys, in whom, owing to the length of the first rib, and more especially to the backward direction of the clavicle, the entrance to the thorax is so blocked that it is impossible for the apex of the lung to rise out of the thoracic cavity, and in whom, though phthisis is common, the apices are,

as a rule, less affected. If this view is correct, it is evident that the contraction which takes place at the apex in phthisis is of the greatest value for the purpose of cure, for by its means the extra-thoracic portion may be drawn down so as eventually to become intra-thoracic. If it were possible to hasten this desirable result by exercising the extreme apex, it is probable that in cases of early phthisis cure would take place far more frequently than it does at present.—*American Lancet.*

NEURITIS OF INFECTIOUS AND TOXIC ORIGIN.—In illustration of the diversity of origin of peripheral neuritis, Baret, *Archives de Méd. et de Pharm. Milit.*, reports three interesting cases, in one of which the poison of enteric fever acted as the cause; in another, syphilitic poisoning; and in the third, alcohol. The first occurred in a man, twenty-seven years old, in whom upon recovery from an attack of enteric fever, complicated by myocarditis, great weakness was found to exist in the hands. Examination disclosed a condition of wasting, with impairment of tactile and thermal sensibility, with reaction of degeneration, extension of the proximal phalanges and contraction of the distal phalanges, and vasotrophic changes in the peripheral distribution of of the ulnar nerves. Decided amelioration followed upon tonic treatment and rest.

The second case occurred in a young man convalescent from erysipelas, who gave an antecedent history of syphilitic infection. The symptoms simulated those of anterior poliomyelitis. There were present weakness, slight wasting, numbness, and tingling in the lower extremities, with analgesia of the soles of the feet and enfeeblement of the patellar tendon-reflexes. Pressure upon the muscles gave rise to a disagreeable sensation, while pressure upon the nerve-trunks caused severe pain. The muscular sense was preserved. In the upper extremities weakness and wasting were less marked, while paresthesia and anesthesia were more pronounced. There was also slight convulsive tremor of the fingers. Micturition and defecation were not deranged and there were no cerebral or ocular complications. The administration of strychnine and sulphurous baths was followed by no improvement. The patellar reflexes became entirely abolished and the muscular sense in the lower extremities totally lost. Treatment with mercurial inunctions and potassium iodide was now instituted, but was suspended upon the development of a left pleural effusion, for the relief of which puncture was several times performed. The general condition became quite poor; the legs became edematous; and it was found that thrombi had formed in the femoral arteries. Anti-syphilitic treatment was now resumed, and decided improvement was immediately noted in the local and general condition.

The third case occurred in a man, twenty-three years old, addicted to alcoholic excess, who presented symptoms suggestive of posterior spinal sclerosis. For a number of months it had been observed that fatigue was induced with undue readiness; the gait was awkward; lancinating pains appeared paroxysmally, particularly in the distribution of the sciatic nerves; at night there occurred cramps in the calves of the legs. There was, however, no girdle-sense and no visceral crises. Upon the left thigh and leg were circumscribed areas of analgesia, while upon the soles of the feet all forms of sensibility were impaired. The skin-reflexes were preserved. The patellar reflexes were exaggerated, but there was no ankle-clonus. There was a tendency to foot-drop. Gait and station were quite ataxic. Tremor was marked in the upper extremities. The shoulders and arms presented several disseminated areas of analgesia. Marked improvement supervened upon a milk diet, withholding alcohol, and the administration of large doses of iodide.—*Med. News.*

THE MINOR SYMPTOMS OF BRIGHT'S DISEASE (Dieulafoy).—The catalogue of symptoms left us by Bright has been very much extended since his time. There is a convulsive form of uræmia, an apoplectic form, a delirious form, which resembles somewhat insanity. Some patients have even been sent to insane hospitals. There is also uræmic headache; uræmic dyspnoea, which takes all forms, from the simplest up to the severest attacks, simulating asthma and acute pulmonary œdema.

We are still governed by the ideas of Bright and Rayer, and when there is difficulty in diagnosis, we look for albumen in the urine as the deciding symptom. If none is found we reject the diagnosis of Bright's disease. But Lancereaux has shown that albumen is an unreliable sign, since there are cases of true Bright's disease unaccompanied by albuminuria. Dieulafoy says: "For some years I have been taking notes of cases and have at present sixty observations. In a quarter of these albuminuria was wanting during the stay of the patients in the hospital. In other cases persons have albumen in the urine, without being ill at all; and this fact makes albumen only a minor sign in the history and diagnosis of Bright's disease. How, then, should we make the diagnosis? I have sought for some time for a certain number of symptoms, to which I have given the name of "minor signs," which, taken collectively, permit the diagnosis to be made. An individual attacked by this slow intoxication may present:

1. Auditory difficulties, ringing in the ears and deafness. Mounier has sought to bring the vertigo of Meniere's disease into this category.

2. Numbness of the fingers or hand was noted forty-six times in the sixty cases.

3. Chilliness of legs and feet observed thirty-seven times in the sixty cases.

4. Pollakiuria is equally common.

5. Pruritus, likened to the sensation produced by a hair on the skin.

6. Epistaxis, especially in the morning and starting during sleep.

7. The sign of the (temporal) artery. The arterial system is tense, the vessels are bent and hard (without there being arterio-sclerosis) and this is shown especially well by the temporal artery. Each of these signs separately has little value; but collectively are enough to form the diagnosis. These minor symptoms appear to be connected with three morbid conditions: Rheumatism or gout, syphilis and chlorosis.—*La France Medicale—Times and Reg.*

THE ETHICS OF SUICIDE.—In spite of some pessimistic utterances in its favor, suicide still ranks with us as an indictable offence. This is but natural if we allow that self-destruction is incompatible either with mental or moral health. We are all familiar with the verdict so often heard at the close of a coroner's inquiry, "Committed suicide whilst of unsound mind." Without doubt it describes with more or less accuracy every case of the kind. It certainly applies to such a case as that of a young practitioner who lately died from taken an overdose of morphia. It does not however, as a rule, exclude the operation of moral forces, and there is abundant proof to show that these are active at every stage in the pitiful transaction. We would claim for them a predominating influence. The mind which connives at self-destruction is at variance with the most elementary instinct of self-preservation, a sentiment which is fully justified both by the proved possibility of present existence and by our ignorance as to future events. It is therefore unhealthy. It is in an even greater degree immoral, since possessing within itself a sense of duty and of relationship with others in their lives, labors and attainments, it ignores all for the sake of a present gain of personal relief. No one can rid himself of this relationship without at the same time casting on others the burden of responsibility which he abandons. We cannot, therefore, bring ourselves to agree with some who go the length of excusing suicide and even of advocating the creation of facilities for its accomplishment. Of more practical importance, as bearing upon the causes and course of this essentially morbid condition, is a brief analysis of 100 cases lately published in the pages of a contemporary. From this article we gather amongst other interesting details that, according to the evidence obtained, men destroy themselves with much greater readiness than

women. The proportion is about two to one. Middle age is the period at which the tendency is most marked, and the middle-class holds the same position in the social scale. Mental influence is more active than any physical inducement, and pecuniary and related social difficulties fill a larger space than any other group of motives. As regards the question of treatment it is to our minds perfectly clear that the evil of suicide is not to be disguised by resorting to a lethal chamber or other permissive method, however plausible its description, but by cherishing a simpler, stronger and more impersonal sense of human fellowship and mutual duty. In the presence of innumerable evidences of providential design we would equally impress the necessity of remembering that the divine order still prevails, and still for each and all men furthers, though sometimes obscurely, their best interests. Let us not forget physical considerations. Mental depression is often the outcome of mere bodily illness, especially of fatigue and of indigestion. Some judgment in treating these, some consideration on the part of employers of labor, may disperse a thundercloud of despair which otherwise would settle in perpetual gloom. We have heard enough, at all events, of the modern pessimism with its latest miserable canon of self-destruction. We would substitute for it the plain, old-fashioned but eminently wholesome and courageous precept, "Never say die."—*Lancet.*

ABUSE OF MEDICAL CHARITIES.—Here in London after about a quarter of a century of agitation, and after innumerable confessions of gross abuse by the most competent authorities on the subject, no attempt whatever is being made to formulate any plan by which that abuse may be checked, and if any reflection is made in the journals on hospitals where out-patients are received out of the streets in thousands without any pretence of inquiry, the staff of those hospitals rush to the defence of the system.

Meanwhile, the numbers of out-patients are growing, and so is the pecuniary embarrassment of the hospitals. Mr. Yerbury, a member of the Distribution Committee of the Saturday Fund, writes to the *Times* of July 14th to make an earnest appeal for the Fund, and points out in his letter that the "number of new out-patients" is 1,132,433, carefully distinguishing between that number and the number of visits. He also points out that "one noble institution has been compelled to close 140 beds, and another 30 for want of funds."

Now, no one can regret more than we do the embarrassments of our hospitals; nowhere does any effort to mitigate them obtain more cordial support than in this *Journal*. So we have no fear of being charged with being an enemy to the hospitals if we tell them the truth. And it is the

truth admitted by their warmest friends and supporters that the out-patient system is a blot upon their fame, and that some united effort for its amendment will soon be insisted on by public opinion. That amendment must take the form of regulations to exclude both persons able to pay for advice and also persons unlikely to derive benefit from hospital treatment, and whose ailments require home treatment and supervision. We had looked with hope to the inquiry recently instituted by the Lords' Committee to lay the foundation of that reform. It seems only too likely that all such hopes will be frustrated, and that the reform must spring from the public and from the profession. But these must act through some agency.—*The British Medical Journal.*

SYPHILITIC SPINAL PARALYSIS.—Erb. *Neurolog-Centralb* maintains that the spinal manifestations in subjects of syphilis, possess sufficiently marked features to make a special morbid entity, though though having much resemblance to the spastic paralysis so far as the various movements of the legs are concerned, and the exaggeration of the tendon reflexes. Muscular spasms are, however, relatively little marked while bladder function is almost always affected.

The symptoms are of slow development and progress, and even years may pass before they are all present. They consist in paræsthesia, transient pains, fatigue easily brought on, stiffness and weakness of the legs, and paralysis of the bladder; the latter existing as a sole symptom, perhaps for months or even years. Spasmodic paralysis of the legs may follow, but rarely complete paraplegia. The patient moves about slowly, the legs are stiff and progression is painful as though there were a combination of intense muscular spasm along with the paresis. Sexual power is diminished in most cases. There is a decided tendency to improve, especially under energetic treatment. The author maintains that in bearing this symptom in mind he has been enabled to diagnosticate the condition before enquiring into the existence of previous syphilis, and the distinction is readily made from the other spinal affections, tabes, sclerosis en plaques, compression myelitis and syringomyelia. From spasmodic tabes, it is recognized by the existence of troubles of sensation, and deranged bladder formation, by the slight intendency of the muscular spasm, and by the difference in evolution.

It has often been confounded with transverse dorsal myelitis, but in syphilitic paraplegia is only exceptionally complete and that usually only for a short time.

In thirteen out of the twenty-two cases observed, the condition appeared within three years from infection. The lesions apparently occupy the dorsal segment and only involve a portion of the

thickness of the cord; the posterior half of the lateral columns, the posterior columns, the posterior part of the gray substance.

Attention is called to the following debatable points:

1. Do a sufficient number of cases of dorsal myelitis of specific origin exist to make a special form of myelitis? The author believes that from thirty-five to forty per cent. of chronic cases are of syphilitic origin.

2. Has this form clinical characteristics of its own?

3. Among the many forms of syphilitic affections of the spinal marrow is this one sufficiently represented to separate it from the complex cases where several forms are associated in the same subject? And finally does the symptom-complex always correspond to an anatomical lesion.

From the large number of cases observed by author he feels justified in creating a form of spinal paralysis purely syphilitic, but further study of the question seems called for.—*Med. Rev.*

ACTION OF GUAIACOL AND IODOFORM ON THE CHEMICAL POISONS OF TUBERCULOSIS.—Up to the present time nearly all researches made with regard to the action of chemical substances in tuberculosis have been directed to studying their action on the living bacilli, regarding these as the first elements necessary to attack, and leaving aside any pathological influence of the toxins secreted by the bacilli. They aimed, in fact, at finding a drug which, while not toxic to the human body, was yet fatal to the microbe. Venturi has approached the subject from a different point of view, and has tried to combat by means of drugs the action of the sterilized chemical products of the tubercle bacillus. He found that there was no constant appreciable difference between the duration of life and lesions of animals inoculated with the sterile cultures together with the drug, and those of control animals inoculated with the toxin only. Iodoform and guaiacol therefore exercised no retarding influence, whether injected separately or along with the toxin, nor even if the toxin had been mixed with either of them for a considerable time before being injected. With regard to the use of the drugs by the stomach, the author considers that they do more harm than good by deranging the digestive processes. Venturi believes that as iodoform exhibits no destructive action on the toxins of tuberculosis, and as its destructive action, if it really exists, on the micro-organisms is due to the liberation of iodine, it would be wiser to substitute some less noxious substance, such as one of the alkaline iodides, for iodoform, which is itself capable of doing considerable injury to the patient. Good feeding, good hygienic conditions, and a good climate, are in his opinion far more valuable than any remedial

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agents hitherto discovered. — *Brit. Med. Jour.*, Aug. 26th, 1893.

UNCONTROLLABLE VOMITING IN PREGNANCY.—Blanc deplors the difficulties which the practitioner encounters when he has charge of a patient with uncontrollable vomiting during pregnancy. If performed too early, induced labor involves the destruction of the foetus that might have lived. If too late, after great emaciation, syncope and delirium have set in, the patient's death may be deferred for a very short time, or even hastened. The uterus cannot be made to contract in these advanced cases. Hence it must be emptied of its contents. Blanc attended a lady in her third pregnancy. The first had been normal, the second ended by spontaneous abortion at the fourth month, after uncontrollable vomiting. On this occasion the patient had reached the third month of pregnancy. The vomiting was very severe, there was fever, and the least movement produced faintness. Cerium, cocaine, ice, champagne, and chloroform water had all proved unavailing. A laminaria tent was introduced; it set up contractions, which soon passed away. Next day another tent was passed into the uterus. A day later, a long strip of iodoform gauze was pressed into the uterine cavity. At the end of twenty-four hours no contractions had occurred, and the patient was delirious. She was placed under ether; then the uterine cavity was scraped thoroughly, and the foetus, placenta, and membranes removed by means of the curette. A plug of iodoform gauze was packed in the uterus after irrigation with sublimate. Subcutaneous injections of ether and caffeine were then given. By the next morning the delirium had passed away, and the patient could take a few cups of cold milk and soup, and a little champagne. At the end of a fortnight she was restored to perfect health.—*Brit. Med. Jour.*

THE QUANTITY OF LOCHIA AFTER LABOR.—Dr. Giles has endeavored to solve this problem. The method employed was to weigh the absorbent pads before and after application, and to estimate the amount of discharge, *debris*, and clots coming away with the douches. The conclusions derived from observations on sixty cases are as follows: 1. The average normal quantity of lochia is about 10½ ounces. 2. The duration of the discharge is on the average nine or ten days. 3. The degree of parity does not influence the quantity. 4. Non-suckling does not increase the discharge. 5. The quantity is generally greater in younger women up to the age of twenty-five. 6. The weight of the child has a slight, and that of the placenta a well-marked, influence, the quantity increasing the weight of the placenta. 7. The quantity increases with the amount of hæmorrhage at the

time of labor. 8. The lochia are more abundant in the case of those who habitually menstruate profusely. 9. The quantity is generally greater in the case of women of darker complexion. The difference between Gassner's results, viz., 52¼ oz., and the author's, viz., 10½ oz., was attributed mainly to the use of antiseptics, partly to the effect of astringent douching. The author believed that the three discharges—during menstruation, during labor, and during the puerperium—vary simultaneously, the quantity depending on predisposing conditions, of which the amount of pigmentation is generally an index, and that all three discharges are habitually greater in darker women.—*St. Louis Med. and Surg. Jour.*

ON THE CARE AND MEDICAL TREATMENT OF ALCOHOLISM.—Dr. Mann recommends the following as useful in the treatment of dipsomania as a good tonic and sedative, tending to antagonize degenerative changes in the brain, having a good effect on the stomach, and as aiming to combat the effects of alcohol on the structures of the body:

R—Quinine sulph.,
Zinc. oxidi āā gr. ij.
Strychninæ sulphat. gr. ¼
Arsenic gr. ʒss
Capsici gr. ij.

M.—Ft. pil. No. 1.
Sig.—One pill t.i.d.

Together with this pill, Dr. Mann uses in his private hospital for sixteen days after admission the following, hypodermatically:

R—Strych. nitrat. gr. j.
Aquæ dest. ʒ ss.

Mt.
Sig.—Eight minims daily for eight days.
Four minims daily for another eight days.

To quiet the morning nausea of alcoholics, and before meals, two or three drops of wine of ipecac on the tongue. After meals ten drops of dilute muriatic acid. The patient is kept in bed for the first few days, and fed on milk heated almost to boiling point. Valentine's meat juice may also be given. Hydrotherapy and electrotherapy are employed to induce sleep. A sedative is administered for a few nights. If the patient is very much excited and on the borderland of delirium tremens, the following is useful for two or three nights:

R—Hyoscin. hydrobrom. gr. j.
Aquæ dest. ʒ ix.
Spts. vini rect. ʒ j.

℞ Ft. hypodermatic sol.
Sig.—5 to 10 minims pro re nata.

The diet should consist of milk, eggs, oysters, meats, fish, buttermilk, and koumiss, plus a

minimum amount of cereals. Vegetables are taken very sparingly, the idea being to rely on diet which requires the least vital force and oxygen to digest, assimilate, and appropriate it, and to have ingested into the body such material as will, when brought under the influence of oxidation, yield the most force and energy.—Dr. E. C. Mann, in *Brooklyn Med. Jour.*

NINETY OBSERVATIONS ON ACUTE ARTICULAR RHEUMATISM IN CHILDHOOD.—This affection is less common among children than among adults. The influence of the seasons does not appear very clearly, but heredity plays an important part in its production. Two peculiarities are noted with regard to localization: first, as in adults, its rarity in the hip joint; second, the frequency in children, as compared with adults, of manifestations in the vertebral column. General phenomena are commonly but slightly marked. This is perhaps due to their relation to the number and intensity of joint-affections. The thermometric curve, as with adults, is irregular, and bears a relation to the exacerbations and extensions of the lesions. Sweating and sudamina are observed; also hemorrhages, and particularly nasal hemorrhages. The urine presents no differences from that of adults. Anæmia is an almost inevitable consequence of the rheumatism of children, as of that of adults. It surpasses that of any other disease, with the possible exception of malaria, and it leads not only to the pallor, but to souffles in the neighborhood of the pulmonary artery and of the vessels of the neck.

Much the most frequent complication is endocarditis. It is very difficult to determine the precise moment when endocarditis begins, for it can only be diagnosed when the souffle appears. It persisted in the great majority of cases until they were able to be out; nevertheless, in eight cases it became materially lessened, and in five it disappeared. In one of the last resolution took place very slowly, and it was not until eight months that the child had regained its former state. Therefore one should not be in a hurry to make the diagnosis of a permanent lesion. Pleurisy must be sighted among other complications. When it occurred it was much more often in the beginning than in the course of the disease. Six patients presented a more or less abundant eruption.—*International Med. Mag.*

BROMOFORM IN WHOOPING COUGH.—Earle, *Chicago Medical Recorder*, has collected some data on the treatment of pertussis by bromoform. He gave it in 50 cases, and found the paroxysms invariably diminished in frequency within three days. The action resembled that of belladonna. A large dose gives rise to dizziness. Fisher reports 51 cases, Burton Fanning 30, Duncan 5, Stepp

100, Newman 25, Schippers 250, and Kerley three, in which unvarying success followed its use. Ullman concludes that bromoform is not superior to other remedies. Nauwelaers reports a fatal case from a small dose, the exact size not being intelligibly stated. Earle's formula is:

R—Bromoformi, gtt. viij.
Tr. oppii camph., ʒ j.
Syr. acaciæ, ʒ iv.
Aq. anisi,
Ac. laurocerasi, āā q. s. ad ʒ j.—M.

Shake well. Sig.—Half to one teaspoonful four times a day to a child one year old.—*Times and Reg.*

TREATMENT OF INFANTILE CONVULSIONS.—M. Jules Simon recommends the following line of treatment of infantile convulsions: 1. Empty the digestive tract by an enema and by tickling the fauces to promote vomiting. 2. If the attack continues, administer ether or chloroform on a handkerchief. 3. Administer by the mouth, or if necessary by enemata, repeated doses of the following mixture: Chloral hydrate, fifteen grains; bromide of potassium, fifteen grains; syrup of codeia, ten drops; tincture of musk, ten drops; tincture of aconite, ten drops; orange-flower, three ounces and a half—this quantity to suffice for twenty-four hours. 4. When the attack is very grave give a warm bath and apply a small blister to the back of the neck or the epigastrium, leaving it on for three hours. Antiseptic precautions should be observed and a poultice subsequently applied.—*Times and Reg.*

CURETTING THE PUERPERAL UTERUS.—From an experience of sixteen cases, Rivière deduces the following propositions. Curetting is indicated:

1. After abortion, where hæmorrhage persists due to the retention of secundines.
2. After abortion, as after accouchement at term, when repeated uterine injections are not able to remove the phenomena of local and general infection.
3. Early curetting is legitimate because, while late action may suppress the results of local accidents, it cannot prevent the patient from succumbing to the march of general infection.
4. The only danger from procedure is perforation. Hence a ring curette should be used, and that, too, with the greatest gentleness.
5. Chloroform anæsthesia is generally unnecessary.
6. In the author's practice, success has resulted in thirteen out of sixteen trials.—*Gaz. Med. de Straebourg.*

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PARIS WORLD'S FAIR, 1889.—There is no other exhibit of the class in the United States section to rival that of Wm R. Warner & Co. From the Philadelphia merchant comes an exhibit which the native pharmacists can look at with both admiration and wonderment. This display is enough to make any Frenchman curious, and their arrangement such as to be above deprecatory criticism; and those Frenchmen there could not be a people with better taste for the proper and harmonious exhibition of products. A glance through their own magnificent section of pharmacy will verify this. Readers would find superfluous a description in detail of the Messrs. Warner's essentially fine installation covering all their soluble sugar-coated pills, salts, etc. Suffice it is to remark that at the Paris Universelle their exhibition is thoroughly representative, comprises all the makers' fabrications, and is decidedly an honor to the concern.—*Pharmaceutical Record*.

REST IN BED.—Dr. Guy Hinsdale, in the course of a lecture on nursing in nervous disease, particularly hysteria, describes the advantages to be derived from ordering absolute rest in bed: It will seem somewhat strange to those who have been accustomed to go about the house, although in a languid manner. It will be far better also for invalids who recline on sofas, and yet have not cared to relinquish all opportunity of seeing friends, and hearing of the outer world. By going to bed in earnest, and under no pretext walking about the room, not even sitting up, and in some cases not even feeding herself, the patient realizes that a new era has begun in her life history. The result is that she appreciates highly the opportunity to feed herself when the permission is given, perhaps after a fortnight or more of denial. At the end of a month or so she sits up a few minutes each day; the time is lightened; at the end of the two months, perhaps, she is allowed to sit in a chair. Every added privilege is appreciated as never before; liberty never seemed such a boon. It is like the hunger of a convalescent from typhoid fever. The whole aim in life, if you have maintained the case successfully, is now to occupy a sphere that before seemed impossible to attain, and with timely assurance you will have the satisfaction of seeing the patient launched upon the world made over anew. These are matters of actual experience.—*Boston Med. and Surg. Jour.*

MASSAGE IN MUSCULAR RHEUMATISM.—Graham, *Amer. Jour. Med. Science*, referring to lumbago, points out that this may arise from cold, strain, fatigue or rheumatism. Its pathology is probably coagulation of the semi-fluid contractile muscular substance, and adhesion of muscular fibrils, so that motion gives rise to partial, irregular and painful contractions. Retention of waste products occurs,

the worse of these being uric acid. Recent cases of muscular rheumatism are almost invariably cured by a few massages. The same result may be brought about by rest, warmth, electricity, or the use of such drugs as salicylate of soda, though not so rapidly. Graham claims for massage five different actions, namely, mechanical, thermal, electrical, nervous, and chemical, and suggests that when a case of apparent muscular rheumatism not only does not yield but does not remain improved after a few massages, the probability is that the case is one of neuritis affecting the nerve fibres that supply the impaired muscles. This probability would be strengthened when the pain is uniform, affecting the same muscles on both sides, when it is worse at night, when at rest and warm in bed, and better when up and moving about; whereas muscular rheumatism is aggravated by motion and relieved by rest and warmth. Massage may thus be used as a means of diagnosis between muscular rheumatism and neuritis.

THINGS WORTH REMEMBERING.—It is authoritatively stated that headache almost always yields to the simultaneous application of hot water to the feet and back of the neck.

Ordinarily one woman in eight is sterile, but among woman who have fibroids one in three is sterile. (Parvin.)

In facial erysipelas, where you cannot conveniently apply ordinary means, paint the part with a ten per cent. iodoform collodion. (Prof. Gross.)

In posterior displacements of the uterus, always replace the organ before introducing a pessary; the frequent failure of its use is generally due to this cause. (Parvin.)

Where there is a collection of foreign matter, as pus, in the antrum of Higmore, extract the first molar tooth (or more, if necessary), and drain the cavity in this way. (Sajous.)

For specific vaginitis, Prof. Parvin ordered mucilaginous injections and warm hip-baths in the acute stage, followed by injections of 1:100 corrosive solutions and tampons of boracic acid and glycerine.

Gelsemium will often do more good in irritable bladder than any other remedy. It is especially adapted to those women of hysterical type troubled by irritability at the neck of the bladder, calling for constant urination.

Without exception, the first symptom of pregnancy is an increased frequency of the desire to micturate.

Rhus aromatica, or the fragrant sumach, which grows all through the Northern States, is strongly recommended for incontinence of urine in atonic states of the bladder. From ten to fifteen drops of the tincture are given three times a day.

Salicylic acid is highly recommended as an application to ring worm. It may be used as an oint-

ment, but is much better as a saturated solution in collodion. One application is often all that is necessary to effect a cure, but it may be repeated if necessary. The pain caused is not usually severe.

Boro-tartrate of potassium is the first remedy for calculus in pelvis of kidney; a weak solution must be used, and for a long time, a strong being detrimental. (Bartholow.)

Drop into urine in a test tube a few drops of the tincture of guaiac, heat it about 100°, and if it turns pale blue, pus is present in the urine.

Houghton, of Dublin, says that two hours of severe mental labor abstract as much vital strength from the system as a whole day of physical labor.

Unna treats "red nose" with zinc-and-sulphur ointment externally and ichthyol internally.—*Mass. Med. Jour.*

PHENIC ACID IN RECTAL CATARRH.—A Russian doctor, M Strizové, has treated three cases of inveterate chronic catarrh of the rectum with success by means of rectal injections of a solution of carbolic acid ten drops in two tumblerfuls of water twice daily, each injection being retained from six to ten minutes. The first case was that of a patient with a diarrhoea of nine months' standing which had resisted all methods of cure; cause unknown. Digital exploration of rectum very painful, rectal mucous membrane soft and velvety. The stools, numbering three or four a day, had a gelatinous aspect. By the third day improvement was noted, and at the end of a month complete cure was obtained; no particular alimentary regimen was prescribed. In the second case—cause unknown—the diarrhoea had lasted seventeen years with intervals of a few months' cessation. The treatment adopted in the first case effected a cure in six weeks. The third case was one of chronic rectal catarrh due, probably, to a dysentery which the patient had had two years before. The case, which had resisted all treatment, was completely cured by the phenic acid injections in fifteen days.—*N. Y. Med. Abstract.*

LIMIT THE READING OF PAPERS AT LEAST TO TWENTY MINUTES.—One of the Sections at Washington resolutely resolved to limit all speakers to twenty minutes, no vote being allowed to extend the time of anyone. The result was a series of bright, condensed, and interesting papers, the attention of the audience never flagging and satisfaction expressed by all. Another, perhaps many other, Sections, gave "courtesy" to one and so courtesy to all (except the listeners), with the result that some writers read for an hour or two, to the great disgust of everybody. And, to cap the climax, some of the hour-long papers were in Spanish! In these cases the punishment most excellently fitted the crime.—*Med. News.*

THE TREATMENT OF HEMOPTYSIS.—Eklund, *Centralbl. f. gesammte Therap.*, maintained that nothing is more dangerous in case of hemoptysis than the common practice of administering cold drinks or bits of ice. The cold causes increase in the bleeding; by irritation of the vagus, cough is induced; and by contraction of the gastric vessels the flow of blood to the lungs is increased. Eklund, therefore advises the administration of warm and mucilaginous drinks and the application of an ice-bag over the apex of the lung from which the hemorrhage is believed to have taken place. Besides, he directs the taking, three or four times a day, of three grains of quinine sulphate and a grain and a half of ergotin in pill form.—*Med. News.*

PHYSICAL REST IN TREATMENT OF CHLOROTIC ANEMIA.—Frederick Taylor, M. D., F. R. C. P., in *The Practitioner* for September, in a valuable communication, lays particular stress upon the value of absolute rest in connection with the treatment of chlorotic anemia by iron. Against fresh air he has nothing to say so long as it does not involve exercise either by walking or riding. The worse the case of anemia the more absolute should be the rest. Patients suffering the more severe forms of the disease should be kept absolutely in bed, while the lighter forms are allowed to rise a few hours in the afternoon.—*Times and Reg.*

CORROSIVE SUBLIMATE IN TYPHOID FEVER.—M. Loranchet says that, corrosive sublimate taken internally gives rise to none of the toxic effects usually attributed to the use of mercury; it is well tolerated. It is easily administered and does not interfere with other methods of treatment. It appears to destroy the action of pathogenic ferments, and to put a check to an over-elevation of temperature, so that cold baths may be dispensed with. It seems, moreover, to decrease the contagiousness of the disease and, according to the author, it has given a sufficient number of cures to place its efficacy beyond doubt.—*N. Y. Med. Abstract.*

PERMANGANATE OF POTASH.—Permanganate of potash as a disinfectant or deodorant has stood the test as giving better results than any other local applications. One drachm of the drug to water Oj. as a wet dressing to wounds and ulcers when there is too rapid formation of pus. It is a certain remedy in fetid, ichorous, or otherwise unhealthy discharges; an excellent application in erysipelas and gives very satisfactory results as a wash in obcess cavities after pus has been discharged. As an application to balanitis it is a curative, and as an injection in gonorrhoea it is one of the best.—*Am. Med. Jour.*

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THE PATHOLOGY AND TREATMENT OF SYCOSIS.

This disease is a notable instance of the value of modern pathology in simplifying classification and diagnosis, and in suggesting the lines of rational treatment. The name given it by the old Greek fathers of medicine was Sycosis, the "Fig-disease," because in a typical case the infected area was so intensely inflamed as to project like half a fig from the level of the face. There is little enough in this name to help in diagnosis or treatment, yet we cling to it. Mentagra, "the chin-ache," is another name seen sometimes, and commonest of all, "barber's itch." The pathology of the disease has been fully settled by many observers since Gruby, in 1844, discovered the fungus which causes it, and Malmsten, after him, called it *Tricho-phyton tonsurans*, the latter half of the name referring to the baldness caused by its ravages upon the scalp. Ziegler very aptly applies to all fungus invasions of the skin, as against bacterial invasions (erysipelas, leprosy, anthrax, boils, variola), the term *dermatomycosis*, "mycelial developments in the skin." These mycoses of the skin he classes under the three main heads of Favus, Pityriasis versicolor, and *Tinea tonsurans*, the distinction being based on organic differences in the fungus causing the disease.

The fungus causing the latter type of disease may find lodgment in any part of the skin, hairy or non-hairy, and the consequent disease is known by different names, according to the area attacked. Thus, on the hairy scalp the lesion is called *Tinea*

tonsurans, ringworm of the scalp. On hairless portions of the body, *Tinea circinata*. On the hairy face of the male, *Sycosis*, better *Sycosis parasitica*. And it is now recognized that the excessively annoying and intractable *Eczema marginatum* of the genitals and thighs is due to the same parasite. These four diseases, till lately never associated in the practitioner's mind, either as to cause or treatment, fall kindly into line, and accept the same general lines of treatment, differences of gross appearances, and variations of detail in treatment being due merely to difference in the anatomical seat of the lesion.

In the case of *Sycosis parasitica*, the indications are now clear. An irritant is present in the tissues of the face, at a depth about double of that in the scalp, and many times greater than in *Tinea circinata*, when owing to the comparative absence of hair-follicles only the deeper layers of the epidermis become involved; brownish scale with little exudation is the result. The writer has seen a case exist for weeks on the face of a *Tinea circinata*, then suddenly develop into a most painful and extensive *folliculitis*, a true sycosis in everything except the absence of the fig-like isolated patches which gave the disease its name. Another face directly infected from this one, developed at once the classical sycosis, the suppuration being so extensive in one spot on the cheek, and the absorption so great, that the glands in front of, and below the ear, became much enlarged and tender, and the constitutional symptoms severe enough for a day or two to almost send the patient to bed. Temperature 102° F., and pulse rapid. The connection between ringworm and barber's itch is seen clinically in the frequency with which men who tend ring-wormy cattle during the winter, suffer from sycosis.

It is plain that the deep-seated inflammation of the face in sycosis, calls for different treatment to the superficial trouble in *tinea circinata* or even in ordinary ringworm of the scalp. In the latter cases, irritating applications such as chrysophanic acid, strong solutions of bichloride of mercury, strong acids, etc., have some show of reason, but to apply fuming nitric acid to an inflammation so severe as in true sycosis, is as irrational as to apply passive movement to an inflamed joint. The indications are first to remove the irritant, and second to prevent infection of other portions of the face.

As to the first, it may be granted that the suppuration is Nature's effort at self-cure, and that in time the focus of disease will become unsuitable to the further growth of the fungus. But in the mean time the hair-follicles of the part have suffered irreparable damage, and a bald spot is the result, with the chance of keloid too as a permanent disfigurement. Hence the value of timely depilation, as the hair plucked in time leaves the papilla at the bottom of the follicle in a fit state to produce another hair. Every day accordingly let the physician, or some one else, with sharp pointed tweezers that will not catch more than two or three hairs at once, go carefully round the edge of the infected spot, not pulling healthy, firmly rooted hairs, but the diseased ones, when there seem to be two together, or where the hair when pulled looks black at the root from the blood of inflammation in the follicle, or brings with it a minute globule of pus. Besides this let a small sharp bistoury divide each little infected spot, if pus does not freely escape with the pulling of the hairs. The fungus can be left to itself, as reproduction cannot go on in such tissues. The sore needs a simple antiseptic dressing, corrosive sublimate in weak solution, to destroy the spores in the secretions.

As to the second indication, it is amply fulfilled by daily and repeatedly bathing the sound parts of the face with 1-1000 solution of bichloride or with sulphurous acid. Ordinary precautions as to pillows, armchairs, towels, etc., used by the patient, should be enjoined. The writer has seen severe and extensive sycosis, with thorough and persevering depilation for many days, result in as good a growth of beard and moustache as before the disease.

INTRAPERITONEAL HÆMORRHAGE.

The annual oration for 1893, before the Medical and Chirurgical Faculty of Maryland, was delivered by Dr. Reginald H. Fitz, of Harvard University. The paper is most interesting, and lacks little, if anything, of meriting the title of a classical essay. We find it reported in full in the *Maryland Medical Journal* for June 17th.

The practical points of diagnosis and treatment occupy the chief place in the paper. Dr. Fitz would make a classification of intraperitoneal

hæmorrhages, according to the gravity of the loss of blood, as well as to the situation of the escaped blood in the peritoneal cavity. The situation of the blood will often have much to do with the subsequent presence or absence of septic infection.

Intraperitoneal hæmatocele—a shut-in hæmorrhage—is generally pelvic in site, occurs in women, and forms a tumor. If the bleeding does not continue, and recovery is made possible by present conditions, there is frequently an uneventful absorption of the clot. But the pelvis, being a region favorable to the septic infection of retained clots, may become the arena of a destructive inflammation of the surroundings. This may result in a discharge by the rectum, by the vagina, or by other channels, or, rarely, we meet with a quiet absorption without septic complications; and the possibility of these occurrences is an insufficient justification for a severe operation for their prevention.

These hæmorrhages, therefore, should be intelligently separated one from another, whether they are immediately dangerous, or only remotely so, and whether or not they are comparatively harmless. The immediate danger from these extravasations is rapidly progressing anæmia. The difficulty of diagnosing these cases is illustrated by the following sentence of Dr. Fitz's: "An exploratory laparotomy has often proved to be the only means by which the diagnosis has been established, and has repeatedly made clear that there has been no intraperitoneal hæmorrhage, which had been suspected."

Only by the full knowledge of the complications arising from abdominal aneurism, cancer, ectopic gestation, and many other conditions, can the "diagnosis by exclusion" be made out. Veit has shown that there are no physical signs sufficient to prove the presence of blood free in the peritoneal cavity.

Dr. Fitz has a good opinion of laparotomy in selected cases, but is not an advocate of the early exploratory operation. If this operation is done, the case is changed from a medical into a surgical one. "If this is employed," he says, "the treatment of necessity becomes abdominal and surgical, whereas in many cases it should be medical, or, if surgical, then vaginal or rectal." He favors medical treatment whenever feasible, for it either permits the patient to get well without the use of the knife, or it renders possible an easy operation

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In this view of the case, we naturally expect to find Dr. Fitz an earnest friend of the operation of vaginal puncture, and from his remarks at the close of the oration, we are led to believe that he has had a large and successful experience in that direction.

THE ROLE OF THE POSTERIOR URETHRA IN CHRONIC URETHRITIS.

In a paper read by Dr. Bransford Lewis, of St. Louis, before the late meeting of the American Association of Genito-Urinary Surgeons, and published in the *Medical Record*, the author presents some very radical and unorthodox views on the frequency of posterior urethritis and its influence in the production of chronic gonorrhœas.

The various causes commonly accepted as sufficient to explain persistence in gonorrhœa, were reviewed, and their potency as such were denied, *seriatim*. Two cases were reported showing that the presence or absence of the gonococcus, alone, could not form a reliable criterion as to prognosis. In the first case, primary, with abundant gonococci, the discharge lasted six weeks; while in the second case, secondary, also giving abundant gonococci, it lasted only one week. The influence of anatomical abnormalities was restricted to only a small minority of the exceedingly numerous cases of chronic gonorrhœa, and did not explain the great number that occurred. The several varieties of urethritis, such as "granular urethritis," "catarrhal urethritis," "hypertrophic urethritis," etc., were only pathological incidents, not causes, of chronic gonorrhœa; and even on discriminating between these several varieties, the question still obtruded itself: What was it that had produced that particular variety?

Again, urethral therapists, with ardently-advocated new remedies, supposedly specifics, had all in turn failed in their endeavors to abolish prolonged claps. So that it must be acknowledged that the various factors to which chronic urethritis was usually attributed, while relatively important in a contributory way, did not cover the ground in actual clinical experience; and something else must be found to bear the onus of being a prolific source of chronic gonorrhœa.

While aware that infection of the posterior urethra was almost universally recognized, by advanced practitioners of the present day, as a complication of gonorrhœa that was difficult to cure when it did occur, and that interfered with the usual course of treatment employed, and required special measures for relief, etc, the writer did not believe that the full importance of posterior inflammation was generally conceived; that its frequency was even approximately estimated in general, or that its bearing on almost every case of gonorrhœa was understood, recognized or acknowledged.

In Dr. Lewis' opinion, the posterior infection should not be looked upon as a complication, but as a natural feature, occurring with such unflinching regularity that an observer, watching carefully and critically, gonorrhœal cases, must see a great many of them before he would meet with a single one that remained free from the so-called complication throughout the disease. This conclusion, to which clinical investigation had led him, was supported, in recent writings, by the following statistics of authors who had been pursuing a similar study of late years: Lesser asserted that of fifty-three cases of primary gonorrhœa under his care, the posterior urethra escaped infection in only four cases, making the frequency of posterior urethritis 93.5 per cent. Jadassohn found posterior urethritis in 143 of 163 cases, making 87.7 per cent; Rona found it in 79.7 per cent. of his cases; and Eraud found it in 80 per cent. of all of his cases.

In endeavoring to harmonize this undoubted fact of frequency of posterior urethritis with the reason for its frequency, the author disregarded, as inapplicable, explanations usually given. Sexual intercourse, the "forced" injection, the passage of instruments, etc., during an active gonorrhœa, were chiefly complained of by writers on the subject—extremely seldom by the patients themselves. Bearing on this point, the time and mode of onset of the posterior inflammation was of importance. Instead of the inflammation progressing slowly and gradually backwards over the urethral mucous membrane and reaching the posterior urethra, in the second or third week, as was commonly taught, it reached the posterior urethra, in most cases, in the first week of the disease. This rather favored the supposition

of Horteloup that the mode of infection was through the lymphatics rather than by continuity over the mucous surface.

The author, therefore, felt justified in submitting the following conclusions:

1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.
2. A single widely prevalent cause for such prolongation of gonorrhœa has, as yet, not proved its right to recognition as such.
3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily-prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.
4. Scrutinizing clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhœa.
5. Direct, topical treatment to the posterior urethra is, therefore, necessary in the great majority of cases.
6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.
7. The mode of onset usually described does not coincide with that discerned in clinical observations.
8. These two latter observations confirm the probability that the posterior urethral infection is accomplished through the lymphatics, and explain the frequency of such infection.
9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhœa.

THE MODERATE USE OF ALCOHOL.—Sir Dyce Duckworth, recently, in a speech at the Hague on the physiological effects of alcohol on the human organism summarized his conclusions as follows, *Lancet*:

(1) That it had not been proved that the moderate use of alcohol was hurtful to the inhabitants of Europe and was necessarily prejudicial to civilized nations.

(2) That the most enlightened nations had, as a rule, made use of alcoholic liquors.

(3) That there existed no enlightened testimony to show that the moderate and simultaneous use of alcohol and of sound food could injure the organs of the human body; that, on the contrary,

there was ample proof in support of the assertion that such a use was usually beneficial, and that the legitimate and rational use of a thing by no means justified its abuse.

(4) That for many people complete and continual abstinence from alcohol was not at all to be recommended, and that it was recognized that such a course of conduct employed as an exemplary measure had never, with any people, succeeded in bringing about the disappearance of intemperance.

(5) That the majority of the posterity of drunkards and of persons of an ill-balanced nervous system would do well to abstain altogether from alcohol, or at least before partaking of it to consult a competent and experienced physician.

(6) That the use of impure and adulterated alcoholic drinks is attended with many consequences more or less disastrous, and that the extreme physiological limit which the individual constitution can support ought rarely to be reached, most certainly not passed.

(7) That the young should be instructed, as part of their education, to recognize the proper and legitimate use of alcohol, and to moderate and subjugate their appetites.

REDUCTION OF PROLAPSED HÆMORRHOIDS.—Says Dr. Didama, *Jour. Am. Med. Assoc.*: Now, it may be some satisfaction to the doctor, as well as a great comfort to the patient, to know a comparatively easy method of effecting reduction. This is it: Posture may be important, but the best one is not always required. In moderately severe cases the patient may be on his back with knees drawn up. If the hæmorrhoids are very tender from strangulation and manipulation, cocaine should be applied till analgesia is fairly well established. Then the parts should be thoroughly lubricated with vaseline, and the tips of three or four fingers of each hand applied to the purple projections. Steady pressure is to be applied, while the patient is ordered to press down in the defecation of hardened feces. Instinctively, and almost invariably he shrinks and draws away from the pressure on the painful swellings, at the same time puckering the already too contracted anal orifice. But when he is made to comprehend that puckering renders reduction impossible, while resolute and persistent straining down relaxes and opens the orifice and allows the swellings to be forced back

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into the rectum, often semi-instantaneously, he will govern himself accordingly. Sometimes the performance can be terminated more speedily by having the patient assume a squatting posture, after the preliminaries have been attended to. Then the straining down seems to be more thorough and efficient, and the piles, liberated from constriction, slide homeward with little compulsion. This is the facile reduction of prolapsed hæmorrhoids; and the patient can be taught to accomplish it early and easily without the aid of the physician.

TREATMENT OF CHRONIC VALVULAR DISEASE OF THE HEART.—Dr. James Tyson, *Therap. Gaz.*, discusses the various heart tonics used in the treatment of chronic valvular disease of the heart.

Digitalis is a remedy always better intermitted to obtain its best effects. He believes that the greater apparent efficiency of the infusion is partly due to the fact that it is generally given in larger doses. One half an ounce is not an infrequent dose of the infusion. This represents nearly three grains of the powder, or twenty minims of the tincture. Of remedies which may be substituted for digitalis, strophanthus should, perhaps, be first mentioned, not that it is always the best. Dr. Tyson has used it in doses of ten minims or twenty drops every two hours for forty-eight hours, without interruption and with good results. It is undoubtedly better borne by the stomach than digitalis. Caffein is an admirable heart tonic in mitral regurgitation. One should not give less than three grains at a dose, seldom more, every three hours. When caffeine has been given in full doses for some time it produces mental symptoms quite characteristic, consisting in hallucinations. They, however, cease immediately when the drug is discontinued. Another effect of caffeine which sometimes interferes with its usefulness is its effect in inducing insomnia. Sparteine sulphate, the author values very highly, especially where a diuretic effect is desired. The dose to rely upon is never less than one-fourth of a grain, increased to one-half of a grain, three, four, and five times a day.

A NEW ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY, AND COLLATERAL SCIENCES.—Dr. George M. Gould, already well-known as the editor of two

small medical dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years. The feature that will attract immediate attention is the large number of fine illustrations that have been included, many of which—as, for instance, the series of over fifty of the bacteria—have been drawn and engraved especially for the work. Every scientific-minded physician will also be glad to have defined several thousand commonly used terms in biology, chemistry, etc. The chief point, however, upon which the editor relies for the success of his book is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration, and logical groupings of each word are given. There has never been such a gathering of new words from the living literature of the day. It is especially rich in tabular matter, a method of presentation that focuses, as it were, a whole subject so as to be understood at a glance. The latest method of spelling certain terms, as adopted by various scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of to-day, and the omission of which in any work aiming to be complete would make it unreliable as an exhaustive work of reference. The publishers announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book.

THE TREATMENT OF PRIMARY SCIATICA BY ACUPUNCTURE.—Dr. E. Valentine Gibson, *Lancet*, reports that of one hundred consecutive cases treated by acupuncture, fifty-six were cured; thirty-two were much improved; ten were improved; while in two cases there was no improvement. This is considered to be a very satisfactory result, considering the chronic nature and the severity of the cases. In addition to the acupuncture, they all used the Buxton thermal water, which has a great reputation for the absorption of inflammatory products. The needle should be single, spear-pointed and about two and a half inches long.

It should be inserted directly into the nerve, which will be known by the pain which shoots down the leg. The needle should be immediately withdrawn, as no better results are obtained if they are left *in situ*, and additional pain is likely to be caused. The nerve should be pierced about five times at intervals of a few days, over the parts where there is pain on pressure. Rest is necessarily most essential, as it is in other inflammatory conditions, and a rheumatic or gouty diathesis should be treated by appropriate remedies.

P. FLECHSIG recommends a new method of treating epilepsy, *Ther. Blatt.; Times and Reg.*, viz., a combination of the opium and the bromide treatment, opium being used exclusively for six weeks and then replaced at once by bromides. He gives the powder or extract of opium, a grain two or three times a day, increasing the dose up to fifteen grains a day. At the end of six weeks the use of the opium is stopped suddenly, and large doses of bromide (two drachms a day) are administered for about two months; afterwards the dose is diminished successively down to half a drachm a day. The author lays most stress on the sudden interruption of the opium treatment by the use of bromide. During the use of opium the fits do not decrease in number but occasionally; as a rule, the influence of the cure shows itself only after the use of the bromide. F. has obtained excellent results with this method.

TREATMENT OF GLANDULAR ENDOMETRITIS OF THE CERVIX.—Hartman, *Annales de Gynécologie et d'Obstétrique*, says this form of endometritis is very common in young girls, and is characterized by a discharge of white or light green, thick, tenacious fluid. The presence of the gonococcus has been noted in a number of cases. It obstinately resists curetting, but has been ameliorated by such treatment, and indeed sometimes cured.

Dolérís recommends scarification of the mucous membrane, which will allow the penetration of medicinal agents, while Bouilly suggests ablation of the mucous membrane of the diseased area.

After the mucous membrane has been removed, the cervix should be freely painted with a mixture of glycerine and creosote (1 to 3), and the cervix and vagina packed with iodoform gauze. The

dressing should be removed in forty-eight hours, and a fresh piece of gauze, wet with glycerine creosote, should be inserted within the cervix. There is occasionally serious hæmorrhage during this operation, which requires a tampon for its relief. If the disease returns, the cervix should be amputated, as recommended by Schroeder.

THE DIAGNOSIS OF TYPHOID FEVER.—Dr. V. Filipovich, of Odessa, has remarked, *Lancet*, that, in all the cases of typhoid fever that have come under his notice during the last two extensive epidemics in Odessa, there have been a peculiar induration and yellowish or orange tint in the prominent portion of the plantar and palmar surfaces, instead of the reddish color to be observed in healthy subjects, or the bluish tinge which those parts assume in a cyanotic patient. This yellowish appearance is to be accounted for by the enfeebled action of the heart, the incomplete filling of the capillaries and the dryness of the skin in typhoid fever. The sign is so constant and so well marked, that Dr. Filipovich thinks that it should be looked upon as affording important assistance in the diagnosis of doubtful cases. That it is in no sense peculiar to the two epidemics that occurred in Odessa, is shown by the observations of Dr. Skibnevski, who states that he invariably observed it during an epidemic in the neighborhood of Moscow.

BICARBONATE OF SODA AND DIGESTION.—Linosier and Lemoine, in a recent communication to the French Academy of Medicine, *St. Louis Med. and Surg. Jour.*, conclude that bicarbonate of soda, in all doses, excites gastric secretion. According to their observations, the dose which produces the most powerful effect is one of five grammes given an hour before a meal. The action is prolonged beyond the day of administration, an increased secretion being kept up. It is essentially to be used in cases of insufficient gastric secretion, and ought to be given some time before a meal. In cases of excess of acidity it only acts as a palliative, and there is a risk of its aggravating the condition. They suppose that the administration of hydrochloric acid is of more service in diminishing the excess of secretion, just in the same way that alcohol retards alcoholic fermentation, or lactic acid lactic fermentation.

THE TREATMENT OF DIABETES.—Harley, *Brit. Med. Jour.*, after speaking of the remedies generally employed in diabetes, such as opium, morphine, codeine, hyoscyamus, cocaine, bromide of ammonium and the like, calls attention to the value of croton chloral. He says: "The beneficial effects of croton chloral often surprise me, but I seldom ever give it except in combination with a vegetable narcotic or anodyne. . . . To give a single formula that will answer in every case of a protean disease like diabetes is, however, out of the question, so all I will do is to give the one employed in the case just alluded to. It is the following:

R.—Croton chloral, $\frac{1}{2}$ gr.
 Opii. j gr.
 Ext. aloes barb., $\frac{1}{8}$ gr.
 Ext. gentianæ, jss gr.—M.

Sig.—One pill to be taken three time a day."

In cases of diabetes resulting from nervous exhaustion, as well as those arising from pancreatic disease, he states that he found extract of nuxvomica in $\frac{1}{4}$ gr. doses three times a day in a croton chloral pill of great service. In such cases remedies tending to improve the general health, notably phosphoric and nitro-hydrochloric acids, are of service. He has found antipyrin and peroxide of hydrogen very useful in one or two instances.

THE FORMS OF DIABETES.—Dr. George Harley, *Med. Rec.*, gives the following classification of diabetes.

1. Hepatic diabetes—including the gouty variety.
2. Cerebral diabetes—including all cases of saccharine urine arising from nerve derangements.
3. Pancreatic diabetes—the most deadly form of the disease.
4. Hereditary diabetes—a form by no means uncommon, and one, too, where both brothers and sisters may labor under the disease without either their maternal or paternal parent having been affected by diabetes, though more distant members of the family may have suffered from it.
5. Food diabetes—including all forms of saccharine urine arising from the ingestion of unwholesome substances.

In the matter of treatment, besides diet and opium or codeine, Dr. Harley recommends croton

chloral, strychnine, phosphoric acid for thirst, and an absolute prohibition of alcohol.

CRUEL ANTI-VIVISECTIONISTS.—The egret in a lady's bonnet is the crowning beauty of an egret mother.—*Cornhill Mag.*—The collector—and each nesting season fifty men are employed in this business—waits till she is on her nest, her little breast full of peace, and the young just hatched, so that the mother will not leave them easily, though alarmed. He ruthlessly seizes her, tears off her crowning plumes and her wings, and then throws her down, gasping, torn, and fluttering, to die beside her little ones, who, deprived of her fostering care, die also miserably. Lately, at a meeting of anti-vivisectionists, it was a curious instance of "the evil wrought through want of thought" that many of the ladies protesting against the cruelty of vivisection wore these very egret plumes in their bonnets.

DIAGNOSIS OF APOPLEXY.—Dr. Mills, in the *Polyclinic*, based the diagnosis of apoplexy on the following points:

1. The sudden fall with unconsciousness at once, no injury perceptible, face white.
2. Respiration stertorous, noisy, puffing cheeks, tendency to Cheyne Stokes, interrupted, improved by turning on side.
3. Right face droops more, and right cheek flaps more than the left. Right pupil widely dilated; left contracted. Retinal veins distended. No rotation of head and eyes to one side.
4. Pulse full and slow; temperature subnormal.
5. Convulsive movements noted at first have ceased; both arms and legs drop lifeless equally. Left side was paralyzed first. Sensation almost completely abolished.

SUCKLING says that Indian hemp, in ten minim dose of the tincture three times daily, is almost a specific in insanity in women due to mental worry or moral shock, and is also of great value in mania and melancholia.

APOPLEXY.—Elevate the head and shoulders; if pulse is moderately strong and the brain congested, bleed from the arm freely, sixteen ounces or more; elaterine (one-sixth grain), or croton-oil, two drops in drachm of sweet oil or glycerine; cold to the head by means of an ice-bag.

Books and Pamphlets.

HAND-BOOK OF DIAGNOSIS AND TREATMENT OF DISEASES OF THROAT, NOSE AND NASO-PHARYNX. By Carl Seiler, M. D., Laryngologist, etc., University of Pennsylvania. Fourth edition, pp. 412, 107 plates and engravings. Philadelphia: Lea Bros. & Co. 1893.

This well-known little work appears again in improved form in the fourth edition, and should be read by every general practitioner, for whom, primarily, it is meant, and not for the specialist. The technique of Laryngoscopy and Rhinoscopy is briefly given, with brief accounts of such everyday affections of nose and throat as can be and ought to be treated by one's self, not sent to the specialist.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By John V. Shoemaker, A.M., M.D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia, etc. Second edition, revised and enlarged, with chromogravure plates, and other illustrations; pp. 878. New York: D. Appleton & Co. 1892.

This seems as completely satisfactory a work as can be compiled, within the scope of the needs—not of the specialist—but of the general practitioner. The author had evidently a well-digested plan for its construction. Part I. consists of a short discussion upon the anatomy of the skin, its physiology, its symptomatology, general remarks on the diagnosis of cutaneous affections, then their pathology, their etiology, prognosis, and finally, treatment, the pages on the latter head containing a somewhat detailed discussion of the various therapeutic measures, and drugs. Part II. begins with the author's system of classification, a modification of Hebra's, which seems to be based upon the latest results of pathological research. It may seem at the first blush odd to classify, under the same head of Exudations, disorders so diverse as sycosis, typhoid rash, boils, and frost-bites, and under his arrangement, of course, the class of exudations is very large, these diseases taking 323 pages for their discussion.

Treatment, as being to the practitioner the most interesting topic, is very fully given. We have not seen, anywhere, so varied and detailed an account of the treatment, for instance, of tinea capitis, as here. There is a very extensive and useful formulary as an appendix, most helpful to the novice, in the treatment of skin diseases. The cuts and plates, printing and binding are good.

HYGIENE AND PUBLIC HEALTH. By Lewis C. Parker, M.D., D.P.H., London University, Lecturer on Public Health at St. George's Hospital Medical School, etc. 3rd Edition. Philadelphia: P. Blakiston, Son & Co 1892.

The fact that a third edition of this work was necessary in two years bespeaks its value. It is the outcome of the experience of one of the best teachers in London, and the author's aim seems to have been attained, announced in the preface, "to occupy within a small space nearly the whole field of sanitary science," and enable the reader "to refer with advantage to the larger and more abstruse text-books." The work is concise, modern, not over-loaded and padded with statistical and other tables, simple and direct in style, and should be popular among students and instructors in Canada.

A HANDBOOK OF PATHOLOGICAL ANATOMY AND HISTOLOGY. By Francis Delafield, M.D., LL.D., Prof. of Practice of Medicine, Coll. Phy. and Surg., Columbia Coll., N.Y.; and T. M. Prudden, M.D., Prof. of Pathology, Coll. Phy. and Surg., Columbia Coll., N.Y. Fourth edition, 300 wood engravings in black and colors. 715 pp. N. Y.: Wm. Wood & Co. 1892.

The reputation of the authors is a guarantee for the value of this work. The volume is a most attractive one, from the superior character not only of the type and paper, but especially of the cuts, to which the only exception that can be taken is that they have in many cases been reduced from an original of higher magnification, giving to the student not the most accurate idea of the real microscopic appearance. In rigid consecutiveness and scientific breadth of view of the whole field of pathology, the table of contents perhaps is hardly up to that of Ziegler's classical work, but some of the chapters here are valuable additions to the scope of the book; for instance, that on the method of making *post-mortem* examinations and of preserving and examining tissues. The remarks on such subjects as the origin of tumors, and the classification given of tumors, are admirable. Part II. deals with General and Infectious Diseases, and General Pathology, while Part III. takes up the special pathology of the different organs, and Part IV. dips into the lesions of violent deaths and deaths by poisoning, work hitherto left more to the writers on Forensic Medicine. The work is a valuable addition to the list of texts available for the English-speaking student.

"CANADA LANCET" (Supplement).

TORONTO, OCTOBER, 1893.

CANADIAN MEDICAL ASSOCIATION.

The Twenty-sixth Annual Meeting of the Canadian Medical Association, met in Victoria Hall, London, Ont., Wednesday, Sept. 20th, at 11 a.m., Dr. Chas. Sheard, of Toronto, as President.

The first session was devoted to business, there being no paper read.

Dr. Bray, of Chatham, after thanking the members for their kindness and consideration to him as President for the last year, introduced Dr. Sheard as his successor.

Dr. Birkett, of Montreal, Secretary, read the minutes of last session, which were adopted.

A motion was then introduced asking that fees be required only of members in actual attendance at the Association. Another, that after this, those members who were to read papers, and were unable to come, should telegraph such inability to the Secretary, so that the programme might be more easily carried out.

The Secretary then read a communication from the National Bureau of Bibliography, Washington, D.C., informing the members of its value as a storehouse of medical literature, from which they might procure information on any medical subject in which they were interested as students or lecturers.

Drs. McGregor, Campbell, Butler, Hobbs and Weld, of London; Drs. Starr, B. E. McKenzie, J. N. E. Brown, of Toronto, and Dr. Smith, of Quebec, were elected as members of the Association.

The President proposed that some provision be made for reporting the proceedings of the Association, and named a committee to arrange for such reporting. Dr. Brown, of Toronto, was chosen to do the work.

The Nominating Committee was then balloted for, Drs. McPhederan and Bray, being appointed scrutineers. The result of the ballot showed the following gentlemen to have been elected: Roddick and Stewart, of Montreal; Fulton, of St. Thomas; Graham, McPhederan and Macallum, of Toronto; Olmstead, of Hamilton; Harrison, of Selkirk; Holmes, of Chatham; and Bucke, of London.

Drs. R. A. Reeve, J. F. W. Ross, H. A. Macallum, T. S. Harrison, and Holmes, of Chatham, were chosen as the Committee on Ethics.

The subject of a uniform Canadian Pharmacopoeia was then discussed, and a committee, consisting of Drs. Blackadder, of Montreal, H. A. Macallum, of London, and Jas. Macallum, of Toronto, teachers of therapeutics, were appointed a committee to memorialize the Government in this regard.

AFTERNOON SESSION.

The President, after the opening, proceeded with his address, whose eloquent periods held the Association in rapt attention and elicited the most hearty applause. The effort was a most masterly one; the substance of his address was solid, and the effect of its brilliant delivery can be appreciated only by those who have listened to the magnificent oratory of the Doctor when he is speaking on some congenial theme.

He expressed gratitude to the Association for his election, saying that he felt honored to fill such a position which had formerly been filled by men who had made the profession of medicine in Canada illustrious. He combated the statement made by one, that the influence of the Association was on the wane, and its work usurped in part by provincial institutions. It had for twenty-six years stood out against charlatanism; it had developed a feeling of friendship and unity among the profession; it had stimulated and helped men to professional excellence, and had given medical men an increased love and zeal for their calling. It had not outlived its usefulness. Such men as Howard, Ross, Osler, Hodder, Workman and Wright, not to speak of men whose advancing years prevented them from attending this Association, were examples of all that was good and noble, and inspiring to the younger members of the profession. If a man would do good work he needed to devote his whole attention to his profession. It was unfortunate that some of the younger men presumed that because they thought they had the latest and best improved methods they should parade them in such a way as to reflect on their elder colleagues. Thackeray had asked how it was that the evil which men did spread so widely, whilst each good, kind word seemed never to take root and blossom. The President went on to say, "It appears to me scarcely conducive to the professional unity that we should have in the various provinces of the Dominion separate licensing bodies, which confer the privilege of practising

only for the province, and that those of us who to-day reside in Ontario, in travelling to Manitoba or British Columbia, require there to pass a period of naturalization before we can even be examined, and then to again pass an examination which proves our qualification to practice—and this in our own country. Surely we are all Canadians, and if the spirit of the time means anything we are united in patriotic feelings and national progress. Why should it be different in medicine? I may express the earnest hope that the time is not far distant when there will be some central Examining Board, or Boards, for the whole Dominion, when a license from such a body will be a qualification to practice from one end of the country to the other."

The Doctor then spoke of the great strides medicine had made; as a result of bacteriological investigations. Curative medicines followed correct diagnosis. Bacteriology was a practical scientific means to aid in this direction. He saw within the next decade a solution to the difficulty which beset the cure of phthisis and such diseases whose causation had during the last decade been established. The science of medicine, like others, must depend upon the co-relation of facts, upon the comparison of cases, alike in many respects, but differing somewhat in their phenomena. Much difficulty there was in ascertaining what cases were sufficiently similar to become comparable—due to insufficient and erroneous records of the phenomena observed. Few men could for and by themselves see and describe the things before them. It took a long time before men could see the difference between measles and scarlatina, between typhus fever and typhoid. Plato said, "He shall be a god to me who can rightly divide and define." Men, the speaker said, who have this faculty we cannot produce by any system of education; they come we know not when or why. It was science, he said, that laid the basis upon which were wrought the revelations in practical medicine.

"Science seams and scars the detested face of hypocrisy and lies, adds beauty to beauty, grace to grace, truth to truth. It decks the flower of the field with loveliness, till all the universe beats with one heart, pants with one breath. It goes hand in hand with art. When the tale of great deeds ceases to thrill, when the age has vanished from the snow-capped peak and deep ravine, when the lily of the field becomes no longer beautiful, when the tale of suffering causes no pity, then, indeed, and not till then, may science be said to have devoured art."

Science and practice, he said, should go together. It should be the work of the pathologist to study the etiology, diagnosis and prognosis of the case. Paget was a pathologist and surgeon; so was Bilroth. Koch was a general practitioner, Cheyne a

consulting physician. In the lines of scientific attainment, Canada was fully abreast of the time. There were too many men in our country, however, who were possessed with the sordid ambition of the utilitarian, who thought they could not leave their practice a day to gather such knowledge and enthusiasm, have their powers of observation quickened, receive such mutual benefit, as would come to them from attending medical associations. The President eulogized the good work of our colleges and the Medical Council of Ontario. In concluding, the President said the Government of the Province was liberal, leaving to the profession the arrangement of its own laws. And did it show worthy intelligence on the part of those claiming to be ornaments of the profession, to urge upon the gubernatorial body the wisdom of withdrawing from them what was justly and legitimately their own? The masses sent their representatives to represent them in certain issues, and if they did not do so they changed their representatives. "This is one law of political economy throughout the world; have the physicians of our Province not enough intelligence to be entrusted with the same privilege?"

Dr. Hingston was voted to the chair. Dr. Bray moved, Dr. Rowe seconded, a vote of thanks to Dr. Sheard for his address. This was carried with applause. The President made a suitable reply.

Dr. J. E. White, of Toronto, seconded by Dr. Bray, of Chatham, made a motion to the effect that a committee be formed to report some scheme whereby the barriers that exist to inter-provincial registration might be overcome, so that practitioners in one province might be enabled to practise anywhere in the whole Dominion without re-examination, and that such committee be composed of Drs. Praeger, of B. C.; Hingston and Mills, of Montreal; Waugh, of London; Sheard, of Toronto; Harrison, of Selkirk; Taylor, of Goderich; Worthington, of Sherbrooke; and Ross, of Toronto. Carried.

The next feature was the report of a case of eclampsia, by J. Campbell, of Seaforth, Ont.

Patient, aged 32, complained of headache, extending down neck to shoulder. Without physical examination he administered something for what he supposed was neuralgia. He had not noticed that she was pregnant. In three hours patient had convulsions; was called again and found patient suffering severe head pain and also in the epigastrium. Temp. normal, pulse full and bounding. Found patient to be about seven months pregnant. Administered an enema of 3j. of chloral. This induced sleep. Had administered elaterium, which was soon effectual. Was unable to get urine. In a few hours called, and while about to give another injection, patient took another convulsion, before CHCL₃ could be given.

Found urine full of albumen on examination. Very soon patient had another convulsion. Repeated enema. Found os dilated to size of quarter. Ruptured membranes. Labor pains came on, and after a sleep till 3 p.m. (case having commenced at 11 p.m. day before), was delivered of a living child. Gave ʒj. ergot half an hour before delivery. Placenta delivery normal. No hæmorrhage. Administered a diuretic mixture of pot. acet. and digitalis. Headache disappeared and all symptoms abated.

The Doctor concluded his paper by saying that the subject was one that required further investigation, but thought that the following statements were justifiable in the light of modern pathology :

1st. Cell-activity both of mother and fœtus produced substances pernicious to mother, if not excreted. 2nd. The excretory function was inadequate in the pregnant. 3rd. The unknown accumulated poison caused the eclamptic seizure. 4th. The convulsions are believed to be the result of anæmia of the brain, caused by the contractions of the arterioles, probably by direct action of some drain on the brain substance itself.

On account of the intense muscular action, the blood was driven into the internal organs—brain, kidneys, etc. Treatment, he said, should be directed to elimination, diminishing of the nervous sensibility, if convulsions ensue, to save child without adding risk to the life of the mother; and lastly, to guard the mother from injury during the attack.

Dr. Laphorn Smith expressed entire approval of what Dr. Campbell had said in his paper. He thought the cause was due to pressure on the venous circulation of the kidneys, causing nephritis. He did not agree that anæmia of the brain was the beginning of it. The nephritis caused the albuminuria; the albuminuria caused the anæmia. The indication for treatment was to remove the pressure by lessening the size of the uterus. He favored the use of chloral to assist in the dilatation of the os and to lessen reflex action. He thought hastening labor did not tend to cause convulsions.

Dr. Harrison outlined the history of a recent case of his, where he employed bleeding, a remedy he had spoken at some length about in the treatment of this affection, at the meeting of the Ontario Medical Association. He bled freely with immediate and permanent effects. He employed as well, enemata of chloral and brandy.

Dr. Bethune, of Seaforth, corroborated what Dr. Campbell had said regarding his case. He was in favor of bleeding in sthenic cases, not in anæmic, but he regretted that the young practitioner of to-day did not know how to perform this simple and often effective operation.

Dr. Irving, of St. Marys, asked if it were proper to give ergot in eclampsia. Did it not cause con-

traction of the arterioles—a thing to be avoided? Dr. Smith had said that the pressure of the fœtus *in utero* was the cause of the convulsion. How was it that they often did not occur until after delivery?

Dr. Holmes, of Chatham, said he was reminded of one thing in what Dr. Campbell had said—the danger of making too cursory an examination of the patient. Dr. Holmes pointed out the benefit derived in causing profuse sweating. He leaned to the theory that the convulsions were due to the circulation of some toxic element in the blood, independent of the nephritis.

Dr. Campbell closed the discussion.

Dr. Canniff, of Toronto, then gave an address on "Sanitary Science: Some of its Effects."

Sanitary science, he said, was not a distinct and separate science, but rather a development of medical science, and that the medical man should be employed not only to cure but to prevent disease. He advocated that we should have specialists on the subject. He also advocated the same observation by individuals and families in regard to sanitation as is done in the case of the State and the municipalities; and, as it was desirable to legislate in regard to preventable diseases, so the principle was equally applicable in relation to individuals and families. It was nobler to prevent than to cure. The principles of hygiene should be taught by the parent and continued in the school. He advocated the principle of families employing a medical man by the year, who should make regular visits, and advise as to sanitation; by so doing sickness would be prevented.

Dr. Arnott thought the idea of families employing medical men by the year, good in theory, but bad in practice. His experience was such. He also thought it would be a bad education to the family itself. He thought the importance of a knowledge of sanitary science by medical men in the cure of disease should be emphasized as well as the prevention of it.

Dr. Bethune liked the idea of employment by the year, if possible. His experience had been that, having agreed to a certain amount for his services, he was called so frequently as to make it non-paying. If families could be educated up to it, it would be well for the country and much disease prevented.

Dr. Wesley Mills thought that it would be practicable for the physician to look generally to sanitation, and to be paid extra when specially sent for. Family tendencies would then be understood. Until physicians were employed in the way mentioned, the best results would not be obtainable. He thought the appointment of specialists a good thing, and stated in some places this was being agitated.

Dr. Canniff thought he had been misunderstood,

he only intended saying if regulations as to hygiene worked well in municipalities, so it ought to in families. Statistics show that the practice of hygiene is a saving operation, saving the man and saving the woman.

Dr. Anglin, of Verdun, followed in a paper on, "The General Practitioner and the Insane," a very practical paper. The subject of insanity was one which had been left alone too much by the general practitioner. It was important that he should know more about it, for on him rested the diagnosis of insanity, possibly the administration of treatment, the recommendation to hospitals, and the certification of the patient's mental condition. Generally speaking it was better to advise hospital treatment, but in some cases this would be impossible. It was much less expensive, and the change of environment was generally beneficial. He was glad that the old prejudice against insane hospitals was becoming lessened. It should be taught to the general public that insanity was a disease, not a crime. The Doctor then described the hospital of to-day, showing that it was not a place to be shunned as was the one of days gone by. If a man were called on to treat a case of insanity, he should recommend a change of scene, the employment of one or two trained nurses. Relatives generally made poor attendants, as did also ordinary sick nurses. Sleeplessness should be immediately combated by giving moderate exercise, a drive, a meal or a hot bath. Of remedies, alcohol, hyoscine, paraldehyde, sulfonal, chloral hydrate (and opium in cases due to pain), were useful. Constitutional treatment should be attended to strictly. The Doctor outlined the points necessary to observe in making out certificates, laying special emphasis on the recording of phenomena actually seen by the examiner. He criticised the stupid methods of admission in certain States, but recommended the progress of Canada in this matter. A certain amount of formality was absolutely necessary, and the doctor should be exceedingly exact in replying to the questions on the blanks used. It was wise to find out all one could about the patient before interviewing him. Deception should never be used with the patient, for this often rendered him less amenable to treatment. It was sometimes exceedingly difficult to detect symptoms, so careful to conceal them was the patient often. Three things should be noted, acts, appearances and conversation. The patient should be told frankly that he was *sick* and needed *hospital* treatment.

This paper was discussed by Drs. Matheson, Arnott, and Mills. Dr. Anglin closed the discussion.

Dr. Harrison, of Selkirk, then followed with a paper on, "Is Alcohol in all Doses and all Cases a Sedative and Depressant?"

He had, formerly thought alcohol the great

stimulant, and the physician who failed to administer it was culpable. Temperance physicians had refused to administer it for fear their patients would acquire the drinking habit. The subject was a scientific one, and should be discussed as such. If alcohol was a powerful sedative and depressant, as some claim, the use of it for so many generations would have caused untold injury, and the number of deaths caused by using a sedative instead of a stimulant, unaccountable. He spoke of a case in his practice of postpartum hæmorrhage which promised to end fatally, and while preparation was being made to inject blood, brandy had been administered freely per os and per rectum, and under it the patient rallied and recovered. In a case of typhoid fever, lasting seven weeks, where the patient seemed dying of exhaustion and heart failure, after two weeks of a diet of port wine only, the patient recovered as by a miracle. Another case of puerperal fever—an extreme one, with pulse 140 to 150—all medication was abandoned, and brandy and port wine were given in a little milk and beef essence, and effected a permanent cure.

When a patient was nearly moribund—when a feather's weight in the wrong scale must be fatal—the brandy was administered; if the brandy acted as a sedative, the result must be fatal, but the fact that the patient rallies shows it cannot be a depressant.

Dr. Arnott said he had some diffidence in discussing the subject, as he seemed a "lone bird in the tree." His views were and had been for years that alcohol was not a stimulant in its direct action. The question under discussion in other words is, "Does alcohol, or could anything, under varying conditions give the same results?" Suppose the principle were applied to water, although under some circumstances it causes death, no one would say it was poison. The direct and primary action of water is nourishing. The profession are not divided at present as to the sedative action, because all use sedatives to bring about a stimulating result. There was, he said, not so much difference between Dr. Harrison and himself as appeared on the surface. Although opium was a sedative we get stimulating results from it. He mentioned a case of his in practice, the setting of an old lady's arm, a Colles' fracture. He had given her a great deal of pain, and suddenly she became white and pulse imperceptible. He was afraid the patient was dying. He thought it clearly the result of shock, and called for whisky, not as a stimulant (being opposed to that), but to relieve the shock. None being in the house, he gave the patient chloroform, after which the pulse became strong and the operation was completed. He had another case of typhoid fever in which the depression was very great, and in which he administered whisky in large doses—an ounce

every hour. Being alarmed, he called in another doctor, and they administered $\frac{1}{2}$ -grain of morphia hypodermically, and that did much more good.

Dr. Bethune said alcohol was in one case a stimulant, in another a narcotic, and in another a sedative, according to the condition of the system. If taken in big doses, it was a narcotic—perhaps some of them had felt the effect (laughter). In neuralgia it was a sedative; when people took a tumblerful at night to put them to sleep it was a narcotic.

Dr. Gardiner, London, said that by the use of alcohol the pulse got stronger, the eye brighter, the skin warmer, and the body invigorated. Whether it was called a stimulant or narcotic, it should not be used carelessly, but only when there was reason for it.

Dr. Mills, of Montreal, thought it was a subject demanding careful scientific study, especially as its elementary principles were taught in the public schools. The Doctor said the necessity for experiment was absolute, and they were not prepared for dogmatism. He condemned the present school book as extreme. The children were taught that alcohol, under all conditions, was a poison. The medical profession should do something to counteract this.

Dr. Arnott said that alcohol was termed a stimulant, an anodyne, and a narcotic. This was perplexing. The fact that the hospital having the lowest death rate in London, England, did not use alcohol, he made his excuse for speaking on the subject.

Dr. Laphorn Smith spoke of the experiments shewing the effect of alcohol on the muscular power; how that soon after administration of the alcohol, the individual tested could lift much more, but when the reaction had set in, considerably less than at first. It was certainly a temporary stimulant. It affected the great sympathetic which contracted the arterioles, more blood being forced into the coronary arteries, thus strengthening the heart.

Dr. H. A. Macallum said there seemed to be physiological evidence to show that all narcotics and poisons were stimulants. The respiratory stimulus was a poison. It could not be that CO_2 the respiratory stimulant, and ultimately poisonous to that centre, could be a stimulant as secondary to narcotic action. All stimulants for secretion, respiration, and circulation ultimately were narcotic and poisonous. Anæsthetics were stimulants in small doses. It could not be argued that CO_2 as a natural stimulant acts as a narcotic.

Dr. Harrison closed the discussion.

Dr. B. E. McKenzie presented a bad case of lateral curvature, in which he had used a rawhide spinal support. The patient could be stretched four inches, so much was the curvature. He knew of no other treatment in such a case. It was fitted

to a plaster-Paris model and had no seams. It fitted smoothly and seemed to afford much relief. This was the first time Dr. McKenzie had tried it.

EVENING SESSION.

Dr. Hingston, of Montreal, gave the address on Surgery. It consisted of an historical review of the subject. He held that in Egypt, before the time of Moses, many so-called modern operations were practised. The Greeks considered surgery a divine art. Pythagorus about 600 B.C. elevated surgery to a science. The Egyptians and Greeks practiced nephrotomy, used tents, issues and noxas, and trephined the skull; they also practised percussion as an aid to diagnosis, and drew fluid from the chest. Hippocrates made use of immediate auscultation as a means of recognizing disease. But the fall of the Macedonian Empire seriously interfered with the progress of surgery. The Alexandrian school were skilful in abdominal surgery. They first used the catheter. 2200 years ago Ammonius crushed stone in the bladder. There was another retrogression in the science at the time of the Cæsars. Celsus found that there might be rupture of brain substance without fracture of skull. He was first to describe the *contre coup*. Heledonius opened the bronchial tubes. The Arabians were credited with greater proficiency in surgery than history will justify; but to them we owe the preservation of Egyptian surgery. The suturing of wounds was practiced by Albicasis, also the incising of the kidney for abscess. The Council of Tours forbade the clergy to spill blood. By this prohibition surgery was divorced from medicine and got a serious set back. When Columbus discovered America the physicians of Europe were not superior to the medicine men of the aborigines of America. Vesalius laid the foundation of modern surgery. Paré advocated cupping for displacements of the uterus. Wiseman, in Britain, was original but crude. His reports of successful treatment of cancer are so remarkable as to arouse suspicion as to the accuracy of his diagnosis. Wiseman believed in the magic royal touch for the king's evil.

Surgery, the speaker went on to say, preceded medicine in this country. The Governor of Nouvelle, France, was always asking for surgeons to be sent out. The people did not need physicians. Dr. Hingston then described the marvellous advances of surgery during the past forty years in the treatment of many surgical cases; but was sorry that in some cases this divine art had so degenerated to a commercial question, owing to the greed for gold spirit which had extended to some of the members of the profession. He especially cauterized the practice of those one-idea gynecologists who referred all female disorders to the uterus and instituted a daily tinkering process as a means of obtaining money.

Dr. Eccles' paper "Movable Kidney with two cases of Nephrorrhaphy" came next. This condition, he believed, was often overlooked and something else treated (often hysteria) for it. This resulted from neglecting to examine the kidneys, a matter always to be attended to in obscure cases, with symptoms of hysteria, melancholia and general nervousness and dyspepsia. This organ having no special support was in danger of displacement. The thirty cases Dr. Eccles reported were all females. Patients had a dragging down feeling, or aching in the back or along the ureteral lines. In most there was dyspepsia, accompanied by constipation, diarrhoea occurring in only four. In six there was an exacerbation of symptoms during menstruation. In some even there was inability to lie on the side opposite the displacement. Intermittent hydronephrosis was observed in seven. Dr. Eccles then outlined the cases fully. The first had most of the typical symptoms for a number of years, the most prominent being the frequent attacks of severe pain, which at first lasted about an hour and latterly forty-eight. These were accompanied by swelling in side followed by its disappearance and a great flow of pale urine. The Doctor could feel the kidney. Had support and pad applied with complete relief. Movement, no doubt of the organ had kinked the ureter. The speedy relief of this condition was conservative to the kidney.

In another case reported, the abdominal support failed to give relief. Operation was advised. After the usual incision the capsule was opened along the convex border one inch in width. Two silk-worm gut sutures were passed into the parenchyma three-eighths of an inch deep; two cat-gut through capsule and fatty capsule above and below, continued through the muscle and fascia. The fasciæ were united by separate cat-gut sutures before those through the kidney and its capsule were tied. Good recovery.

In a second case of operation Dr. Eccles did similarly, but did not dissect up capsule as it was thickened and a cystic condition appeared underneath. A good recovery followed.

Dr. Hingston pointed out that a misplaced kidney was more easily felt if the patient leaned forward during the examination. He showed how one might be mistaken, by telling of a patient who came to him suffering in this way upon whom double ovariectomy had been done for its relief. This mistake would not be made if one, by grasping the kidney and making gentle traction downwards, found that pain was experienced, while pushing it upward gave relief. The reverse would take place in the case of the enlarged ovary. In many cases he thought operation unnecessary.

Dr. Bethune had had a few cases. They were all in women on the right side. The trouble proved most annoying during pregnancy. One case he had,

the kidney on removal was found to be cancerous. He thought cases of displaced liver were more common than was generally supposed. He did not see how operation could help the patient much as there would be difficulty in retaining it in position, even after operation, so little was there to which it could be solidly attached.

Dr. Bell, of Montreal, agreed that many of these cases needed no treatment. The condition was often accidentally discovered. But in cases where hydronephrosis developed some operation seemed to be necessary. He had had no personal experience in the use of the pad and band and did not think it likely they would do much good. He had operated on patients where this treatment had been tried and found to be a failure. He thought the operation of nephrorrhaphy in many cases effectual in making a permanent cure. At first he was skeptical regarding the operation, but he got over that. He knew of no other means of relief.

Dr. Laphorn Smith agreed with Dr. Bell. The frequency of cases he believed to be due to improved methods in diagnosis. Formerly they were called hysteria. Dr. Smith wished Dr. Eccles would show his ingenious method of retaining displaced kidney in such cases as are not bad enough for operation. He was reminded of the principal causation of the trouble when he heard a young man remark to his friend after a tight-laced young lady passed by them, "I wonder where she puts her thirty yards of intestines." He (the speaker) had not seen any cases of men with this affection. He considered the ounce of prevention to be a modification of the corset.

Dr. Eccles closed the discussion.

Dr. H. S. Birkett, of Montreal, read a paper describing a "case of sub-cordal, spindle-celled sarcoma and its successful removal by thyrotomy." The Doctor outlined a history of the case. The principal symptoms were marked dyspnoea, hoarseness until almost complete aphonia occurred; in the later stage, almost complete suffocation, when in the prone position. Patient was thin and anæmic, was pregnant, was compelled to sit upright with mouth open. On examination, the laryngoscope showed a large sub-glottic tumor, nearly filling the lumen of the larynx, dusky red in color; vocal cords free. Tracheotomy was performed, low down; the tube made breathing easy. Labor was induced; tumor, strange to say, decreased in size. In three weeks tumor was removed by thyrotomy. Incision was made between the ala down to upper border of cricoid. On separating, tumor was well exposed; was attached to right ala of thyroid, just below vocal cord. After removal, site was cauterized with chromic acid. Three deep silk worm-gut sutures closed deeper structures, and superficial ones the wound externally. Microscopical examination revealed it to

be a spindle-celled sarcoma. The condition was unique. The operation of thyrotomy was practically devoid of danger in itself; its result depended much upon what it was done for. As to its employment in tuberculosis, opinion was divided. The Doctor closed by detailing at length why he adopted the method he did, rather than removing the growth *per vias naturales*.

Dr. Osborne, of Hamilton, commented on the decrease in size of the tumor after delivery. He supposed it was on account of some reflex condition between the uterus and the tumor.

Dr. Birkett explained that the whole arterial system was in a state of great tension during pregnancy; after delivery this would lessen much, and hence there might be a lessening in the size of the tumor due to the fact.

A splendid banquet was given to the visitors by the local members of the profession, at the Tecumseh House, beginning after nine o'clock. About 200 sat down. Dr. Hodge presided and introduced the toast list. "The Queen" was honored with the National Anthem. Dr. Hingston, of Montreal, and Dr. Praeger, of British Columbia, responded for "The Dominion," in witty speeches. Dr. Harrison, of Selkirk, spoke on behalf of the Ontario Medical Association. The chairman, in toasting "Our Guests," warmly welcomed the visitors. He regretted that the meeting was at the same time as the Western Fair, as it had interfered with arrangements. Dr. Sheard, the President, replied warmly. Drs. Caniff, of Toronto, and Baker, of Montreal, also spoke to the toast. Mr. C. W. Davis sang, and "The Ladies" was proposed by Dr. J. S. Niven, vice-chairman, and championed by Drs. Thorburn and Anglin.

THURSDAY MORNING.

Dr. Holmes, of Chatham, read a paper, which consisted of a report of two cases of laparotomy for unusual conditions. The first gave a history of miscarriage preceded by hæmorrhage, and this was followed by pain in the left iliac region, where a swelling was discovered, like an orange in size and shape, two inches to the left of the uterus, and fluctuating. Laparotomy was performed and an ovary containing three ounces of pus removed. The abdominal cavity was flushed and usual dressings applied; no drainage tube. The important point in the case was that there was no disease in the tubes. This was unique, as far as he was able to make out from the records.

The second case Dr. Holmes had seen after the patient had been ill ten days. Pain was present in right iliac region, where the attending physicians detected some hardness. Chills and fever, constipation, vomiting and great prostration were succeeding symptoms; also great tympanitis. No tumor could be made out at this time. Exploratory

incision was deemed necessary. Appendix was sound. There was no obstruction, but peristalsis was absent. The gut was stitched to the wound, with the idea of incising, if bowels did not move soon. This had to be done, the patient being then almost *in extremis*. A copious evacuation of fecal matter from the fistula took place. Stimulants could then be retained and the patient improved. But the fistula was a great annoyance. Dr. Holmes made several unsuccessful attempts to close it, but failed. Patient was then transferred to Harper's Hospital, Detroit. Resection of the affected portion of bowel was made and the ends joined by Murphy's buttons. Patient made a good recovery. The Doctor showed the kind of button used and gave a report of operations in which it had been successfully employed.

Dr. Atherton agreed with Dr. Holmes, that abscesses of the ovary without affection of the tube was rare. In regard to peritonitis with paralysis, he found puncturing to allow the gas to escape a good measure, two or three times if necessary. He had seen no trouble arise from such proceeding. This might be tried and laparotomy decided.

Dr. Holmes replied to this by saying that he had employed this measure, but it was in cases where the abdominal walls were thin. Where the walls were thick, as in the case reported, he considered it unwise. In fact when the abdominal wall was opened one of the assistants introduced a small trochar, but without relief of the symptoms.

Dr. Bell, of Montreal, then presented a paper on "Some Unusual Conditions met with in Hernia Operations." The Doctor reported five cases all of marked interest. The first was a case of hernia in a woman æt. 55. There were not the symptoms of strangulation, but she suffered great pain. Temp. 102°, pulse 100, bowels open. The tumor was situated in Scarpa's space in right groin, looked livid red, was indurated at the base and fluctuating—a pointing abscess, in fact. It was opened; a pint of fetid, sanious pus escaped. A mass of omentum protruding was cut off. Then the interesting point in the case was noticed—in the centre of the mass was a tubular cavity, resembling the large intestine. It was stitched into the skin wound. To the outer side of the mass the appendix was found strangulated and sloughy. This was removed and bowel returned. Patient made a good recovery.

The second case was one of congenital inguinal hernia attached to the bottom of the tunica vaginalis. The hernia was easily reducible, but would not stay so. It was so troublesome, operation was decided upon. It was omental and the peculiarity was, which accounts for the inability to retain it, a hydatiform cyst growing from the omentum and adherent to the bottom of the sac

of the tunica vaginalis testis, just long enough to allow the hernial contents to escape within the internal ring, and yet short enough to maintain constant traction upon this portion of omentum and bring it down in spite of any truss. The protruding omentum was tied and the cyst were removed. Patient made a good recovery. This was a unique case, Dr. Bell thought.

The third was a case of congenital cœcal hernia in a child three years of age. Hernia had existed from birth and was irreducible. Radical operation done. Through the peritoneum, the cœcum and ileum could be made out and were found adherent to the cord. Even after splitting the canal it was impossible to reduce. When peritoneum was opened and traction made on ileum, it readily slipped back. The superfluous neck of the sack was dissected away and the remainder sutured down around the cord, the conjoined tendon brought over and sutured to Poupart's ligament, and canal closed by a suture.

The next was a most interesting case, where there was hernia of a tubercular ovary and tube through the inguinal canal of a female infant. It was diagnosed omental hernia, was solid to feel, freely movable, pediculated, and gave an impulse when child cried. Was exposed, but seen not to be omentum. Resembled undescended testicle, but patient was female. Was removed, diagnosis still uncertain. Operation finished successfully. Subsequent microscopical examination revealed tubercular cystic ovary.

The final case cited was a most interesting one, suppurative inflammation of hernial sac simulating strangulation, onset sudden, (from a fall) and constitutional symptoms rapid, calling for immediate action. Cutting down, sac was found very thick and œdematous, from which, upon incision, half an ounce of sero-pus escaped. It was occluded above. Another incision was made into the sac above the occlusion and a loop of small intestine, scarcely constricted, slipped back into the abdomen. Patient got entirely well.

The Doctor inclined to think patient had suffered from hernia before, that sac had become shut off, and that the reputed recent cause merely pressed it further down, and the manipulation for reduction had set up an inflammation, possibly through the agency of *ameeba coli*, which went on to suppuration.

Dr. Canniff asked how Dr. Bell diagnosed the omental tube which was cut off from intestine.

Dr. Bethune detailed at length a case of strangulated hernia which was not operated on, on account of stubbornness of patient. Suppuration occurred and a fœcal fistula established, which finally closed, and patient made a good recovery.

Dr. McFarlane, President of the Ontario Association and Dr. Temple, delegate from that body, were invited to seats on the platform.

Dr. Bryce was not present to read his paper on "Prophylaxis in Tuberculosis," but his paper was handed in as read. It was pleasurable, the paper said, to see so much attention directed to a disease causing a greater economical loss than any other agent except alcohol. He gave some condensed results of the study of the subject taken from the mortality returns of the Registrar General's Department of Ontario, and arranged the table so as to show the number of deaths occurring in persons of the same family. He also gave a tabular statement of the total mortality returns of Ontario Institutions for the Insane for 1892, showing the proportion of deaths from consumption among patients. He also presented a tabulated list of the various diseases showing from the annual report of the Inspector of Public for 1892, a large proportion suffering from this disease. Five per cent. of the total inmates in our hospitals suffered from this disease. The elements in prophylaxis partook of three qualities: individual, municipal and governmental. Individual prophylaxis depended almost wholly upon the intelligence of the infected person, his habits of life, and the extent to which he is impressed with the duty of protecting others. As to municipal, the first measures are largely those of improved local sanitation. As to governmental, it consists mainly in giving direction, financial support and legislative sanction to municipal efforts. He said had he not been an interested and active spectator for two years of the manner in which legislation has kept in touch with public and professional opinion, he would think this visionary. He cited the numerous Acts providing for treatment of the blind, dumb, etc., and thought from the fact that there were but two limits to the class of municipal and governmental work, viz., the degree to which the public are informed regarding the need for work in this direction, and the extent of municipal and governmental financial ability. This work was not to be considered relegated to the police, but to the action of intelligent Christian men and women. The two objects to be held in view were (1) the alleviation or cure of the tubercularized patient, and (2) to lessen the danger to the healthy public. In the higher latitudes of our Province we had suitable climatic conditions. In such places Homes might be established for patients, places where they may go and *live*. These places might be made self-sustaining, as many of the patients would be able to work. That such Homes would be popular may be concluded from the success of such semi-private institutions in Germany.

The Nominating Committee presented their report as follows: It first recommended that the next place of meeting be St. John, N. B.

Dr. Canniff did not favor going so far. Few, if any physicians came from that section to the annual meetings in Ontario.

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It was explained that St. John was tacitly promised the meeting next year in view of London getting it this year, on account of the movement westward to the World's Fair.

Dr. Praegar urged the claims for British Columbia for 1895. The St. John recommendation was adopted.

The report, after a few amendments, resulted in the election of the following officers for the ensuing year: President, Dr. Harrison, Selkirk, Ont. General Secretary, Dr. F. H. G. Starr, Toronto. Treasurer, Dr. Small, Ottawa. Vice-President for Ontario, Dr. F. R. Eccles, London; Quebec, Dr. Stewart, Montreal; New Brunswick, Dr. Christie, St. John; Nova Scotia, Dr. Muir, Truro, N. S.; Manitoba, Dr. Spence, Brandon; North-West Territories, Dr. Mewburn, Lethbridge; Prince Edward Island, Dr. Taylor, Charlottetown; British Columbia, Dr. McKechnie, Nanaimo. Provincial Secretaries elected were: Ontario, Dr. I. Olmstead, Hamilton; Quebec, Dr. Anglin, Montreal; Nova Scotia, Dr. Keen, Cow Bay; New Brunswick, Dr. McLaren, St. John; Prince Edward Island, Dr. Johnston, Charlottetown; British Columbia, Dr. Walker, New Westminster; Manitoba, Dr. McDairmid, Winnipeg; North-West Territories, Dr. Calder, Medicine Hat.

It was moved and seconded that all the papers be read in the order received by the Secretary, and if the writer be not present at the time it should be read, that the paper be placed at the bottom of the list; and further, that it was desirable that an abstract of the paper be made and forwarded to the Secretary at least three weeks before the date of the Association. After a good deal of discussion, this was carried.

THE ASSOCIATION VISITS THE ASYLUM.

On invitation of Dr. Bucke, of London Insane Asylum, the members of the Association went out to that institution for luncheon, being conveyed out on a special C. P. R. train. They were taken first to inspect the sewage system. The sewage is used as a fertilizer on the farming land of the institution. The luncheon was thoroughly enjoyable. Numerous toasts were drunk heartily, while the asylum orchestra, under Prof. Sippi, discoursed sweet music.

THURSDAY, P. M.

The Association assembled in Victoria Hall at 3.30.

Dr. McPhedran addressed the Association on the subject, "The More Recent Methods of Diagnosis and Treatment of Diseases of the Stomach." He said that formerly it was taught that the stomach was the principal and only organ of digestion, but now it was known that the whole alimentary tract takes part in the digesting pro-

cess. He said the function of the stomach was three-fold, viz.: 1, To receive food and to partly change starchy and albuminous food into absorbable bodies. 2, To prevent the fermentation of the food. 3, To discharge its contents partly into the blood, but chiefly into the duodenum.

For the first three-quarters of an hour no free hydrochloric acid was, he said, present in the stomach, as it combined with the albuminates, if present; there was hypersecretion of it, which arrested the digestion of the starches. It reached its maximum in amount in four or five hours. The gastric juice retarded the action of, or destroyed more germs, specific and non-specific, than any of the other digestive ferments. The duration of normal digestion, he said, depended on the character and amount of the food, also on the age of the patient. The symptoms of stomach disorders were multiple and various until the last decade; our knowledge of gastric disorders depended on experiments and symptoms, accidents, etc. Now we owe much of our knowledge to the stomach tube. This, he said, should be soft. The patient not only readily became accustomed to it, but even often would request its use. An approximate knowledge of the stomach's contents would, in most cases, be all that was requisite for the physician in active practice. A test breakfast should be given consisting of a round of toast or a dry roll, with a cup of water or of weak tea or coffee, without sugar or milk. This should be withdrawn from the stomach after one hour's digestion. The acidity of a normal stomach, he said, should be due to lactic acid for the first thirty or forty minutes, after this time to free hydrochloric acids. These acids were discovered by Uffmann's and Clinberg's tests respectively, which the Doctor described. It had been taught that absence of hydrochloric acid indicated carcinoma. This was not so. It might be absent in other conditions and present even excessively, in this. However, it could be said, that its persistent absence formed strong evidence in favor of cancer. The tube was useful in discriminating between gastric catarrh and carcinoma. The washing out would be followed by improvement in cases of the first, but not much in the second.

Its principal use, however, was in dyspepsia, in determining the solidity of the contents. On this our treatment could be based. The lavage stimulated the gastric gland secretion, and stimulated the muscular walls to renewed activity. Proper diet and general treatment would suffice to cure many cases. This treatment was particularly useful in alcoholics, also in infantile disturbances. Constipation was relieved by its use, also the gastric neurosis; reflex vomiting of pregnancy, the patient being fed through the tube. This subject was one of immense importance on account of the immense frequency of the disease of the

stomach, four-fifths of all the ailments medical men were called on to treat being caused by derangement of this organ.

Dr. Ferguson, Wesley, Mills, Gardner and Praeger discussed the paper.

The meeting then divided into sections, Dr. I. H. Cameron presiding over the Surgical side, while Dr. Moorhouse presided over the Medical.

SURGICAL SECTION.

Dr. Primrose presented a paper, subject, "A large sarcomatous growth in the neck, with secondary deposit in the lung." It was found in a boy four years of age, a patient in Victoria Hospital, Toronto, under Dr. Cameron. It extended on the right side of the neck from the median line in front to a point near the vertebral spine, and from the lobule of the ear to the clavicle. Was noticed two years and three months before, corresponding to the region of the right lobe of the thyroid gland. Caused little pain, was somewhat lobulated, with prominent veins coursing over its surface. Fluctuation distinct. Measurement on tumor side of neck, horizontally, $15\frac{1}{2}$ inches; left side, 6 inches from lobule of ear on right side (over tumor), to outer extremity of the clavicle 7 inches, on left side, $2\frac{1}{2}$ inches. Left pupil twice the size of right. Some dysphagia. Child died in July. The tumor was found in the P. M. to possess several processes, but it had not infiltrated or eroded the surrounding tissues, a point to be considered in the diagnosis. There were secondary deposits in the lungs. The anatomical relations of the various structures adjacent were much altered. The large vessels on the tumor side were entirely obliterated; those on the left side were enlarged. The processes spoken of were in the direction of least resistance. The muscular structures in the neighborhood were atrophied.

In the upper part of the tumor there was a predominance of fibrous tissue, and septa of this tissue divided it off into lobules of spongy tissue. A peculiar condition was found in the spinal cord, the cord being surrounded below the dura mater, by a mass of tissue, resembling in gross appearance the tumor growth, but it was not the same. It contained connective tissue corpuscles and nerve cells and fibres. Its nature Dr. Primrose had not made out. The tumor itself was examined microscopically, and proved to be sarcomatous. The beauty of Dr. Primrose's paper was that he had frozen transverse sections through the child, which exemplified in a most splendid way his paper. The sections were much admired by the Association. Photographs of the same were also presented for inspection.

Dr. Praeger spoke in high terms of the paper and the sections.

Dr. R. Ferguson, of London, then gave a report and presented a recent successful case of cholecys-

totomy. The symptoms of gall stones in this case were for a long time obscure, the pain being referred to the epigastrium; no pruritus, faeces lacking the characteristic color, and the absence of jaundice. Pulse and temperature remained normal. She had many attacks of pain which were relieved by hot appliances and morphia. These paroxysms did not appear or disappear suddenly. Gastric ulcer, gastritis and intestinal colic were excluded. Gastralgia was probable. Stomachic treatment gave no relief; the ordinary treatment for gall stones afforded no relief. But finally some of the typical symptoms of gall stones began to show themselves. Patient was transferred to the hospital with a view to operation. But after lying quietly for two or three weeks, she improved so much that she went home, operation being postponed. But she soon became worse. On one occasion she had felt, after a severe paroxysm of pain, a dropping of something in the region where the pain existed. Operation was gone on with. Eighty gall stones removed. The edges of incision of the gall-bladder were sutured to the edges of the wound. A cough retarded the process of healing. Repair did not take place well. Suppuration set in. Parotitis in left gland set in; also a localized peritonitis. The attacks of pain returned. Dr. Ferguson then tried to insert a catheter through into the bile duct, which he thought he accomplished. The side of the catheter appeared to grate on some hard substance, but improvement took place, and patient returned home in ten and one-half weeks after the operation. But in four weeks the symptoms reappeared, pain very severe, chloroform had to be administered constantly, as morphia seemed insufficient. She inhaled thirty-six ounces. Another operation was decided on. The incision was extended downwards $1\frac{1}{2}$ inches lower, allowing exploration with the finger in the region of the bladder. A body $2\frac{1}{2}$ inches long, $\frac{1}{8}$ inch thick was scooped out of the gall-bladder. Its structure had not been determined. The opening in gall-bladder was secured by a purse string suture, and a drainage tube inserted into bladder. Patient made a good recovery, although very nearly collapsed at the close of this operation. The pain in the second instance the Doctor thought might have been due to the presence of the mucous cast (if such it was), which might have been forced out of the bile ducts into the bladder. The Doctor's paper was valued highly. The patient was present, and the seat of operation exposed for operation. A small biliary fistula was still to be seen, but in other ways the patient seemed perfectly well.

Dr. Cameron, Chairman of the section, asked why cholecystectomy might not be done in such cases rather than cholecystotomy.

Dr. Praeger had had a case where the pain was

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referred to the epigastric region. The Doctor then outlined the case. It proved to be much like Dr. Ferguson's, only that the stones were in the duct, instead of in the bladder, and adherent to each other. In closing, the edges of the bladder were stitched to the sides of the wound. He was of the opinion that cholecystectomy should be preferred to cholecystotomy.

Dr. Meek had seen and helped with Dr. Ferguson's case, and agreed with him as to the causation of the recurrence of pain after the first operation. Dr. Meek cited another case in which the peculiarity was the immense dilatation of the bladder, one they had recently operated successfully upon. He was surprised to hear that Tait had adopted cholecystectomy instead of cholecystotomy.

Dr. Praeger told of a similar case he had to that of Dr. Mack; the bladder contained one and a-half pints of bile and some forty stones.

Dr. Smith, of Fingal, then reported on Dr. Mack's last case, which was under his care. Patient was doing well. A point he dwelt on was that the temperature, at the time of operating, was 105. In three hours it was normal, and had remained so.

Dr. Cameron then spoke of the propriety of removing the gall-bladder. In cases, especially where there was great distension and the presence of a number of stones, that operation was preferable. There would thus be less danger to the peritoneum after the operation; the persistence of a biliary fistula is done away with. The bile, instead of escaping externally, should take its natural course and thus carry out its digestive function in the intestines. Dr. Cameron spoke of the administration of very large doses of glycerine, two or three ounces each hour of the paroxysm, for the relief of cases of gall-stones. He supposed it acted by its hydragogue effects—dehydrating, and thus relieving, the swollen mucous membrane. He had seen satisfactory results from its use.

Dr. Ferguson said he had tried equal parts of glycerine and succinate of iron (about half an ounce of glycerine), four times a day.

MEDICAL SECTION.

"Some of the Uses of Sulphurous Acid," was the subject of a paper read by Dr. Arnott, of London. He began by saying that he had in his experience profited most by learning new applications of old remedies. Sulphurous acid was an old remedy. Homer spoke of its use in fumigation. The Doctor spoke of its application in typhoid fever. It was particularly useful in that class (for he held typhoid had different causes) of typhoid due to "rapid multiplication of bacteria in the blood." The remedy should be freshly prepared and administered early in the disease. He would give

from half a drachm to a drachm every two hours if the patient could stand it. With it he had not lost one per cent. of his cases, and his patients, he said, were never given alcohol. To his mind it was the remedy in typhoid. In early phthisis it was useful. It did not hurt the stomach. He had almost discarded the use of cod-liver oil. It had been noted that consumptives who labored in sulphuric acid works improved in health.

Dr. Hodge presented three cases of Friedrich's ataxia in one family: two sisters and a brother. Father had eczema of the legs so badly that he was obliged to use crutches, also had leucoderma of hands. A paternal uncle suffered from hemeralopia. These were the only neurotic points in the family history. The first, M. W., æt. 41, had a history of falling down stairs, having since then a weakness in the legs. Got worse since she was ten years of age. Now patient could not walk without support. Staggers while standing, even with eyes open. Left alone, falls forward. Gait like one drunk. Leg muscles suffer only atrophy of disuse. Legs sensible to pain, touch, and temperature variation. Has pain now and then in right hip. Plantar reflexes normal; patellar increased. Feet in condition of talipes varus. Marked curvature of spine. Upper extremity normal. Pupils act normally. When she fixes to either side, there is marked horizontal nystagmus. Face not symmetrical—mouth drawn to left side. Tongue, on protrusion, turned to right and exhibits fibrillar twitching. All senses normal. The second, Sarah, æt. 37, has suffered since she was 13, but nothing wrong with the gait till six years ago, at which time she received a hurt in the knee. Now she cannot walk without a cane. She would fall forwards, if unsupported. In most respects she resembles her sister. Her speech is slow and not very plain.

The brother, æt. 36. Feet began to deform at 15. When eyes were closed he would fall backwards. Gait wide-legged and zig-zag and somewhat stamping. Lying down, he can do all the ordinary movements of the legs. In prominent symptoms, much like sisters. Right hand is claw-shaped. Atrophy of muscles of hands. Left hand somewhat affected, too. Curvature of spine. Suffers with excessive sweating.

Drs. Meyers, Macallum, Mills, Arnott and Moorhouse took part in the discussion; Dr. Hodge replying.

Dr. McKeough then followed by reading a paper on "Puerperal Eclampsia." In all cases the urine should be examined, more especially in primipara who make up $\frac{1}{3}$ of the cases. Albuminuria, however, was not always followed by eclampsia. The prophylactic treatment should be directed to diet, and the use of eliminatives. Fluid diet—milk being best—should be recommended. Salines should be given to keep the bowels free;

while for the skin nothing was so good as the daily hot bath for 20 minutes, the temperature or immersion 99°, and gradually raised to 112°. Ice might be applied to the head and large quantities of water should be freely given the patient. If after this treatment the albuminuria is still present, labor should be induced. The success, the reader of the paper then described. If any nervous symptoms showed themselves chloroform should be administered. One should always keep in mind in treating such cases three points in the etiology, heightened vascular and nervous tension; the presence of some poison probably from the kidneys in the system, and the presence of the fœtus in utero. If eclampsia comes on in spite of all previous treatment the steps should be, 1st, sedative; 2nd, eliminative, and, 3rd, induction of labor. The Doctor referred to venesection. In certain plethoric cases it might prove useful. But in trying it as a last resort, in two cases it did not save them, in 50 cases in Guy's in which it was performed 30% died. Immediately after, in 24 cases where it was used 20½% died.

THURSDAY EVENING.

The report of the Committee *re* Inter-Provincial Registration was presented by Dr. Praeger, in the absence of Dr. J. E. White, Chairman of the Committee. It proposed that a Dominion Medical Council be formed "To take general surveillance of the medical curriculum, and of all matters affecting the general public and profession of the whole Dominion," formed either by representatives (one each) from the members of the various Provincial Medical Councils, or elected by the medical population of Canada, irrespective of Provincial lines; or on the "line of the British Medical Council." Its duties should be the equalization of the medical curriculum to a just and high standard; to secure inter-provincial reciprocity; to have the power to withhold or take away a Dominion license from a candidate for just cause; to approve all provincial examination papers before they were presented to candidates. There should only be one examination for the Provincial and Dominion licenses, an extra fee for the latter. If it followed the British Medical Council in its formation, the British Medical Council regulations should be operative, as applicable to the Dominion. All men now on provincial registers to be entitled to Dominion registration within one year of the formation of the first Dominion Medical Council, on payment of \$10. All practitioners outside of Canada and Great Britain would be allowed a Dominion license upon passing the prescribed examination. All those on the British register would be entitled to registration upon payment of \$25, as seen by Great Britain extending the same privilege to Canada. The committee further recommended that the

Association, through a committee, should present these views to the Provincial Councils, and by concerted action with them, to apply at the next session of the Legislature for such permissive legislation as would be required to establish the powers and duties of the Dominion Medical Council. If any Provincial Council refused to accede to the demands of the general profession for these objects, that this Association should instruct their delegates to go to the Legislature of such Province and secure the required concession.

Dr. Praeger moved the reception.

Dr. A. B. Macallum thought there were many difficulties in the way of bringing about the result desired for in the report. The formation of a Dominion Council as was recommended in the report, would have to conflict with the various Provincial Legislatures which had under their control the subject of Medical Education. Such a Council would be inert. One of the difficulties was, that the graduates of universities in Quebec were granted licenses to practice, while this was not the case in Ontario. If such outside universities were granted such extended privileges, the Ontario, Manitoba, and institutions of the other provinces would be clamoring for their rights. Then, too, the courses of study in medicine in the various universities were very different. In Quebec, for instance, subjects were taken up which were regarded as foreign to medical education. Some of their universities demanded of the students a knowledge of Catholic history, metaphysics, etc., much to the dissatisfaction of the English minority. Dr. Macallum would strongly support a Dominion Council, but one with powers considerably different from those outlined in the present report. A brilliant Medical Council would answer our conditions far better than such a Dominion Council as proposed. He suggests that representatives of all the various councils and universities of the Dominion and Britain form a Council and that they, after debate, recommend after proper legislation, that the standard shall be raised in this, or that subject of every province. Then it would be easy to have the desired reciprocity. The report presented was a most ill-digested one.

It was moved by Dr. Cameron, and seconded by Dr. Macallum, that the report be tabled. This carried.

Dr. Wesley Mills, of Montreal, then took up the subject, "Peculiar Forms of Sleep or Allied Conditions." He gave a report of his observations of the *arelomys nonas* (woodchuck) during a period of five years, and more particularly during its season of hibernation. With the phenomena presented, he compared strikingly similar phenomena in two or three cases in human individuals. Some of the points were the periodicity of the attacks of stupor, abstinence of food and consequent emacia-

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tion, great slowing of respiration and circulation, the partial cessation of stupor to attend to urination and defecation, the tendency to increased reflex action. The Professor's account of the lethargic condition in man was listened to with exceeding interest, the cases, some of them being authentic, having come under his own observation. The Professor, as an evolutionist, contended that these tendencies were analogous to those in the lower animals, and inherited, so to speak, from them. Although Dr. Mills takes this advanced view, he says he is inclined less than ever to pooh pooh what is said regarding trances and other similar popular notions.

Dr. A. B. Macallum, of Toronto, while admiring Dr. Mills' able paper very greatly, took some exception to his views. He contended that pathological conditions in the subjects whose cases were cited caused the lethargy; no such change in the brain of the lower animal, so far as he knew, took place. The subject, however, was one of extreme interest in connection with medical psychology—question of the relationship of periods of lengthened sleep to mental disease. Dr. Mills would be prepared, he said, to believe in the Rip Van Winkle legend.

Dr. Cameron regretted that Dr. Mills had been obliged to omit the latter part of his paper, which dealt with the real nature of the hibernating and allied conditions. It would have been interesting to have heard a comparison between such various conditions as sleep, ordinary coma, the somnolent form of status epilepticus, etc. Regarding the pigmentary and fatty changes Dr. Mills spoke of, all were familiar. Dr. Cameron inclined to think it was a question of pathological chemistry, than a gross pathological change.

Dr. H. A. Macallum gave Dr. Bucke's tide-theory that sleep was influenced by, or in the same manner as, the tides. The child's sleep corresponded to the two periods of rest between tides.

In reply, Dr. Mills said that changes had been seen in the brain cells of hibernating animals. He believed the object of the condition was for preservation of life. In winter, when it was difficult to get food, the woodchuck did with little or none. On account of his peculiar condition, inherited, no doubt, from his sluggish ancestors of ages ago, "Sleepy Jo" (one of the cases reported) found it agreeable to his constitution, and economical, to spend that portion of time when sustenance was difficult to obtain, and weather inclement, in the lethargic state. Regarding the Rip Van Winkle story, he (Dr. Mills) thought it was like Shakespeare's, a case in which the genius anticipated the science.

Dr. J. C. Meyers, of Toronto, then read a paper on "Multiple Neuritis." He gave a brief history. Family history negative. Had for eleven years

a suppurating knee; began from an injury. Always used to work. Two years ago had an attack of paralysis from exposure to cold; recovery in ten weeks. Present illness began in July last. Noticed first stiffness in right foot, which soon attacked the left, then went to the hand. The stiffness changed to paralysis, legs and forearms becoming involved. Took to bed. No pain or abnormal sensations. Complete paralysis of the flexors of the ankles and extensors of the toes. Posterior tibial muscles weak. All forearm muscles affected; extensors most. Slight wasting of the affected muscles, particularly those of the thenar eminences of the hand. Marked hyperalgesia over the body. Tactile and temperature sense were exaggerated. Knee and elbow jerks lost, also skin reflexes. No paralysis of the ocular muscles. Discs normal. Health, in other particulars, good. Galvanic current shows A. C. C. is equal to K. C. C. From August 15th, patient began to improve and is continuing to do so. Fever gradually returned, muscular nutrition increasing, and ability to walk returning, the walk being that of a "stepper." Myelitis was suggested as the diagnosis; this, Dr. Meyers negated by the distribution of the paralysis, integrity of the muscles, and absence of bladder and rectum symptoms. He diagnosed it multiple neuritis, with a favorable prognosis. Treatment: salicylate of soda, and warm baths; after a few days, strychnine and other tonics, with massage and electricity were given. The reader of the paper then gave a minute description of the pathological changes which take place in this disease—the parenchyma being almost alone affected. The nerves most often affected were the anterior tibial and musculo-spiral. It was caused, it seemed, from a morbid state of the blood; this poison had a special affinity for nerve tissue. Modern pathology had enabled us to see that this was a separate disease from those with which it used often to be confounded, in which the lesions occurred in the central nervous system. Dr. Meyers pointed out the various differences between such diseases and multiple neuritis, both as regards pathology and symptomatology.

"Ophthalmic Memoranda" was the subject of Dr. A. Reeves' paper. He referred to the progress that had been made in ophthalmology since the introduction of such instruments as the ophthalmoscope: also in the treatment of such affections as trachoma, lymphomata, astigmatism, stricture of the lachrymal duct, etc. The speaker outlined the present treatment for such affections and methods of employing surgical therapeutics where necessary. He discussed at some length the subject of sympathetic ophthalmia.

Dr. Osborne, in discussing the paper, spoke of the necessity of treating the nasal catarrh which was found in many cases of lachrymal duct affec-

tions. He also spoke of the great value of the ophthalmometer in astigmatism.

Dr. Reeves replied.

Dr. Harrison, the President elect was then voted into the chair. Votes of thanks were heartily given to the retiring president, the medical profession of London, and the railroads.

Dr. Anglin moved that the usual honorarium be given to the Secretary. Carried.

Mr. J. H. Chapman, of Montreal, had an extensive and beautiful array of all kinds of surgical instruments on the platform, which were much admired between sessions by the members of the Association.

PATHOLOGY AND MORBID ANATOMY OF MYXŒDEMA.—Dr. Greenfield, *Edinburgh Medical Journal*, in a paper read before the Medico-Chirurgical Society of Edinburgh, said that the primary most essential fact in the pathology of myxœdema was the atrophic change in the thyroid gland. There was little accurate knowledge as to the cause of this change. The functions of the thyroid gland were obscure, even with the light that modern investigation had thrown upon them. It was only certainly known that in some way this highly vascular, ductless gland was concerned in the metabolic changes of the nutritive fluids, and that it had some relation to the elaboration of mucin. It probably secreted a material of the nature of a ferment, which rapidly passed into the blood and stimulated the secretion of the skin glands, and in some way acted upon the heart. In myxœdema the thyroid gland was atrophied, and in sporadic cretinism it might be almost entirely absent. In exophthalmic goitre there was an exactly opposite condition—an enormous increase in the secreting structure of the thyroid, and also of the culloid material in the spaces of the gland. In ordinary cystic goitre, however, associated with cretinism, there was an enormous increase in its substance. Therefore, we should not regard the morbid appearances of the thyroid in myxœdema as of too great importance, or put out of our minds other considerations in relation to its function. A very important control research would be to ascertain if feeding with thyroids produced any conditions in the system analogous to those in exophthalmic goitre. In myxœdema the sweat glands and sebaceous glands acted defectively, and later atrophied together with other parts of the skin. The normal transpiration being deficient, the lymph seemed to tend to accumulate and stagnate. That this was partly, at least, correct, seemed to be proved by the remarkable improvement often seen from the action of hot-air baths. There was one point which did not seem to have been observed, and that was the altered reaction of patients with myxœdema to tuberculo-

sis. They seemed to show a marked proclivity to tuberculosis, while in its course and manifestations the tubercular process was largely modified. All the five cases of myxœdema from which he showed specimens died from phthisis, as well as a case of sporadic cretinism he had had. The tubercular processes were characterized by exceedingly rapid progress when they once set in. The power of repair in myxœdema was good, to judge from his experience of a case in which it was necessary to do a surgical operation. He had studied microscopically material from seven cases of myxœdema and one of sporadic cretinism. In all the cases the thyroid was diminished in size. There was either generally or in parts an advanced condition of atrophy with fibrous overgrowth. In some, all gland tissue had disappeared. In some, the fibrous tissue was highly cellular. In one there was a lymphoid infiltration. These changes corresponded with what occurred in all glandular atrophies. The changes in the epithelium were also parallel to those seen in all wasting glands. Changes were found in the arteries similar to those found in all chronic interstitial inflammations. In the skin there were marked changes in all the glandular elements and in the hair follicles; they showed various stages of atrophy. Often there was an extensive deposit of pigment in the skin. The epidermis became very thin. The œdema appeared to him to owe its characters to the fact that it was more deeply situated than in ordinary anasarca. In the case of other parts, such as the lips and tongue, the œdematous condition was also quite deeply situated. In the tongue, patches were often most marked at a distance of a third of an inch or more from the surface. The change might be called a myxomatous degeneration of the tissue. In the skin, tongue, and other organs there were sometimes areas of dense fibrous overgrowth. The other organs in his cases, with the exception of the lungs, which were affected with tuberculosis, were in a practically normal condition. In the kidneys, however, there was occasionally a peculiar swelling and pallor, due to the presence of a myxomatous degeneration around the arteries at their division, and an extension of a myxomatous and cellular infiltration between the tubules in that position, while the cortex was normal. He had found no change in the nervous system, except in the peripheral nerves, in which there were frequently indications of a chronic neuritis. How far this change was due to the disease, he was unable to say. The lymphatic glands and suprarenal capsules were normal.—*Am. Lancet.*

THE TREATMENT OF SCIATICA.—Of Dr. Weir Mitchell it can be said that he has tilled in many parts of the field of medical science and therapeutic art, and never without leaving the ground richer

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and more prolific for his efforts. In a recent clinical lecture, reported in the *Philadelphia Medical News*, he discourses on the subject of sciatica, and after lightly touching on the varieties of the disease and their special characteristics, he gives, what cannot fail to be useful to many, a description of his usual method of treating this so often troublesome and persistent condition. The usual search is made for disturbed organs or altered secretions, and any obvious constitutional disorder is provided for; and rest in bed, constant and prolonged, till recovery of the patient is assured, is enjoined. Dry cups are recommended, and they should be used early and thoroughly—even a double or triple row all round and over the sciatic notch and down the leg to the ankle. As many as three dozen cups should be applied and they should be left on for half an hour. This should be repeated the next day and again two days later, and this may be sufficient. If for any reason this plan is not admissible, a mustard poultice is recommended three inches wide and extending from the sciatic notch to the ankle. Dr. Weir Mitchell believes that the old plan of counter-irritation—viz., extensive in amount and moderate in degree—is better than limited and severe attacks on the skin. So far the treatment described is that of an acute case and a first attack. If it still persists, Dr. Mitchell adopts the measures which he finds useful in chronic cases. In these it is sometimes necessary to use narcotics. Cocaine is recommended in doses of from a quarter to half of a grain under the skin. If morphia is given it should be in only one dose at about eight or nine o'clock p.m. But these means may be unsuccessful, and it was the acute suffering brought on by movement in such a case which suggested to Dr. Weir Mitchell the use of the measures he now employs—viz., a flannel bandage enveloping the whole of the affected limb and a splint of such a fashion and form as to keep the hip and knee immovable. The bandage used is of pure flannel, it is applied twice a day, the leg being kept slightly bent at the knee and extended at the thigh, and in this position it is secured to a splint which passes from the axilla to the ankle. Usually three weeks of uninterrupted treatment are necessary. Finally the splint is taken off during the day and retained at night, and thus is gradually dispensed with. In a similar manner the bandage is left off. During this treatment cod-liver oil and iron and nutritious food are given, and great care should be exercised to keep the bowels open. Sometimes there may be left one or more points of persistent pain, and these are best treated by counter-irritation, either by means of a small blister or the Paquelin cautery. After the pain is relieved, gentle massage may be applied to the affected limb, and it is of no little importance that at first the sitting posture should be avoided, and the rule laid down here is that the patient

should not be allowed to sit at all during the first week. Such is the latest method which the skill and experience of Dr. Weir Mitchell have suggested for the treatment of an obstinate and distressing malady. It is to be hoped that it will be as useful in other hands as it evidently has been in his, for to the paper are added the accounts of several cases in which success followed the treatment described.—*Lancet*.

REFORM IN SPELLING.—Dr. George M. Gould concluded an address on this subject to the association of medical editors, *American Lancet*, with the following:

There is not a single argument of value against a moderate and at least a small beginning of some kind for spelling reform of our intolerable English orthography. As regards the spelling of medical words, any argument has less weight than as regards other words. We owe it to our profession to be professive and progressive in this respect, or at least not to be a dead weight to the car of progress, and at the very least not to pull backward like an over-obstinate horse when the wagon (with one g) is pushed on to our heels. Wherefore brethren, will you not assent to the little advance already gained? And will you not assent to a few little, timid steps further? Every argument of logic and of uniformity, and every motive of good will and interest in progress is on this side. Why shall we not drop the combined letter, diphthongs in all words? Let us drop the *æ* in words derived from Greek, and write *e*; for instance, hemorrhage, hemostatic, etc. The same with all other original Greek, *ai*'s, usually spelled *æ* as in orthopædic, pædiatrics; anæsthetic. The same with *æ*. Let us accept edema, celiotomy, diarrhea, fetus, etc. Let us adopt with never a wry mouth the American spelling of honor, center, meter, program, traveler, and the rest. Let us get a chart of the rules for spelling chemic terms adopted by the American Association for the Advancement of Science, and hang it in front of our desks, and never spell iodid, sulphid, hydrid, morphin, chlorin, etc., with more e's than we should. Let us be sensible rather than conservative.

Of all the language of the civilized world there is none that in the most distant manner rivals the English in the ludicrous illogicality and wretched lawlessness of its orthography. In other languages there is a manifest philological sanity that evidently seeks to hold the written or printed word in some sort of relationship with the spoken word. But in our language the reverse seems to be the case. The more methods in which a single sound could be spelled, the better it seemed to please the fathers of the language. The labor which this fact imposes upon the child's mind is a labor that, conceived in its entirety, is liter-

ally appalling. The German child learns in one year, and well, what the English child learns in three, and poorly.

ABORTIVE TREATMENT OF ERYSIPELAS OF THE FACE.—A one per cent. ethereal solution of sublimate should be used, applied with a small hand atomizer, throwing a forcible spray.

The more forcibly the spray is applied so much quicker will be the recovery, depending of course on the thickness of the skin and the severity of the case.

The small blisters or vesications which the sublimate may cause should not be the cause of its withdrawal, for in the smaller erysipelatous eruptions they should be encouraged rather than otherwise, on account of their beneficial effect.

In applying the spray, the central parts of the inflammatory areas should be only lightly sprayed, but much more thoroughly along the line of demarcation, as well as one to two cm. into the healthy skin. The eyelids should be only slightly moistened. Then apply compresses. One or two such applications of the sublimate should be sufficient. Those towards the last must be shorter, and parts which have been gone over once should be only lightly touched a second time. Only the boundaries and suspected places on the skin require the more energetic spraying.

Before commencing the treatment the patient should be informed that after every application of the spray he will feel a rather sharp burning pain, but which will not be any more severe than the discomfort caused by the tension of the skin from the erysipelas; also that his face will swell and small blisters or vesicles will form, which might likewise be caused by an erysipelatous inflammation. The crusts should not be removed, but allowed to drop off spontaneously.—*Southern Med. Rec.*

STRYCHNIN DURING PREGNANCY AS AN AID TO LABOR.—John Milton Duff, M.D., at the meeting of the Pittsburg South Side medical society, on February 13, 1893, made the following remarks in regard to the subject of "Tardy Labor." The discussion prompted him to speak of a remedy he has administered when occasion offered during the past few months. In speaking of it, he states that his observations have not been sufficiently numerous to justify him in giving a positive opinion. Nevertheless, whether by accident or otherwise, his results, so far in the majority of cases, have been most gratifying.

He referred to the administration of strychnin as a remedy preparatory to labor where there is general debility and want of muscular tone; in women who previously have had tardy labor from irregular and feeble uterine contractions and from

want of tone in the auxiliary abdominal muscles; in women who have a history of post-partum hæmorrhage, and of want of retraction and contraction of the uterus subsequent to delivery; in those who are subject to severe after-pains necessary for the expulsion of clots in the uterus. In all such cases a treatment should be instituted of one-sixtieth grain of strychnin three times a day, beginning from six weeks to two months prior to the anticipated time of delivery, and kept up until a week or ten days before delivery, when, if it is well borne, it may be increased, according to the judgment of the attendant, to one-fortieth grain or one-thirtieth grain, and in some cases to one-fifteenth grain.

The cases in which he has administered it for the most part were those with which he had had experience of tardy labors, post-partum hæmorrhage, and severe after-pains. In nearly all of them the improvement over past experiences was so great that the patients themselves were cognizant of it and expressed gratification.—*Therapeutic Gazette.*

SULPHONAL HABIT.—Dr. Gilbert, of Baden-Baden, in a paper read before the congress of German Neurologists, reports two cases of sulphonal habit in which enforced abstinence gave rise to a series of symptoms similar to those witnessed in morphine abstinence. He also speaks of two other cases in which serious symptoms were present as the result of the continued use of the drug. All four cases showed amongst their symptoms illegibility of handwriting; the patients could not write straight, and the characters were unsteady. He draws attention to the fact that sulphonal is largely used in Germany and most other countries, and obtainable without medical prescription. In regard to the mode of administering the drug, the writer recommends that it be dissolved in boiling water, poured on and allowed to cool just sufficiently to be drinkable. Sleep will follow in fifteen to twenty minutes when this method is adopted.—*Lancet.*

THE EFFECT OF COFFEE ON THE LACTEAL SECRETION.—Dr. Alice McLean, writing in the *Med. and Surg. Reporter*, says that in an institution of which she has charge recently, in which there was some thirty or so nursing women, coffee was served twice a week. Regularly upon these days the nurses in charge reported a scarcity of breast-milk, and there was frequently a necessity for resorting to artificial feeding to eke out. The author suggests that in the lying-in period, and at the time of weaning, when the breasts secrete more milk than is wanted, and when the mother is abstaining from fluids, her thirst might be quenched with coffee with good results.—*Med. Record.*