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## Original Communications.

### COCAINE POISONING.

By J. B. Mattison, M.D., *Medical Director, Brooklyn Home for Habitues.*

It is "ancient history" more or less since the writer began to present the record of toxic effects from cocaine.

During the nearly nine years past, dozens of deaths and hundreds of non-fatal cases from untoward effect of this drug have been placed before the profession, so that one is at a loss to know whether he who at this late day says, "it has hardly been reasonable to call it a poison in any ordinary quantity," is ignorant of this toxœmia, or is blinded by a feeling in its favor that prompts him to question this fact, and prevents him counselling that caution in its use which prudence undoubtedly demands.

A Boston oculist, Dr. J. A. Tenney, writing recently about "mishaps with cocaine," used the language we have quoted, and in so doing may have intended to limit his statement regarding its non-toxic effect to his special field. If so, he might better have been more explicit, for, surely it was not wise to disclaim, in a general way, its power as a *poison*, for *poison it truly is.*

In November, 1886, at a meeting of the New York Neurological Society, Doctor William A. Hammond, speaking of cocaine, said "he did not believe any dose that could be taken was dangerous." Before that meeting ended, the writer challenged such a dangerous statement, and warned the members against accepting it, and, during the next year, presented such convincing proof that Hammond was wrong as to impel the *British Medical Journal* to assert, editorially,—"if it were more needful to produce more proof of the unsoundness of Dr. Hammond's opinion, Dr. Mattison has effectually done this."

Dr. Hammond has lived to see the day that he regrets, quite likely, having expressed such dangerous doctrine. He

* Read before the Kings County Medical Society, October 16th, 1894.

certainly has admitted his error, for, in discussing my paper on cocaine inebriety read before the District of Columbia Medical Society, Washington, Christmas Eve, 1891, he frankly confessed that he was wrong, and avowed that *he* had nearly killed a patient with cocaine.

No one can tell what mischief went in the wake of his expressed disbelief in the toxic power of this drug. Had it come from some obscure practitioner, it would have passed almost unnoted, but, with the weight of such authority as Hammond's professional prominence gave it, it was all the more dangerous.

The first lethal case of cocaine poisoning was due to the hapless surgeon's reliance on its asserted use in large amount without harm. This case had a doubly tragic ending, for, not only did it cost the life of the patient, a young woman, but the unhappy surgeon, overcome by regret or remorse, committed felo de se.

What the outcome, fatal or non-fatal—all unrecorded, it may be—of a like reliance on Dr. Hammond's statement?

Dr. Tenney seems to think that the taking of 18 grs. of cocaine, subcutaneously, in 3 doses, at short intervals without death—which was Hammond's claim—proves it hardly reasonable to call it a poison. We do not agree with him. It simply proves an exception to a rule just such as obtains along numberless other lines; and, in view of what history has given us concerning cocaine poisoning, it proves that it was a fool-hardy affair, for it might have cost the venturer his life. Many a man ess a Hercules than Hammond would have been promptly "gathered to his fathers."

There is little question that the earliest reports on cocaine roused a fervor in its favor that led more than one to commend it with a zeal not tempered by that caution which prudence demands. Others, while not lauding it unduly, were inclined to disparage the warning note that, early, was sounded against it. I well recall a member of the Neurological Society, who expressed himself as much pleased with Dr. Hammond's assertion regarding the non-harmful nature of cocaine, as one likely to lessen an unfounded prejudice against a valuable drug.

With the deadly record that has since been presented, it is quite probable that member—Leonard Corning—has changed his *opinion*; for he must know the expressed fear of cocaine had a foundation on fact.

History has repeated itself along lethal lines, as regards cocaine, so often, that it really seems surprising that any one at this day should question its power for harm. It may not be known to all that cocaine has killed in smaller dose than morphine,—but that is a fact. It may not be known to all that cocaine has killed in quicker time than morphine,—but that is a fact.

Autumn before last, I reported, for the first time,—through the courtesy of Doctor George B. Cushing, now of Wheeling, W. Va.—this case. Strong man walked into Bellevue Hospital, suffering from urine retention. Catheter disclosed stricture. One drachm of a 4 oz. solution of cocaine was thrown in urethra. Almost at once patient became greatly excited, and in a few seconds went into convulsions so violent that it required the combined strength of doctor and nurse to hold him on table. Amyl was promptly used; no reaction; in 4 minutes, man was dead!

This case—for which I thank Dr. J. E. Lumbard, New York city—is now first reported. Man, aged 25, entered Manhattan Hospital, complaining of 2 days urine retention. Catheter revealed traumatic stricture, due to a 2½ inch sewing needle put in urethra by chum, during a drunken frolic. Twenty minims of a 4oz. cocaine solution were injected in urethra. Imme-

diately, patient went into convulsions, and, despite every effort, died! Autopsy, in each case, showed intense lung congestion.

Very recently, two deaths from cocaine —within a fortnight of each other—have been noted and are now first reported.

On the last day of last month, a young woman visited a "complexion artist"—so called—in Chicago, to have a facial blemish removed. Sham electricity was used—it being, really, a dummy battery, one sponge of which, saturated with a strong solution of carbolic acid, was held to the affected part, with the result of causing great pain. To relieve this, a 4 oz. solution of cocaine was freely applied. In a few minutes, the woman became excited, said she felt strange, walked to a window, and fell dead! No autopsy.

Four days ago—Friday last—a man, aged 26, entered the office of a Jersey City physician, to be operated upon for a rectal fistula. Twenty minims of a 4 oz. cocaine solution were injected hypodermically, for anæsthesia. No effect ensuing in 10 minutes, 20 minims more were injected. In 3 minutes, the man became unconscious and convulsed. One minute later he was dead! No autopsy.

The evidence to prove cocaine a poison is now so ample, that no excuse will avail to exonerate the doctor who, not heeding the lesson taught by the gruesome record, fails to use it with the care its toxic energy demands.

It is a drug peerless for good in certain conditions; but its power for ill must never be lost sight of, if one would conserve the best interests of those on whom it may seem wise to use it.

Prospect Place
near Prospect Park.

# Society Proceedings.

## THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, June 29th, 1894.*

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

Dr. BELL presented the following specimens:

(1) A large concretion which he had recently removed from the bowel in a case of appendicitis. The patient was 47 years of age, and had a bad history of recurrent attacks at intervals of three or four months for the last 21 years. The last attack occurred eight weeks before coming under observation, and it was then for the first time that he noticed any mass in the abdominal wall. This mass was in the situation of the appendix, and about the size of a hen's egg; it was very hard and very clearly adherent to the abdominal wall, was quite tender to the touch, and on walking he suffered a dragging pain. Operation was advised and accepted by the patient, and was carried out in the usual way. The incision was made to the inner side of the mass, which was then carefully dissected away from the abdominal wall to which it was attached by very firm adhesions. The free surfaces of the cæcum and the lower end of the ileum were found to be adherent, and in the adhesions were enclosed in a hard mass and the base of the appendix. The free end of the appendix projected about an inch and a half. On separating the ileum and the cæcum, it was found that the greater part of the dilated proximal end of the appendix had been absorbed (or destroyed by ulceration or gangrene), and that the concretion communicated with the lumen of the bowel on each side. The appendix and the concretion were removed and the two portions of bowel re-united by suture. The concretion, which was about the size of a horse-chestnut, had been submitted to Dr. Ruttan for chemical examination. The patient made an uninterrupted recovery. The case, Dr. Bell thought, was of interest as illustrating one of the unusual and complicated conditions one may meet with on operating for appendicitis.

(2) *Sarcoma of the Upper Third of the Tibia.*—The specimen had been removed that day from a girl 23 years old, with a tubercular history. The tumor was first noticed two and a half years ago, but emaciation had only become marked during the past eight months. The amputation was performed in the middle third of the thigh.

*Chloroform Accident.*—Dr. BELL next gave the history of a chlorofrom accident which occurred recently in his hospital practice, and which came very near adding one more victim to the fatalities of chloroform anæsthesia. On

Thursday of last week, a boy eight years old, suffering from caries of the lower dorsal vertebræ with psoas abscess, was prepared for operation. He had been in the hospital one month prior to this, during which time he appeared in good health ; there was no fever, and with the exception of this spinal condition his organs were all sound. (Dr. Bell then read the report of the anæsthetist.)

Commenting on the report, the speaker remarked that it was impossible to say whether the pulse or respiration were the first to cease, as almost at the same moment that Dr. Shaw discovered the stoppage of the pulse, Dr. Davidson observed the respirations to cease with a long drawn sigh. Inversion, artificial respiration, cold to the face, with hot cloths over the cardiac region were all resorted to, and it seemed minutes to the observers before any return of respiration or cardiac movements manifested themselves. He thought that this case demonstrated the fact that the heart does stop suddenly in chloroform poisoning,—in some cases, at least,—and that death is not always due to respiratory failure brought on by the administration of an excess of the drug. Had respiratory failure been the initial event here, the heart, as in all cases of death from suspended respiration, such as drowning, hanging, choking, etc., would have gone on beating for some minutes, instead of stopping instantaneously as here. The converse, however, is not true ; that is, respiration does not continue after an arrest of the heart's action ; and considering these facts, it seems clear that in this case the effect of the chloroform was exercised on the heart primarily and solely, the stoppage of respiration being secondary to it. Moreover, the quantity of chloroform administered was too insignificant to be capable of affecting the respiratory centres, as in less than half a minute before the accident the boy cried out " take it off my face," and only a few drops were given afterwards. An interesting feature in the case is that it contradicts the contention of the Hydrabad commission, that the heart never stops first, but that death from chloroform is always the result of respiratory failure from not giving the drug properly.

Dr. SHEPHERD thought there must be two classes of cases in chloroform poisoning. He had a case last winter where he was operating for lupus of the face, in which chloroform was used, and in which the respirations stopped while the heart went on beating.

Dr. GORDON CAMPBELL believed that the preponderance of clinical evidence is in favor of the heart stopping first. He then wished to know if the boy was much alarmed. Dr. Bell replied in the negative, saying that he was exceptionally free from fear.

Dr. WESLEY MILLS said that most of the upholders of chloroform as an anæsthetic were simply blinded by their prejudices, and were incapable of seeing or believing any facts, no matter how well substantiated, detrimental to the reputation of this drug. He instanced the fact that Surgeon Major Laurie had quoted the report of the chloroform commission as being entirely in favor of his pet belief, while, in fact, it contradicted it. And such is the attitude of a majority of the defenders of chloroform who belong to what is known as the "Syme school," and to any experience establishing untoward effects their reply is simply "You do not give it properly; if you had done so, the accident would not have happened."

Dr. GORDON CAMPBELL agreed with Dr. Mills in his strictures on the men of the "Syme school." He said they were accustomed to state that ether was only used by second-rate surgeons, and that it only affected incomplete anæsthesia.

*The late Dr. Fenwick.*—The following resolution was moved by Dr. SHEPHERD and seconded by Dr. MILLS:

Resolved—That this Society has learned with the most profound sorrow and regret of the death of Dr. George Edgeworth Fenwick, one of its foundation members and a past president. For many years a most active and valued member, beside taking a prominent part in the discussions, he contributed numerous important papers to the proceedings and exhibited numbers of very valuable pathological specimens.

He was widely and favorably known, both in Canada and abroad, as a most accomplished, original and daring surgeon, who helped to advance surgical science in various directions, but especially in the surgery of the joints.

In Canadian medical literature he always upheld the best interests of the profession by protesting against abuses and advocating reform.

His kindly, genial manner and goodness of heart endeared him to all his brethren, and especially made him the friend of the young practitioner.

Resolved—That our deepest sympathy be conveyed to his sorrowing family in this their time of mourning.

*Annual Meeting.*

The twenty-fourth annual meeting was held on Friday, October 5th, 1894, Dr. JAMES BELL, President, in the chair.

The members present were: Drs. Wm. Gardner, G. P. Girdwood, A. Proudfoot, James Perrigo, J. B. McConnell, J. Chalmers Cameron, F. Buller, T. Wesley Mills, D. F. Gurd, J. A. Macdonald, G. T. Ross, Thomas D. Reed, James Stewart, J. Alex. Hutchison, F. R. England, H. S. Birkett, A. W. Gardner, E. H. P. Blackader, H. A. Lafleur, J. H. B. Allan, D. De-Cow, J. H. Bell, J. A. Springle, G. Gordon

Campbell, James M. Jack, J. G. McCarthy, J. Leslie Foley, F. A. L. Lockhart, J. A. Macphail, D. J. Evans, W. S. Morrow, A. E. Orr, H. D. Hamilton, H. B. Carmichael, C. F. Martin, George A. Berwick, S. Ridley Mackenzie and Kenneth Cameron.

The minutes of the last annual meeting were read and confirmed.

Dr. J. M. JACK, the Treasurer, reported that there was a balance of $218.44 on hand, the receipts having been $1,228.53 and the expenditure $1,010.09.

Dr. KENNETH CAMERON, Secretary, reported that at the beginning of the session there were 117 ordinary members, 15 new members were elected, 1 died and 1 resigned, making a present total of 130; of these 114 are resident and 16 non-resident.

The number of temporary members had been greatly increased by the election of the resident staff of the Royal Victoria Hospital, the total membership now being 16. No honorary or corresponding member was elected.

Twenty regular meetings were held with an average attendance of 33.25 members per meeting, or an increase of 2.25 members per meeting o er last year. The largest attendance at any meeting was 48 and the smallest 13 members.

Dr. T. D. REED the Librarian, read the following report:

Considerable difference of opinion existed as to the desirability of placing the library and reading room in a different story of the building from the meeting room; the separation has now been accomplished for a year, in our present quarters, and each member can form his own opinion of the change.

The number of readers may be considered to have been about the same as previous years; exact statement on this point cannot be made, as members have access at will to the room by private key, and leave no record of attendance.

The Journals have been maintained as before, and the valuable series of London, Philadelphia, New York and Montreal publications have been kept up by binding.

There are now on the table 4 weekly and 30 monthly journals.

No additions to the library by purchase have been made, as the Council has not appropriated any money for the purpose. It is very desirable that the Society should arrange for an annual appropriation for the purchase of the new encyclopædias, dictionaries, practices and other works of reference, which everyone would like occasionally to consult.

We are indebted to Dr. Blackader for a valuable series of *Braithwaite's Retrospect.*

To Dr. Smith and others our thanks are due for numerous medical journals.

The new room, though small, has been found comfortable and sufficiently commodious for the present.

The following officers were elected for the ensuing year:—

President—Dr. G. P. GIRDWOOD.
1st Vice-President—Dr. J. B. MCCONNELL.
2nd Vice-President—Dr. J. ALEX. HUTCHISON.
Secretary—Dr. G. GORDON CAMPBELL.
Treasurer—Dr. J. M. JACK.
Librarian—Dr. F. A. L. LOCKHART.
Council—Drs. JAMES BELL, PERRIGO and SHEPHERD.

Dr. JAMES BELL, the retiring President, then read the

ANNUAL ADDRESS.

The Constitution and By-Laws of the Montreal Medico-Chirurgical Society demand of the retiring President that "He shall present at the annual meeting a written address, which shall include a résumé of the work done during the year."

You have already heard from the report of the Secretary that we have now a larger membership, and that we have had during the year just ended a larger attendance, both average and minimum, than ever before. From the Treasurer we have learned that notwithstanding our more commodious and more expensive quarters and the great expenses incurred in fitting them up for occupation, we have a surplus of over $200 at the end of the year. This is undoubtedly due largely to the adoption by the Society of better business methods (as well as to the energy of the Treasurer), but it must also be taken to indicate a greater and more genuine interest in the Society by the profession at large. These facts speak for themselves, and constitute an effective answer to those who feared that in taking these rooms which we at present occupy we were launching out upon a scheme of extravagance which would ruin the Society.

Turning now to the professional work of the Society during the year, I find that it may be summed up as follows: There were 9 papers and 9 case reports read, 19 living cases exhibited, and upwards of 73 specimens presented. Besides these, 3 demonstrations were given, which are not included in any of the above headings.

What instantly strikes one in this very condensed résumé of the professional work is, that while on the whole there was no dearth of work, there were only 9 papers given in 20 meetings. Following up this analysis, we find that among 142 members and an average attendance of 33.25, 25 names only appear as contributors during the year. Moreover, the discussions have been confined to a small proportion of the members present at any meeting. This, I fear, is the weak point of the Society, and I trust that the members will pardon me for attention to it. With every department of medicine re-

presented on our programme, as they have been —clinically and pathologically—medicine and surgery, gynæcology and obstetrics, ophthalmology, otology and laryngology, and with such a wealth and variety of material presented, it seems strange that lack of discussion should be a feature of our meetings. I am sure that I voice the sentiments of the older members and of those who have been the main contributors in the past, when I say that we would gladly see the younger members take a more prominent part in the preparation and the discussion of papers. Let it not be thought for a moment that here some are teachers and some are students, rather let it be understood that all are students and all may be teachers; that here we meet on common ground for mutual benefit and for the advancement of our profession. We have abundant facilities, let us have active professional work in the Society from every member, young and old. This is all that is needed to make our Society a great power in the land In fact, it is already a great power, and we can look with pride upon the part which it has recently played in several great public reforms, notably the reform of the national quarantine system within the last two years. In making this statement I do not wish in any way to detract from those who were more directly responsible for the reforms mentioned, but simply to state the fact that this Society did not stand aloof, but took a firm and uncompromising position in support of the movement for reform.

The discussion of matters concerning the health of the public and the welfare of the profession I conceive to be an important function of this Society. Further, a more active interest among the members must rapidly develop a higher class of work—collective investigation, formal discussions on important subjects in the different departments of medicine, committee investigations and reports on material presented at the meetings, and finally, as an outcome of all this, better arrangements for the editing and publishing of a volume of the Society's transactions annually.

There is another matter which I wish to specially commend to the thoughtful consideration of every member of this Society. A year ago we celebrated the fiftieth anniversary of the founding of the Society; to-night we are transacting the business of the twenty-fourth annual meeting of its second renaissance. Is not the time ripe for the establishment of a permanent home for the Society? We are domiciled here in our present quarters for four years more; and although at this moment I know of no scheme on foot, or even suggested for the purpose, it does not seem to me that it need be looked upon as entirely utopian to hope that before our present lease has expired such a scheme should at least be well under way. Of course it means money, and I know too well that no large sum of money could be raised among the members of this Society; but this fact need not be fatal to the project. We see hospitals, schools, libraries and institutions of all kinds grow up around us, not only in Montreal, but elsewhere, from public and private benefactions, in many cases directly influenced by medical men. Why may we not hope, if the want is made known, that some public-spirited citizen will in the near future build such a monument to his memory? Such an institution will certainly be founded in Montreal sooner or later. Such institutions already exist and have long existed in all great medical centres, even in this, the new world. I have not inquired into the histories of the different institutions of this kind, but I was greatly impressed by the fact, noted during a recent visit to Philadelphia, that the Academy of Medicine of that city is now nearly two hundred years old. What we want is a permanent abode, not only for our meetings, but where we may establish a library and a museum for reference, and preserve pictures and mementoes of the great lights of the profession to stimulate us and those who come after us to greater efforts and better work. In conclusion, gentlemen, I beg to tender you all my sincerest thanks for the honor which you conferred upon me a year ago by electing me President of this Society, and for the confidence and support which you have since accorded me as its presiding officer.

## ELEVENTH INTERNATIONAL MEDICAL CONGRESS.

TREATMENT OF BLENNORRHAGIC URETHRITIS IN THE FEMALE.—M. Jullien, of Paris, has employed ichthyol with success in this affection. He applies it by means of a metallic stem, the extremity of which is wrapped with cotton previously soaked in ichthyol. He passes and repasses the instrument into the urethra with a certain degree of force. He also uses ichthyol to kill the gonococcus in the vagina or uterus.

ALUMNOL IN THE TREATMENT OF BLENNORRHAGIA.—Professor Schwimmer, of Budapest, has found that alumnol is an astringent and antiseptic which does not combine with albumen, as, for instance, with nitrate of silver, thus enabling its effects to be exerted upon the deepest portions of the connective tissue. He has made numerous experiments, in cases of acute blennorrhagia in the male, with aqueous solutions of from ½ to 5 per cent., either as injections, urethral irrigations, or instillations with Guyon's or Ultzmann's sound. The results were good. In acute cases alumnol soon produced a certain irritation; in chronic cases it was better supported, but the duration of the treatment was no shorter than with other remedies. In blennorrhagia in the female the results were excellent in both acute and chronic cases,

patients at his clinic being cured in from two weeks to two months. The remedy was applied as a vaginal injection with the aid of speculum or by tampons introduced into the cervical canal.

RADICAL CURE OF EPITHELIAL CANCER OF THE SKIN.—Dr. Gavino has obtained a cure in these cases by the following mixture: Fuming nitric acid, 10 grammes (2½ drachms); bichloride of mercury, 4 grammes (1 drachm); Berzelius paper, q. s. ad consist. sirup. The remedy is applied with a cotton forceps, repeating the cauterization in ten or twelve days. This will be sufficient to cause the largest tumor to fall off, when cicatrization soon takes place. Until the present time, the speaker had had 100 per cent. of cures. A patient of Professor Péan's, having a tumour seventeen centimetres in diameter, upon which the surgeon did not wish to operate, was cured in about eighteen days by this means, the tumor dropping off entire, nothing remaining but the cicatrizing wound.

INDICATIONS AND LIMITS OF TOPICAL TREATMENT IN LARYNGEAL PHTHISIS.—Dr. Lennox Browne, of London, read a paper on this subject. The inflammations, ulcerations, and neoplasms observed in the larynx during the course of pulmonary tuberculosis are, in all probability, of tuberculous origin; it is also known that there exists a primary laryngeal tuberculosis. Virchow has said that the larynx was the most favorable spot in which to observe the alterations of the disease; it is also the most advantageous region for topical applications. The cures, it is true, obtained by this method are exceptional; but it at least arrests the process and is much better than palliative measures. Contrary to general opinion, the improvement of the general health and of the lungs is not the cause but very often the direct effect and the logical result of local efficacious treatment of lesions of the upper respiratory passages. The indications for topical treatment depend upon (1) the state of the larynx, acute or chronic; (2) the degree of the tuberculous affection, infiltration, superficial or deep ulceration, necrosis or caries of the cartilages, and development of neoplasms; (3) the state of the lungs.

The results of treatment in 102 cases of laryngeal phthisis studied by eight different observers, grouped in the author's report, show that in 32 cases in which both lungs were diseased the treatment did not cure, but simply improved the condition; in 31 cases in which the disease was limited to one lung only, but was of a grave nature, cure was obtained in 1 case and improvement in 8 cases. In 24 cases in which the lesions were limited to one side, and were moderate in nature, cure was obtained in 6 cases and improvement in 16 cases; and in 15 cases in which there were no pulmonary symptoms 2 cases were cured and 7 were improved. The author concludes from these statistics, which comprise but a single case of cure (that being one of his own), that the chances of recovery, and even of improvement depend to a large degree upon the the co-existence and extent of pulmonary disease.

As to the methods and limitations of treatment he does not advise the use of morphine, except in hopeless cases; nor cocaine except for intralaryngeal curettage, for applications of lactic acid, or for the temporary relief of dysphagia. All medicaments (except lactic acid) should be applied as a spray, and not in the form of insufflated powders. Menthol or menthol combined with iodol and dissolved in oil is one of the best remedies in the stage preceding ulceration. The curette may be employed to, destroy the hyperplasia, to remove dead matter from the large ulcerations, and to unite the small multiple ulcers into a single large one. The curette may also be of value prior to the application of lactic acid, but its use in this connection is not indicated in more than a fifth of the cases. Lactic acid, to be really efficacious, should be employed with friction. Puncture and incision of the infiltrated tissues, as practiced by Schmidt and Rosenthal, should be avoided, as they produce no favorable result and hasten the development of ulcers. Extirpation of the arytenoid cartilages (Heryng and Gouguenheim) is not to be advised, as these are rarely the seat of morbid alteration; and if such alterations do exist, the disease is at such an advanced state that intervention is contraindicated.

According to the author's observations, tracheotomy should not be performed in tuberculosis of the larynx. While applying the topical treatment the rules of hygiene and internal medication should be considered, as well as the climate best adapted to each patient.—*Le Semaine Médicale*, April 4, 1894.

## VIENNA MEDICAL SOCIETY.

VASOMOTOR PHENOMENA IN FEVER.—Prof. F. Kraus reviewed the various prevalent theories upon the vasomotor phenomena of fever, particularly those of Heidenhain, Senator, Bouchard, and Charrin. It is known that during the stage of chill the turgescence of the skin is diminished, the superficial arteries are contracted, and the peripheral temperature is lowered, while the central temperature is increased. The diminution in the turgescence of the skin is due to contraction of the small arteries, and at the height of the fever increases after dilatation of the cutaneous vessels; the venous blood is also redder than in the normal state. Thermo-electric examinations made by the speaker in fever patients showed that the vasomotor reflexes of the skin were preserved, and that the vessels alternately contracted and dilated,

From calorimetric examination he convinced himself that the elevation of temperature was coincident with a diminution in heat radiation. Antipyretics increased this radiation to a greater degree than did cold water. He also found that the number of red cells and the blood-plasma were not modified during fever. His researches show the importance of vasomotor phenomena in fever, but do not explain the process. It seems, however, that toxic agents act upon the vasomotor nervous system, upon which depend the thermogenic process and heat radiation,—a view already advanced by Billroth.—*Internationale klin. Rundschau*, March 25, 1894.

Treatment of Laryngeal Phthisis.—Dr. Hajek presented a patient with laryngeal tuberculosis upon whom he had tried a new treatment. The infiltration of the epiglottis was so great that the man could no longer swallow. Dr. Hajek removed the entire epiglottis by means of a galvano-caustic loop, and treated the wound with lactic acid. Four weeks later the patient was able to swallow with ease. Since then he had curetted one of the vocal cords, which was ulcerated. This was also dressed with lactic acid and healed readily. It is now one year since the epiglottis was extirpated, and the cure is maintained. The patient has increased in weight 19 kilogrammes (38 pounds), proving that his general condition is better. Dr. Hajek stated that he had already extirpated the epiglottis of three patients. The operation is easy, and there is no great danger of hæmorrhage. It is indicated in cases of infiltration or circumscribed tumors. The case proves, besides, in his opinion, that the prognosis of laryngeal phthisis is not so grave as one would suppose.—*La Semaine Médicale*, March 14, 1894.

## BERLIN MEDICAL SOCIETY.

Resection of the Intestine.—Herr J. Israel showed a woman, aged 85 years, upon whom he had operated for carcinoma of the transverse colon twenty months previously. For twenty years she had suffered from intestinal obstruction, which for two years previous to operation had become habitual. Left iliac colotomy was performed, and one year later she returned to hospital, with prolapse of the upper portion of the intestine. In this prolapsed portion hard carcinomatous masses could be felt. These were resected and were found to have their seat on the surface of the transverse colon. Several months later, after assuring himself that the intestine was permeable throughout, Herr Israel sutured the two ends and closed the artificial anus.

Herr Hahn remarked, in the discussion, that elderly women seemed to bear such operations remarkably well. He had operated upon a woman of 70 years, who suffered from intestinal occlusion, and who recovered without incident.

Herr Rotter stated that it is not his practice to establish an artificial anus in the iliac region except when the carcinoma is situated in the rectum. If it is impossible to discover the exact location he practices laparotomy, having in this way cured three patients whose condition was desperate In one of these the tumor was at the left bend of the colon and was inoperable. He made an astomosis between the ascending and transverse colon. The patient supported the operation well, dying several months later from carcinomatous cachexia.

Herr Israel agreed with Herr Rotter, but believed that the patients would oppose his methods, as an artificial anus was a source of great relief to them.—*Universal Medical Journal.*

# Progress of Science.

## OUTERBRIDGE'S OPERATION FOR HEMORRHOIDS.

By A. Ernest Gallant, M.D.,
NEW YORK.

[Written for *Matthews' Medical Quarterly.*]

In a recent number of the *Provincial Medical Journal* (Matthews' Medical Quarterly, Vol. I, page 326), Robert Jones, of Liverpool, published "a simple method of treating the wound after excising hemorrhoids," and then says he "does not intend to use the cautery again."

Believing that simplicity in operative technique is the *sine qua non* to success, Dr. Outerbridge, since 1888, has given up the use of the ligature, clamp and cautery, etc., and pursued the following plan for the cure of hemorrhoids. His experience with this operation numbers from one hundred and twenty-five to one hundred and fifty cases of all degrees, varying from the simple external "tab" to the most severe case of internal hemorrhoids, with prolapsus of the whole "hemorrhoidal inch." As a part of the general physical examination in every case which comes under his care, Dr. Outerbridge makes it a rule to explore the anal region. Later, when the patient is anesthetized, after having completed any other surgical procedure which the condition of the patient may call for, he rectifies the condition at the anus at one and the same séance.

The preparation of the patient (and this rule holds good in all cases for operation) consists of (1) the administration of a laxative on the second night preceding the day of operation,

usually resulting in a thorough evacuation of the bowels on the following day and an interval of rest of from twelve to twenty-four hours. When the above plan is carried out, the rectum will be found empty at the time for operation, and patients do not complain of pain from excessive peristalsis and rectal tenesmus; (2) in persons with excessive growth of hair, it will be necessary to cut away the excess, but it will add much to the comfort of the patient if this can be avoided, as the short hairs project into the opposite buttock and cause needle-like pain and much irritation for two or three weeks after operation.

In view of the fact, so often overlooked by anesthetists, that the sphincteric reflexes are almost the last to be abolished, the degree of anesthesia must be more profound than for any other surgical procedure. With the subject thus anesthetized, the sphincter ani must be fully dilated with the thumbs, when the hemorrhoidal mass will be brought into full view.

Thorough scrubbing of the anal region and washing the mucous membrane well above the operative field with tinctura saponis viridis and warm water appears to be the most efficient means for cleansing purposes. It is a practical impossibility to render mucous membrane aseptic, so that gross cleanliness is all that can be obtained.

For practical purposes in doing this operation we may divide the cases into two varieties:

1. Cases with only external "tabs" or with the more frequent arrangement of three tumor-like masses just inside the sphincter ani, usually considered most suitable for clamp and cautery or ligature. These may be dealt with in the following way: Grasp with a pair of thumb forceps, or insert the point of a tenaculum into the most prominent portion of the "tab" or tumor. Make enough traction at right angles to the gut to clearly define the mass. Surround it with the blades of a pair of scissors (curved on the flat) pressed well toward the muscle, and with one or two cuts the diseased tissue is removed. This will leave an elliptical raw surface, the edges of which can now be united by a continuous catgut suture. Each distinct mass is amputated and sutured in the same way.

2. Those cases where the whole "hemorrhoidal inch" is dilated and ordinarily considered as most successfully treated by Whitehead's method. These may be handled as follows: Having thoroughly dilated the sphincter, the hemorrhoidal ring will protrude from the anus. With a pair of thumb forceps grasp a part of the mass, and with the curved scissors cut away a strip of mucous membrane and hemorrhoidal tissue, down to the muscle, following the line of the muco cutaneous junction all round the lumen of the gut. A second or third strip may be removed whenever the size of the mass necessitates. If external hemorrhoids ("tabs") are also present, in order to prevent recurrence in that region, pruritus and the numerous discomforts usually following the operation as ordinarily done, a strip of skin down to the sphincter ani is removed in the same way. The free edges of the skin and mucous membrane are now brought together with a continuous catgut suture. A double stitch may be taken at two or three points in the circumference of the bowel to interrupt the sutures, and thus avoid the necessity of tying. Owing to the rapidity with which the diseased tissue can be removed and the suturing accomplished, the slight hemorrhage which occurs is at once controlled without the use of artery clamps or the necessity of ligating bleeding points. Should bleeding occur at any point immediately after suturing, an extra suture at that point will at once control it. If during the removal of the mass any vessel bleeds excessively, it can be quickly controlled by at once beginning to suture.

The excision of hemorrhoids after the manner described presents the following advantages:

1. Its extreme simplicity.
2. The instruments required are found in an ordinary pocketcase.
3. Primary union, and as a result little or no pain; no rectal or vesical tenesmus; no retention of urine; no infection; no temperature; no sloughing, granulating mass; and a minimum amount of cicatricial tissue. All danger of secondary hemorrhage is avoided; the bowels are not confined before or after, doing away with all the unpleasant effects of opium and the discomforts of enemata; the use of tubes, packing, etc., is unnecessary; there are no sutures to be removed.
4. Time; the operation requires but a few minutes.
5. Short time in bed. In cases where no other operation has been done, the patient is allowed to get up on the third day and attend to his ordinary duties.
6. Recurrence has not taken place.

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## SALOL IN DIARRHŒA.

C. G. L. Skinner (*Medical Chronicle; Atlanta Medical and Surgical Journal*). Salol is a compound of phenol and salicylic acid, containing about forty per cent. of the former and sixty per cent. of the latter. It is insoluble in water. In acid media it undergoes no change, but in alkaline fluids, and also by the action of micro-organisms, it readily splits up at the temperature of the body into phenol or carbolic acid and salicylic acid.

If, then, we give salol to a patient, it passes unchanged through the acid contents of the stomach, but on coming in contact with the alkaline pancreatic juice, splits up into carbolic

acid and salicylic acid, which thus exert their full effects on the contents of the intestines, and we have the bowel washed out with an antiseptic solution. If we take into consideration that in diarrhœa absorption in the bowel is no doubt less active than in health, and also that the micro-organisms which abound in the intestines aid us in compassing their own destruction by splitting up any of the salol which may have escaped the action of the pancreatic juice, I think we must admit that, theoretically at least, salol is more apt to give good antiseptic results than the other drugs more commonly prescribed. A further advantage is that a larger dose of carbolic acid can be given in the form of salol, owing to its non-absorption in the stomach, than if the drug itself is prescribed.

May not the local action of many other drugs on the interior of the alimentary canal be too much overlooked? Some years ago, in a paper on anemia, the late Sir Andrew Clarke, after suggesting as the cause of the disease absorption of foul gases in the intestines, gives it as his opinion that the value of iron consists, not so much in restoring the red corpuscles, as in forming an astringent lotion to apply to the interior of the bowel, thus preventing the formation of these gases. Do modern therapeutists devote too much research to dilatation and contraction of capillaries and effects on nerve endings, and too little to the immediate action of drugs on the gastro-intestinal mucous membrane?

During an epidemic of summer diarrhœa, of twenty-three cases treated with salol, only one, a child eight months old, proved fatal. In very few cases were more than three or four doses necessary, and rarely were more than one or two loose stools passed after taking the first. Ordinary catarrhal diarrhœa, due to errors of diet, diarrhœa of children, diarrhœa occurring in the course of some other disease, two or three doses seldom fail to arrest, while in the diarrhœa of tuberculosis it can generally be relied upon to give temporary relief. It has been recommended in typhoid fever, but I have no experience of its use in that disease, nor am I aware that it has been given in cholera; but it seems to be well worth a trial, and at least as likely to prove effectual as any drug yet employed.

In all these varieties of diarrhœa the good effects of salol are most probably due entirely to its direct antiseptic action on the bowel contents—destroying bacilli, controlling acid fermentation of food and the putrefactive processes. The sedative action of carbolic acid will also lessen the peristaltic movements, and so relieve pain. The dose of salol for an adult is ten to fifteen grains (best administered in a spoonful of gruel or barley water), which may be repeated every four or six hours; to a child a year old, one or two grains may be given. It is very rarely rejected by the stomach, and in the above doses does not produce unpleasant after-effects.

## RUPTURED GASTRIC ULCER SUCCESSFULLY TREATED BY ABDOMINAL SECTION AND SUTURE.

T. H. Morse (*British Medical Journal*, 1733). The patient, a young lady aged twenty, having had symptoms of gastric ulcer, was suddenly seized with pain, followed by faintness and vomiting. The pain, which was of a burning character, commenced over the region of the stomach, and gradually extended all over the abdomen. Abdominal section was performed nearly five hours after the commencement of symptoms; the contents of the stomach were found in the peritoneal cavity. The stomach was withdrawn, and a perforation found on the anterior surface close to the cardiac orifice. The organ was washed out and the perforation closed with Lembert's sutures; the stomach was returned, the peritoneal cavity washed out, and the wound united. No food was given by the mouth for sixty hours, and at the end of three weeks the patient was quite well. The author had not up to the present time seen a record of any other successful case of this kind in this country, though cases had been reported by Drs. Penrose and Dickinson, also by Mr. Gilord and Mr. Barling, and by Mr. Warrington Haward, references to which were to be found in the *British Medical Journal* of the past year.

Mr. Barwell, in the discussion, said that he had been able to find twenty-five cases on record of closing a rupture in the stomach wall, and there were at least four others. In one of the twenty-five cases there was a localized abscess close to the small curvature; this abscess was opened, and that was all that was found to be necessary. He then described Kriege's case. Mr. Barwell suggested the following points, which he thought might point the way to success: First, to operate as soon as possible; secondly, that the incision through the abdominal wall should be to the left of the middle line; thirdly, to search very thoroughly the front wall of the stomach, as in these cases the opening was for various reasons liable to be hidden by lymph, puckering, etc. He suggested that it might be advisable to introduce into the patient's stomach some colored fluid, such as coffee, for this purpose. He could not agree with Mr. Haward that it was necessary to cut away the margin of the ulcer before suturing the stomach. He thought that Mr. Morse had done very wisely in washing out the stomach, and also in eschewing antiseptics in washing out the peritoneum. Mr. Barwell had seen very good results in washing out the peritoneum with warm distilled water in restoring patients from collapse during abdominal operations.

## THE ANTITOXIN TREATMENT OF DIPHTHERIA.

The favorable reports which are being received from various quarters, of the successful treatment of diphtheria by Aronson's antitoxin, an antidote prepared from the cultivation of the diphtheria bacillus, with attenuation of its toxicity, seem to indicate that it will be classed with the great discoveries of Pasteur and Jenner. It is claimed to possess an advantage over these, however, in the fact that it not only produces an immunity from the disease, but also has a curative effect after the disease has already been contracted. The earlier in the course of the disease the treatment is instituted the better, and when the injections are made in the first few days, the reports show that the disease does not extend to the larynx, and the complications and sequelæ have been of a normal character. The dose varies from 5 to 25 C.D. (1¼-6¼ fl drs.) according to the age of the child and severity of the case, and may be repeated on the following day if necessary. The usual place of injection is in the back, below the scapula. The injections seem to be followed by no disagreeable symptoms, and in from twelve to twenty-four hours there is a fall in the temperature (often to normal) accompanied by marked improvement in the general condition.

The most extensive tests of this new treatment have been made in the Kaiser Freidrich Children's Hospital, where 1,081 cases of diphtheria had been treated by the usual methods, with a mortality of 38.9 per cent. Some months ago the antitoxin treatment was begun there, and since that time 128 cases have been treated by this method with a mortality of 13.2 per cent. Dr. Katz also reports having inoculated 72 children exposed to the disease, and of these only 8 were attacked, and so slightly as to be free from evil consequences.

One great disadvantage in the employment of antitoxin is that it is very expensive, and this places it beyond the reach of poor people, unless the municipal and State sanitary authorities come to their aid. In New York City, this will probably be done at an early date, as Dr. Herman Briggs, bacteriologist of the Board of Health of the city, has recently returned from Berlin, where he has been studying the manufacture and results obtained by the use of the remedy, and has reported so strongly in favor of it, that the Board of Health has asked for an appropriation in order to enable them to undertake its manufacture.—*Medical Fortnightly*.

## THE CAUSE AND PERCENTAGE OF MYOPIA.

At this season of the year, when our school children are flocking home with bright eyes and healthy cheeks, from country, mountain, lake and sea; when the house is being ransacked from top to bottom in search of the school books which were so gladly thrown down in the early summer; when teachers and scholars alike are preparing for another year of arduous work, it seems a fitting time to offer some suggestions as to the cause and prevention of myopia. The ground upon which we base our remarks is as follows: We know that myopia is an acquired disease or condition, occurring ordinarily during school life; that as the children advance in grade, the number of myopes increase. According to Fuchs, about 20 per cent. of the German students are myopic in the lowest classes of the high schools, and about 60 per cent. in the highest classes.

Countless monographs have been written attempting to prove that the arrangements in schools, the light and air space, height of benches and desks, print of books, etc., are important factors in the production of myopia.

While admitting that badly lighted schools, etc., aggravate the tendency toward myopia, we must evidently look elsewhere for the cause, since we find that the greatest increase in myopia occurs in our high schools, colleges and universities, buildings which are as perfect as money or science can make them. Where, then, shall we look for the cause? Let us study, for a moment, the school life of a child from the day it is thought old enough to go to school until the day of graduation. The first years of school life are regarded by the child as so many hours of hardship, hours cut off from play. The little dears may seem much occupied with their lessons, but the girl is thinking of her doll, and the boy, of his top and marbles.

When the bell rings for recess or at the close of the session, the books are shut as quickly as the laborer drops his shovel at knocking off time. So it is safe to say that the children are not ruining their eyes at this period of the school work. But the years pass, and as the scholars advance in grade the studies become more difficult, the thirst for knowledge increases, the children become ambitious and find the school hours all too short to master their lessons. Then they carry a book home so that they can do a little work after supper.

The father and mother praise them for their diligence, instead of sending them to bed. It is at this time we notice the development of myopia. We now reach the high school, and find every one under high pressure. The amount of work required necessitates closer and closer application during school hours, and an ever increasing amount of work to be done at home. This persistent use of the eyes, often by dim light, without proper intervals of rest, overtaxes the eyes and furnishes fitting soil for the rapid increase of myopia.

The means by which we may hope to prevent the development and retard the progress of myopia are clear, and can be summed up in a

few words. We must insist upon proper intervals of rest for the eyes, and allow the children a liberal amount of play time. To this end lessons should be studied, as much as possible, during school hours, and night work at home should be discouraged. Possibly we can all recall the tired parent saying, as he settles down to his paper after supper: "Now, boys, get your books, and don't let me hear a word out of you, or off you go to bed."

Let the boys have a good romp, and if you possibly can, romp with them, and then after they have been tucked away in bed, you can enjoy, all the more, a quiet chat with your wife or peruse your paper in quiet and peace. And when they grow older and enter the high school or college, see to it that they do not burn the midnight oil, do not overtax the eyes, for as long as they do it, they do damage to the eyes, whether they study in a badly arranged school or in one of our great universities.—*Medical Fortnightly*.

## A NOVEL WAY OF GIVING AN ENEMA.

Dr. George Ross reported the case of a man recently under his observation, who had just died from peritonitis, caused by the bursting of the bowel. It seems that he had been in the habit of attaching his syringe to the faucet in the bath-room, and allowing the water to flow into the bowel with all force in the water pipe. He had practised this novel method of taking an enema for years, but went too far this time. A post-mortem revealed the conditions above stated.

## LOWERED DUTIES ON DRUGS.

The Senate tariff bill lowers the duty on a number of drugs, that on castor-oil being reduced fifty-six per cent. below the rate under the McKinley law, and that on epsom salts thirty-four per cent. Other reductions are, thirty per cent. on cod liver oil, fifty per cent. on bicarbonate of soda, twenty per cent. on sublimed sulphur, eighteen per cent. on refined camphor, and twenty-five per cent. on strychnine. The duty on spectacle lenses is reduced from sixty to thirty-five per cent. ad valorem, a decrease of nearly forty-two per cent.

## A SUCCESSFUL WARFARE.

In *The Journal* of the 15th Oct., it was announced that the Illinois State Board of Health had begun a vigorous warfare on the itinerant nostrum vendors, "who annually fleece the people of the State out of a sum estimated at more than $300,000, by means of brass bands, concert troupes, alleged Indians and other mountebank attractions." At the recent meeting of the Board, October 1st to 2nd, the Secretary, Dr. J. W. Scott, reported that there was not a single one of these concerns now doing business in the State; prosecutions had been begun simultaneously in every one of the 102 counties where these itinerants were found, some half dozen convictions were secured, and the rest folded their tents and stole away—not silently, but with loud and picturesque profanity directed against the Illinois law and its enforcement.

## MEDICAL OPINION AS TO THE USE OF OPIUM AMONG THE CHINESE.

Dr. Duncan Main, Physician-in-chief of the large Mission Hospital and Opium Refuge at Hang-Chow, gives in his annual report, lately published, his adverse opinion of the evils of Chinese opium smoking in very clear terms. The paragraph here quoted refers chiefly to his observations at the Refuge for opium users who apply for treatment: "During the year, ninety-seven who came to us seeking to be relieved of the debasing habit received our kindly help. The number included all grades of society and all classes of men. My opinion about the evil effects of opium smoking is unaltered. No one in his sober senses can say anything in its favor, unless he talks nonsense. We never come across an opium smoker or a non-opium smoker who has anything to say in favor of the habit, and if it were such an innocent affair as some advocates of it try to make us believe, surely we who live among the people from year to year would find it out I think far too little is made of this most important fact. Surely the voice of the people should be listened to, and the testimony of those who have paid flying visits to opium-smoking countries and gathered their information through interpreters should be discounted. Many, I fear, are influenced by pecuniary or personal motives, and some, no doubt, take up the cudgels for it, because missionaries are its chief opponents. To me it seems an utter impossibility for any one who lives among the Chinese, speaks their language, knows their lives, and mixes with them from day to day, to do anything else but condemn the base, cruel and demoralizing habit. It affects the Chinaman's person, principle and purse, damages his constitution, degrades his conduct and drains his cash, and in many cases leads to ruin and destruction of body and soul.

## FIVE CASES OF GONORRHŒA IN LITTLE GILRS.

By John Lovett Morse, A.M., M.D.,

Physician to Out-Patients at the Boston City Hospital and at the West End Nursery and Infants' Hospital.

The following five cases of vulvo-vaginitis were observed during my service at the West End Nursery this winter. The presence of the gonococcus was demonstrated in all. No non-specific cases were met with during this period.

Florence H., five, was seen January 22, 1894. She had had a vaginal discharge for a week, and the external genitals were considerably inflamed and excoriated. No pain on micturition. She was an only child, and slept with her parents. After some difficulty it was ascertained that her father was then under treatment for gonorrhœa. The mother denied infection.

Gladys B., five and three-quarter years, came under observation March 10th. She had had a very profuse discharge from vulva, much pain in micturition and pain in back for ten days. Her general health had also somewhat deteriorated. External genitals were very much inflamed and excoriated. Under treatment the urinary symptoms ceased in a fortnight and the external irritation in a month. The discharge did not entirely cease, however, until three weeks later. Two young men boarders, who used the same bath-room and sometimes the same towel, on being questioned, refused to answer, and left the house. The child denied that she had been tampered with.

Antoinette H., two, began to have a purulent discharge about the middle of March, with much pain on micturition. When first seen, a month later, the discharge had almost ceased, but micturition was still very painful, the urine often being retained eighteen or twenty hours on this account. The external genitals were considerably inflamed, although the discharge was almost nil. No clue to the origin of this case could be obtained.

Alice R., five, was brought to the nursery on May 9th. She began to have a bloody, purulent discharge about the middle of February, the blood ceasing in a month. There was a moderate vaginal discharge at the time of examination, but the external genitals were but little inflamed. Micturition had been painful during the first month. Her general health had suffered somewhat. The probable source of infection in this instance was an older sister with whom she slept.

Irene M., two and three-quarters, complained of pain on micturition on May 7th. On examination her mother found that she was a little "chafed." The next morning she noticed a greenish discharge. The child complained of a great deal of pain about genitals and in lower abdomen. When seen, May 11th, the genitals were very much inflamed and there was a profuse creamy discharge. Pain on micturition and external irritation were subdued in ten days, the discharge ceasing in about three weeks. No source of infection, at home or abroad, could be discovered in this instance.

The occurrence of so many cases in so short a time goes to show that gonorrhœa is certainly not uncommon in children, and the fact that no non-specific cases were met with would seem to prove that vulvo-vaganitis in children is in the great majority of cases of gonorrhœal origin. They also show the difficulty or even impossibility of obtaining a history of the infection in many cases, and hence the importance of bacteriological examination of the discharge in every case. In this way alone can a positive diagnosis be made. It is to be noted also that the urethra was usually involved and that the subjective symptoms were largely due to this. The external irritation was not, as a rule, very marked, and was easily controlled. The vaginal inflammation, however, was only overcome after some time and trouble, but gave rise to no symptoms other than the continuance of a slight discharge.—*Archives of Pediatrics.*

## IN DERMATOLOGY.

By M. B. Hartzell, M.D.,

Instructor in Dermatology in the Medical Department of the University of Pennsylvania, Philadelphia.

Case XXV.—*Erythema Multiforme.*

Marie E., thirteen years of age, presented herself at the Skin Dispensary of the University Hospital with an eruption consisting of shot to pea-sized, bright-red papules, for the most part discrete but in a few places confluent, situated upon the extensor surfaces of the wrists and forearms and upon the backs of the hands. The eruption was attended by slight itching, and had appeared three days before the patient's visit to the Dispensary. A saturated solution of boric acid was ordered to be applied several times a day for the relief of the mild pruritus; no internal treatment was considered necessary. Upon the patient's return three days later the eruption was much paler, and within a week had completely disappeared. Eighteen months later the patient again presented herself with a new attack, which differed in no respect from the first one.

In most cases of multiform erythema active treatment is not necessary, since there are few or no subjective symptoms, and the eruption disappears spontaneously in one to three weeks.

The disease is one readily recognized, but might be mistaken by the inexperienced for papular eczema; it differs, however, from this affection by the bright-red color of the lesions, their larger size, and the absence of severe itching.

Case XXVI.—*Ring-worm of the Scalp.*

E. C., a boy aged five, was brought to me for advice concerning a disease of the scalp characterized by the presence of numerous dime to dollar-sized, circular patches partially devoid of hair, and covered with fine grayish scales. While the greater number of these patches were pale, a few of the larger ones were red, and dotted here and there with small pustules. Upon close inspection numerous

short, broken, dry, lustreless hairs were to be seen which could be readily extracted with the forceps. Examination of these hairs with the microscope revealed large numbers of the spores characteristic of ring-worm. The disease was of several months' duration, and was still spreading, The following ointment was directed to be rubbed into the diseased portions of the scalp once a day with considerable friction, the hair having previously been cut short :

℞ B. Naphthol.........ʒi.
Petrolati. .........ʒvii
M.

In addition, the entire scalp was to be thoroughly washed every second day with hot water and a superfatted soap containing sulphur and salicylic acid. Under this treatment, which was most faithfully carried out by the child's attendants, improvement was immediate and continuous, and at the end of three months the hair was growing vigorously and no new patches were to be found. As a precautionary measure, however, the treatment was directed to be continued for another month or six weeks.

Ring-worm of the scalp is an unusually obstinate disease, and only yields to the most vigorous treatment intelligently pursued. Unless the applications are well rubbed in so that the hair-follicles are penetrated, good results are not to be hoped for from any form of treament.

Case XXVII.—*Eczema Rubrum.*

J. B., a boy three years of age, was brought to me for the treatment of an eczema of the face and hands which had existed for a year or eighteen months. In the face the disease was limited to the cheeks, which were bright red, oozing abundantly ; the hands were less acutely inflamed, the skin being thick and covered with crusts. The itching was intense, occurring in paroxysms during which the little patient was uncontrollable, and scratched his face until it was raw and bleeding. Ointments many and various were prescribed from time to time, but these not only failed to improve the condition of the skin but invariably increased the itching, so that this form of treatment had to be abandoned. The local treatment was finally limited to the use of lotions, and of these the familiar calamine lotion proved of great service during the moist stages of the disease. When the oozing had ceased and the skin had grown paler, a lotion containing five drops of the liquor carbonis detergens to the ounce of water was used with decided benefit, relieving the itching and lessening hyperæmia. After several months of patient and careful treatment, which was practically limited to the employment of the above mentioned lotions, varied in strength according to circumstances, a cure was effected.

As a rule, ointments are far more serviceable in the treatment of cutaneous diseases than any other form of application ; but, as the foregoing case illustrates, occasionally facts of every kind disgree. In such cases we must limit ourselves to the use of lotions or the gelatine preparations devised by Unna and others ; and although these often succeed admirably, yet they can scarcely be regarded as entirely replacing greasy applications in effectiveness. Patients in whom this idiosyncrasy exists are apt to require long treatment and careful discrimination in the choice of remedies.—*Archives of Pediatrics.*

## TIPPLING.

The Catholic School Commissioner for the Province of Quebec, Prof. Brennan, of the Laval University, and a prominent practitioner of Montreal, in an address before the American Public Health Association last week, said that from his medical experience he was in a position to say that in women the habit of tippling was far more prevalent and disastrous than is imagined; within the last four months he had seen four women, each the mother of several children, and moving in good society, die from the effects of chronic alcoholism. Dr. Brennan's experience can be duplicated by, probably, four out of every five general practitioners in the United States,—not among women alone, but far more frequently. among men. And no wonder when, as shown by the figures of the Internal Revenue Commissioner for the year 1893, the sixty-five odd millions, comprising the population of this country, consumed 88,777,187 gallons of alcoholic spirits and 1,054,785,276 gallons of beer during the year. These gallons would make more than 6,000,000,000 drinks of whisky and nearly 13,000,000,000 glasses of beer, for which there was paid to the barkeeper $1,226,258,000. The naked figures are sufficiently eloquent of the resultant amounts of misery, disease and premature death.—*The Journal Am. Med Assn.*

## IN OTOLOGY.

By J. Oscroft Tansley, M.D.,

Assistant Surgeon to the Manhattan Eye and Ear Hospital New York.

Case XI.—*A Unique Foreign Body in the Ear.*

January 16, 1892, P. M., age five years, was brought to me by his mother, who was in a very nervous condition, saying that he had lost a valuable diamond in his ear, and she wished me to extract it. She said that she permitted him to examine and play with her jewelry at times, to amuse him, and that the day before, while playing with one of her rings,

the stone had disappeared, and he said it was in his ear. She examined the ear and saw it glisten, and tried to extract it, but failed, and pushed it in out of sight.

She seemed fully as solicitous about her diamond as about his hearing, and was anxious to have me succeed in its extraction. I chloroformed the boy, and by the use of a fine fenestrated non-cutting curette, carefully passing it above and behind the stone, and using delicate traction, first upon one side and then upon the other, I soon had the diamond in my hand. It certainly was a brilliant one, but I did not test for its purity.

The drum was not injured in the slightest, and the canal had only one abrasion, and that was of little importance. There was no after-trouble.

Case XII.—*Suppurative Mastoiditis from Suppurative Otitis Media.*

April 30, 1894, W. K., age two years, has had a discharge from the left ear for about a month, caused seemingly by teething; did not have much pain or annoyance, and was as usually playful during the day. Ten days ago he began to complain of the left ear when touched, and would cry when it was washed or pressed in any way, and would not lay upon that side. It soon became swollen and red behind, and the ear was pushed forward and outward very markedly, and this it was which caused the mother to bring the child to me. The tenderness—which was not very marked—and the swelling behind the ear was of but little consequence to them, because it was evidently the result—so they said—of his teething; and the discharge from the ear was to them also but a simple matter, because "teething children were apt to have discharges from the ears." So they contented themselves with occasional injections of chamomile tea; but the unseemly appearance caused by the ear standing out so from the head was of great importance, and my assistance was sought for a cosmetic purpose rather than a medical one.

Examination showed the canal full of bloody pus, and when this was cleared away, a perforation was found in the drum posteriorly. The mastoid was largely swelled from the apex to well upon the temporal bone. Fluctuation was present, but the tissues were so densely swelled that it was difficult to decide positively upon fluctuation. The parents were extremely shocked when I told them of the immediate necessity for operation; but when I pointed out to them that this swelling was really the same as a "fever sore" upon the leg, they at once permitted me to do what was necessary.

I chloroformed the child, and then made an incision from the apex of the mastoid upward to the level of the pinna, and following the general direction of the curve of the auricle. The cut was two and a half inches long, and fully one and one-quarter deep. I liberated about three drachms of laudable pus, and was able to pass the probe through a small opening into the antrum mastoidius. The wound was tented with iodoform gauze and covered with a poultice, oil silk, and bandage—and the directions were to change the poultice every two hours and syringe the ear with water as warm as can be borne at the same time.

May 1st.—The child seems much improved. There is no dischage from the ear, but a copious one from the wound. Directions were to continue as before with poultice and douche, removing and replacing the tent with a new one twice daily.

May 17th.—The child has been seen daily, and the wound has been probed and tented to prevent healing at its external lips and to insure granulation from the bottom. The tents have been gradually forced outwards by the granulations, and to-day it is impossible to insert one, the wound being filled and is rapidly cicatrizing. The poultice has been to-day discontinued, and replaced by a fold of iodoform-gauze, and instruction given to daily lessen the amount of dressing and bandage. The perforation in membrana tympani is entirely healed, and there has been no discharge from it since the second day after the operation.—*Archives of Pediatrics.*

## SEPTICÆMIA DURING SCARLET FEVER, IMPLICATING SEVERAL JOINTS AND CAUSING NECROSIS OF THE CLAVICLE.

The patient was a girl, six years old, and the scarlet fever ran an ordinary course, until during the second week, when she developed a purulent otitis on both sides. The next week the temperature suddenly went up to 105.2° F., and the phalangeal joint of the right great toe became swollen; and the next day the right elbow joint and the right hip were in the same condition,—swollen and painful. All three joints were opened and creamy pus evacuated, and all three joints eventually became anchylosed. Abscesses also formed underneath the periosteum of both mastoid processes, and about this time, without any abscess appearing, the sternal end of the left clavicle became prominent and ulcerated through the skin. This end of the clavicle became necrosed, and was finally removed. The child eventually recovered with an anchylosed elbow and hip, and a clavicle that is shorter and more irregular than the right one.—*Duncan Macartney* (*Glasgow Med. Journ.*).

## FOREIGN BODY IN THE ŒSOPHAGUS.

A child, four and a half years old, was brought for relief from suffocative symptoms following the swallowing of a copper cent. As

the urgent symptoms quickly subsided, it was thought best not to interfere actively, and simple measures were therefore taken to favor the descent of the foreign body and to expedite its expulsion from the bowel. Four days later, suffocative symptoms again appeared, and the child complained of a sensation of discomfort in the chest. This passed off, and nothing more was noticed for another forty-eight hours. The coin could be felt at the junction of the lower and middle thirds of the œsophagus, and before resorting to an operation it was determined to attempt to dislodge it. A small sized sound was introduced into the stomach, and through it was passed a four-ounce mixture of syrup of ipecac and water. During the emesis thus provoked, the sound was gently withdrawn, and the coin catching in its edge was dislodged and expelled with the vomited fluid.—*Felizet* (*Le Bulletin Medical*).

## IGNIPUNCTURE IN TUBERCULAR ARTHRITIS.

The treatment of tubercular joint disease by intra-cellular ignipuncture was formerly in common employment, but was difficult of application, owing to the fact that it was necessary to use the actual cautery with thick points. Now, however, the thermocautery and electro-cautery, with their finely pointed tips, make the operation one of such ease of execution that the writer urges its revival in the therapeutics of articular affections. He reports eight cases, children from two to six years of age, treated in this way. In five of these cases a complete cure was obtained in from four to five months, and the remaining three, though not yet cured at the time the report was made, were in such a good condition that there was every reason to look for a favorable result. Kirmisson insists upon the absolute necessity of beginning the treatment by ignipuncture in the early stages of the disease while the skin is still intact and before abscesses have formed and opened, leaving fistulous tracts. In cases of local tuberculosis, in which abscesses had formed or been opened, the results of this mode of treatment were not nearly as favorable as in the cases here reported.—*E. Kirmisson* (*L'Union Médicale*).

## SUPPURATION OF THE MIDDLE EAR DUE TO A COFFEE BEAN IN THE NOSE.

The patient, a girl three years old, had a running ear for two months, which appeared one month after a purulent nasal discharge from the left side. A coffee bean was found in the left nostril. This was removed, and all the symptoms promptly disappeared. In four days there was no trace of pus in the ear, and the discharge from the nose had nearly stopped. In a week the nasal discharge was normal. The almost immediate cessation of the aural discharge after the removal of the irritating factor shows the importance of carefully examining the nose and naso-pharynx in all cases of aural disturbances.—*M. D. Lederman, New York* (*Med. Rec*).

## THE METHOD OF BRAND IN THE TREATMENT OF TYPHOID FEVER.

"If the diagnosis of typhoid fever is probable, recourse should be had to the baths, whatever may be the symptoms. The full tub should be placed in the ward or chamber, parallel to the bed, at a distance of one or two metres, the floors properly protected by oilcloth, and a screen placed between the bed and the bath-tub. A sufficient quantity of water should be used to cover the patient's body to the neck. It should be of a temperature of from 64.4° to 68° F. (18° to 20° C.). The baths should be prepared without disturbance or noise. There should be placed on the floor, near the head of the tub, two pitchers of cold water of a temperature of from 46.4° to 50° F. (8° to 10° C.), each containing four or five quarts (litres). A glass of water should be at hand. The first bath should be given preferably about four o'clock in the afternoon, unless there is some urgent reason for selecting a different hour, and the physician should be present. The rectal temperature is taken, the urine is voided, and the patient is assisted into the full tub, the screen having been removed. If there is perspiration, the patient is dried before entering the bath. Cold water from the pitchers is poured upon the head and the back of the neck for one or two minutes, the amount being from two to three quarts (litres). Then a swallow of cold water or red wine is given. This being done, the whole surface of the body is briskly rubbed with a sponge or brush, and the patient is made to rub his abdomen and chest. These frictions stimulate the peripheral circulation, prevent the accumulation of heat at any one point, moderate the sensation of cold, and help to pass the time; they are not indispensable. Shivering appears, as a general rule, in between eight and twelve minutes; this is a necessary evil, to which too much attention is not to be paid. Toward the middle of the bath, or at its termination, cold water is again poured over the head and neck. The time occupied ought to be at least fifteen minutes, longer if the head is still warm and the cheeks red, or if the temperature of the patient was very high before the bath.

"The patient should leave the bath without precipitation. He cannot take cold; thoracic complications are caused by typhoid fever and not by chilling. The air of the apartment

should be pure and not too warm; the window should be opened in the intervals between the baths; during the bath it ought to be closed. On leaving the bath, the patient should be gently dried with a towel. The bed should be carefully made during each bath. If on returning to the bed shivering takes place, the limbs should be rubbed and a hot bottle placed at the patient's feet. A cold compress, covered with oil-silk or flannel, should be placed over the abdomen, and a little warm nourishment administered. It is not necessary to renew the water of the bath every three hours; once in twenty-four hours is sufficient. As a rule, the patient should pass his water before entering the bath.

"Three-quarters of an hour after the bath, the rectal temperature should again be taken. If, however, it is found to be below 101° F. (38.5° C.) it is not necessary to take it again for three hours.

"Alimentation should consist of the following articles: Milk diluted with coffee or tea or cocoa (a quarter of a litre at each administration); thoroughly cooked gruel, oatmeal, tapioca, or vermicelli; veal, mutton, or chicken broth freed from fat when cold and reheated at the moment of administration. As a drink, pure cold water should be given; the indication for wine or spirits is urgent only in cases that are subjected to this treatment late in their course. If the patient, does not sleep or sleeps badly, he is to have a draught of iced water, and the abdominal compress is to be changed every quarter of an hour. The discharges from the bowels are to be preserved for inspection, and the total quantity of urine may be collected in the same vessel. Neither age, sex, menstruation, pregnancy, nor sweating (except that which occurs at the end of defervescence) in any way modifies the treatment. In women who are weaning their children, cold compresses should be applied to the breasts, and frequently renewed. If diarrhœa persists, it is to be combated by cold compresses, which may be kept cold by the aid of a bladder of ice. If there is constipation, it is to be treated by cold enemata; and if these fail, by enemata consisting of one part of cold water and one part of fresh ox-gall.

"When the temperature before the bath is very high, or if the fall forty-five minutes after the bath is less than 1.8° F. (1° C.), the bath must be prolonged to eighteen or twenty minutes. It is very rarely necessary to modify the general formula. After the temperature does not exceed 102.2° F. (39° C.), but yet reaches 101° F. (38.5° C.), it is necessary to treat these slight exacerbations by baths 68° F. (20° C.), and of five minutes' duration, in order to prevent the prolongation of the fever or the occurrence of relapse, and to shorten convalescence. If relapse occurs, it must be treated according to the general formula. When the temperature no longer exceeds 101° F. (38.5° C.), defervescence being established, the baths are discontinued, and the patient should be treated as convalescent, but is to be kept in bed until the temperature has not exceeded 100.4° F. (38° C.) for four days. He may then rise, and in a short time walk in the open air; he may prolong his promenades according to his strength, and one will be struck by the rapidity with which his strength increases after every outing. Proper precautions are to be taken against cold. As to alimentation, already during defervescence there may be added to his soup, milk, or bouillon either one or two raw eggs daily, or, a little later, one or two teaspoonfuls of scraped raw meat or a little toasted bread or biscuit, but the aliment must always be given in liquid form."—GLÉNARD.

## NITRATE OF STRYCHNINE IN ALCOHOLISM.

From the results obtained in twenty-five cases, we can learn that, simultaneously with the use of this remedy, the craving for alcohol in inebriates diminishes, and in a few days is completely gone, and through the withdrawal of the poisonous beverages and the tonic effects of the strychnine there is a more or less rapid restoration to sound physical health and of the mental powers; but as most of those treated have relapsed within from one to eleven months, the inhibiting power of the remedy is not permanent, and while it temporarily relieves the distressing and overwhelming craving for more stimulant and promotes a return to normal health, in which condition the patients may continue to remain, yet they still lack the necessary will-power to enable them to avoid the dangers which they know will precipitate a return to their previous enslaved and degraded condition. So that, while it is fully within the power of medical science to restore these patients to temporary health, strychnine does not —as doubtless no drug treatment ever will— prevent the possibility of further relapses, although we can always depend on it to arrest what would be a prolonged debauch if its aid is early resorted to. That weakened will power is a result of a prolonged use of alcohol is generally conceded, as is the fact that the tendency to alcoholism is in a large percentage of cases inherited, and it is often, as dipsomania, one of the manifestations of insanity; that a definite series of pathological conditions follows the continued indulgence in alcohol, differing only in degree in the case of the milder methyl to the powerful effects of amyl alcohol, the nervous system showing the earliest and most marked disturbance, although every organ and tissue in the body eventually suffers. These and many other facts have led neurologists to

place alcoholism as a distinct disease among the neuroses.

This position implies a complete revolution in the methods of treating these cases, and has brought to the aid of philanthropists and moralists the assistance of the medical profession, upon whom now devolves the duty of further elucidating the true pathology of the disease and indicating the best means of restoring this numerous class of patients to a normal condition.

That the urgent demand for relief from the evils of intemperance is being recognized by the profession is evidenced by the increased interest taken in the work of the American Association for the Study and Cure of Inebriety, and in the Section for the Study of Inebriety of the British Medical Association, and by an ever-increasing number of scientific investigators throughout the world.

Before rational and effective measures can be adopted for the proper management of inebriety, we must have correct opinions in regard to the physiological actions of alcohol and the pathology of the disease; otherwise we must trust to the empirical results of experience.

The chief action of alcohol, then, is to paralyze the vaso-motor system, dilating the arteries. Strychnine, besides exalting the excitability of the spinal cord, and probably the motor centres in the brain, stimulates the vaso-motor centres, contracting the arterioles, as well as being one of the most efficient heart tonics through its stimulating effects on the cardiac ganglia.

While we have in strychnine a true antagonist to the action of alcohol and one that will counteract its effects, the inebriate still requires aid which can scarcely be expected of drugs; he needs the mental and will-power to overcome his acquired or inherited tendency to resort to narcotics. This must come from treatment which seeks first to restore all the abnormal conditions of the patient, whether due to alcohol or otherwise; then strict abstinence must be maintained, the patient being aided by moral suasion, the diversion of continual employment, and the education of the mental and moral faculties to a higher status; even the influence of hypnotic suggestion may be applied in suitable cases, as has been done recently with a fair measure of success; and, where these means fail, then institutions where voluntary or forced detention can be secured, and where all the present known means can be most successfully applied, must be the only hope of restoring the unfortunate subjects of narcomania.—*Therapeutic Gazette.*

## TIC DOULOUREUX.

Dr. Jarre presented a report on the causation and treatment of tic douloureux of the face. His conclusions are as follows (*La Tribune Médicale*):

1. The disease known as spasmodic neuralgia, epileptiform neuralgia, tic douloureux of the face, etc., is due to a peripheral lesion seated in the terminal extremities of the fifth pair.

2. The exact and invariable seat of this lesion is a more or less extensive portion of the alveolar border of the upper or lower jaw, which is the seat of a cicatrix consecutive to former accidents of different kinds.

3. The intracicatricial location of the original lesion brings tic douloureux into the same category as the neuralgia of the toothless, and the neuralgia affecting the stumps of amputated limbs, both of which are also of cicatricial origin.

4. The rational treatment of tic, therefore, ought to consist purely and simply of the ablation of that portion of the alveolar border comprising the original seat of the disease.

5. The ablation is done by first incasing the soft parts with the galvano-cautery knife, removing the alveolar border by the bone forceps or saw, and subsequently rasping the wound in the bone.

6. The operation is not at all grave; the wound dressed antiseptically heals, ordinarily, in a few weeks without complications.

7. The results so far obtained give reason to hope that we are now in possession of a simple, rapid and harmless means of curing tic douloureux, a disease which, up to the present, has been classed with incurable diseases.—*Dominion Medical Monthly.*

## A BLOODLESS OPERATION FOR HEMORRHOIDS.

Manley (*Boston Medical and Surgical Journal*, February 1, 1894) describes his bloodless method of treating hemorrhoids. A brisk purgative is given the evening before the operation. Before operating, two to four ounces of whiskey are administered, and effective cocainization applied hypodermically. Anal dilatation, gradual and steady, without rupture of the muscle, is done, and, after drying and mopping with cocaine solution, each hemorrhoid is separately seized, close to its base, firmly between the tip of the thumb, index and middle fingers. It is put on full stretch, then twisted, and finally so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except the mucous membrane and its under stratum of fibrous tissue. The mass is then returned, and an opium suppository introduced. He has treated thirty-two cases in this way with perfectly satisfactory results.

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MONTREAL, DECEMBER, 1894.

## WHO OWNS THE DOCTOR'S PRESCRIPTION?

One would hardly think that this question could come up again after having been decided in favor of the patient by the courts. It is true that quite recently a judge in New York has ventured to decide, contrary to precedent, that the prescription was only good for one package of medicine, and was not transferable; but we doubt whether, if his decision should be taken to appeal, the higher courts would not reverse it, and decide, as it has generally been decided, that once the doctor has allowed the prescription to pass from his hand he has no further control over it. Such is also the opinion of leading lawyers in this city, and it appears to be the opinion of the public and of most, though not of all, the druggists. It matters not whether the patient has ever paid the doctor for the prescription or not; it matters not whether the prescription contains opium or other drugs which it would not be for the welfare of the patient to continue taking; it does not even matter whether the druggist dispenses it to his regular customers, who thereby save the expense of consulting the doctor, who, however, has no other means of obtaining his livelihood unless by the consultation fees of these very patients; the patient has the right, which is constantly being exercised, to not only cure himself but also to cure a hundred of his friends with this one prescription. What difference does it make whether the doctor receives anything for his services or not to these ninety-nine suffering citizens? They want to be cured cheaply; their friend has the prescription, and the druggist is paid for his medicine, and both these parties are satisfied. It does not seem, however, that the doctor is quite so well pleased, for an association has lately been formed in Montreal to protect the interests of the physicians, and this association has among other things decided to ask for legislation to prevent the druggist from filling a prescription more than once. In referring to this matter editorially, the Toronto *Mail* voices the opinion of the public when it says: "The result of this would be to increase materially the receipts of doctors, since it would be necessary to pay for a fresh prescription each time the medicine was required to be duplicated. If such a proposal is entertained, which is extremely unlikely, it might as well be abandoned, since the legislature would not consider it for a moment." We quite agree with our laycontemporary. Any doctor who thinks himself aggrieved by a patient, who has paid him nothing for his prescription, magnanimously handing it around to all his friends, without even mentioning the good doctor's name to them, has the remedy, and a very simple one, in his own hands. This is nothing more or less than to stop writing prescriptions. The prescription has been grossly abused by both patients and druggist; and when a doctor finds that he is prescribing himself out of practice, he had better stop prescribing. His mission on earth is to relieve suffering and to prolong life; how he best may fulfill it is a matter for himself to decide. For the busy physician who has no time to eat or sleep, it is certainly a great convenience to send his patients to the drug store to get their medicine, and it makes very little difference to him if a few hundred intending patients are thereby enabled to dispense with the formality of paying him a fee. But this is apparently not the case with the doctors of this Association, who are grumbling at the loss of practice by the druggists repeating their prescriptions, not only to their patients, but to the public generally. They seem to think that considering that they attend hundreds of people for nothing who are too poor to pay, they should at least receive a modest fee for curing the young man with gonorrhœa who has spent a hundred dollars or more in painting the town red and contracting his disease.

Every physician can recall at least a score of cases in which the patient has tried the drug store first before consulting the physician. In justice to the druggists, it must be said that the public tempt them to do this thing, in some cases the latter being astonished and angry because the druggist refuses to treat them or repeat their prescriptions. If the doctor does not care to give his own medicine, he might arrange to send his prescriptions to those druggists who would bind themselves not to repeat or give copies of prescriptions. We have no doubt that some arrangement could be made by which the evil might be overcome without doing anything so absurd as applying to the legislature.

## THE MURPHY BUTTON.

About a year ago Dr. Lapthorn Smith brought the Murphy button before the notice of the Medico-Chirurgical Society of Montreal, when its application to end-to-end and lateral anastomosis was demonstrated on pigs' intestines. The members were favorably impressed by the rapidity with which the operation was performed, as well as by its simplicity, and since then two of the members, Drs. Shepherd and Jas. Bell, have employed it in several cases with very good results. Two of these cases have been seen by the writer several weeks after the operation, and they were quite convalescent, although the button had not then passed per rectum. This, however, was a matter of very little consequence, the button being sure to pass in time, although in many cases it requires several weeks to become detached. At the last meeting of the Medico-Chirurgical Society, Dr. James Bell reported three cases in which he had employed this ingenious device, two of the cases making good recoveries, but the third dying from dropping out of the button before union had become complete. On the whole, he spoke very highly of the value of the instrument. Means will probably be found to prevent this accident from recurring, either by going farther into healthy bowel to avoid the chance of anastomozing intestine which has lost its vitality, or by running a silk suture around the joined edges after the button has been inserted, so as to hold the serous edges together; even if adhesions failed to form between the cutting rings. During a recent visit to Toronto, Dr. Murphy called attention to a number of buttons which were being sold by dealers which were full of dangerous defects. We have seen some of these defective buttons in Montreal which were made in England by a man who failed to grasp the idea of the button, for there was no collar projecting around which the intestine ends were to be drawn. Such a button could not be used successfully. It is only fair to an instrument or to the man who invents it that the genuine article be employed, and after failure it is evidently unjust to condemn his instrument or his method when some entirely different method or instrument has been used. The Murphy button has, we think, come to stay, and greater familiarity with its working will probably render it more and more useful and safe.

## THE ANTI-TOXINE TREATMENT OF DIPHTHERIA.

It is a pretty generally accepted fact that people who have had a zymotic disease rarely have it a second time, and even if they do, the second attack is much milder than the first. Why is this the case? Some change has taken place in the blood which renders it an unsuitable soil for that particular germ. Lady Montague applied this principle by inoculating healthy people with smallpox serum, in order to give them a mild form of smallpox which would protect them from a second attack. Sir William Jenner discovered that smallpox virus, after passing through several generations of cows, became much weakened, so that inoculation with it was far less dangerous than with the original virus. Koch and Pasteur discovered that the same law applied to cholera and tuberculosis, and although the latter has not proved so valuable as it was at first claimed for it, it promises that at some not far distant time it will yet fulfill the claims which its inventor has made for it. More lately, pupils of Koch and Pasteur have been experimenting with diphtheria virus, and have made the remarkable discovery that by inoculating the horse with diphtheria bacilli, and thus giving it the disease, the serum of that horse has an antidotal effect upon the diphtheria bacilli when the serum is injected into the infected patient's blood. It acts as an antidote, and is therefore called anti-toxine. The

*modus operandi* is quite comprehensible if we take alcoholic fermentation as an example. A few germs placed in a suitable medium, say grape sugar solution, multiply by the million, consuming the sugar and giving out a poisonous alcohol. When a certain percentage of this poison has been produced, further fermentation is arrested and fungi in the solution die; not only this, but if some of the toxine—alcohol—be distilled from the solution and introduced into another jar which has been attacked by fermentation of disease, fermentation will be immediately arrested, and the yeast plant will be killed. Alcohol is therefore at the same time a ptomaine and an anti-toxine. The new remedy is now being tried on an extensive scale, and we shall soon be in a position to know what its true value is. Its inventors claim that it reduces the mortality down to 24 per cent., which does not seem to be much lower than the treatment heretofore employed. Some of those who are trying the new remedy are obtaining much better success than its inventors claim, but this can be explained on the ground of defective diagnosis. Doubtless many cases of sore throat will be treated with anti-toxine, and the patients will recover; but as many Boards of Health are offering to make an absolute diagnosis by the culture process, this source of error should be eliminated. On the whole, while the value of anti-toxine is probably being overrated, it is apparently a step in advance in the great warfare of science. It must be distinctly understood that the treatment is in the experimental stage, and as such had better for the present be left in the hands of hospital physicians, who have at their disposal all the appliances necessary to make the experiments accurate and scientific. Since writing the above, we have seen a statement by Baginsky, an undoubted authority in Berlin, that the mortality has fallen to 14 per cent.

## POST GRADUATE INSTRUCTION IN MONTREAL.

Some years ago we called the attention of our readers to the immense opportunities which Montreal now offers for post-graduate instruction, and we suggested that a post-graduate course be organized. Our esteemed contemporary, the *Montreal Medical Journal*, in its last issue has given the suggestion powerful support, so that all that is required is the organization of all the teachers and hospital physicians and surgeons into a post-graduate school. To make it a success, all the schools and hospitals should join it, so that the physicians may learn as much as possible with the smallest possible loss of time. From what we know of the work going on every day at the Royal Victoria, the General, the Hotel Dieu, the Notre Dame, and the Western, as well as the Montreal Dispensary, which though last is not least in the value of experience which may be gained there, a practitioner could fully occupy all his time from 12 till 6.30 p.m. every day except Sunday. From 8 to 12 he could devote to laboratory work, or occasionally at private operations by some of the gynæcologists who generally operate from 9 till 12. We trust that before long we may be able to give an affirmative reply to the many enquiries which we receive asking whether there is any post-graduate school in Montreal.

## THE CANADIAN MEDICAL REVIEW.

This is the title of a new medical journal to be published by the late members of the staff of the Canadian Medical Monthly, headed by our friend Dr. Aitkin. Although Canada is fairly well supplied with journals already, we are always glad to extend a hearty welcome to just one more. The competition will lead to a struggle for existence which, while it will end fatally for some of them, will surely lead to the improvement of those which survive.

## THE CANADIAN MEDICAL MONTHLY.

We are glad to learn that although the old staff of editors of this very creditable journal have suddenly left as the result of some seismic disturbances in the editorial sanctum, the monthly will continue to appear with a new staff headed by our friend Dr. Beattie Nesbitt.

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Drs. W. H. B. Aitkins, A. B. Atherton, J. Ferguson, J. H. Burns, A. A. Macdonald, and G. Sterling Ryerson, have severed their connection with the Dominion Medical Monthly.

## A GENEROUS BEQUEST.

By the will of the late Dr. Goodell, the celebrated gynecologist of Philadelphia, the Medi-

cal Department of the University of Pennsylvania has received a bequest of $50,000. Dr. Goodell was a man possessing the most loveable of characters, and one could hardly spend an hour in his society without easily understanding his popularity. He was an indefatigable worker, and his world-wide reputation was slowly and gradually built up by years of hard work. A day spent a few years ago by the writer in his family circle will long be remembered for its frank and genial hospitality.

## BISHOP'S COLLEGE.

We are sure that many of our readers, like ourselves and our publishers, have been sorry to miss the familiar advertisement of Bishop's College from our advertising pages. We trust that its absence is only temporary, and that by next issue satisfactory arrangements may be made with the publishers for its return to its accustomed place. No matter how hard may be the times, we believe that the cost of the advertisement is a good investment for the College.

# BOOK NOTICES.

TRAVAUX d'ELECTROTHÉRAPIE GYNECOLOGIQUE; Archives Semestrielles d'Electrothérapie Gynécologique, fondées et publiées par le Dr. G. Apostoli, vice président de la Société Française d'Electrothérapie, etc. Paris: Société d'Editions Scientifiques, 4 rue Antoine-Dubois, 1894. Price: 12 francs. Post free.

This work, which has just come to hand, is another evidence of Apostoli's untiring energy and industry. It contains no less than 714 pages, in which the experience with Apostoli's method of the leading physicians of each country is given systematically and in detail. Great Britain takes up 254 pages, and in these appear the opinions, for and against the method, of the two Keiths, Playfair, Moore, Madden, Halliday Croom, Simpson, Inglis, Parsons and Heywood Smith. Belgian writers occupy 10 pages, American writers 80 pages, Russia 150, while the remaining 200 pages are taken in turn by Italian, German, Danish, Austrian, Polish, Hungarian and Canadian writers.

Apostoli in the introduction says that Electrotherapeutics has no desire to pose as a rival to surgery, which has rendered and is still rendering every day such marked and various services to gynæcology; but it wishes that its special utility, varying according to the cases, but sometimes great, should be appreciated at its just value as a means of curing symptoms without destroying the organs. Electricity wishes to put an end to the unjustifiable ostracism with which it was treated from the beginning, and which is due to the indifference or combined hostility of the medical profession born of the latter's ignorance of the laws which govern electricity,—ignorance which has been kept up by its interest in treatment by operation. Apostoli has felt that the time had come to place the experience of those who have tried it abroad within the reach of French readers, and he has therefore set about the enormous task of collecting the reports which have appeared in books and journal articles all over the world, and in many different languages, into one series of volumes, which will appear at regular intervals in the French language. The first volume is before us, and the next will shortly appear. Apostoli himself in these volumes contributes numerous foot-notes wherever he finds that his disciples have exceeded their master in zeal, or that its enemies have accorded his method less than the justice which it deserves. In the succeeding volumes, after all the foreign articles have been collected and published, he will bring out a volume of articles and reports of cases by French physicians, including his own very large and rich experience, which must now number many hundreds of cases. Anyone who reads the testimony contained in the volume before us from well-known men in all parts of the world must admit that Electricity in gynæcology has come to stay, and that when the present operative furore has passed gynæcologists will use it much more in the future than they have in the past.

Any of our readers who are acquainted with French should procure this book.

THE POCKET ANATOMIST. By C. Henri Leonard, A.M., M.D., Prof. of Gynæcology, Detroit College of Medicine. Leather, 300 pages, 193 illustrations, postpaid $1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The 18th edition of this popular anatomy is now before us; it is printed upon thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are exact as to their details. Three large editions have been sold in England, testifying to its popularity there, and some sixteen thousand copies have been sold in this country. It briefly describes each Artery, Vein, Nerve, Muscle and Bone, besides the several Special Organs of the body. It contains more illustrations than any of the other small anatomies.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY. An introduction to the Study of

Obstetrics and Gynæcology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M.D., Professor of Clinical Gynæcology and Lecturer on Obstetrics in the Detroit College of Medicine; Fellow of the Royal Microscopical Society, of the British Zoological Society, American Microscopical Society, etc. Illustrated with seventy (70) outline drawings and photo-engravings. 12mo. cloth, 126 pages, interleaved for adding notes and other illustrations, $1.25 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This is a handy little volume, and may help to make the student take more interest in a subject which is generally sadly neglected.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS. A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, M.D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms, and Treatment." With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 360 pages, in extra cloth, $2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Part 1. On analysis of urine, contains chapters on general consideration, theories of secretion and excretion of urine, composition of normal urine, abnormal urine, proteids, carbo-hydratics, urinary sediments, chemical sediments, anatomical sediments, gravel and calculus. Part 2. Urinary diagnosis. Diseases of the urinary organs and urinary disorders. The urine in other diseases. The book is not only very practical, but is also very interesting, and above all is thoroughly up to date.

TEXT-BOOK OF HYGIENE. A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point. By George H. Rohé, M.D., Professor of Therapeutics, Hygiene, and Mental Diseases in the College of Physicians and Surgeons, Baltimore; Superintendent of the Maryland Hospital for the Insane; Member of the American Public Health Association; Foreign Associate of the Société Française d'Hygiène, etc. Third edition, thoroughly revised and largely rewritten, with many illustrations and valuable tables. Royal octavo, 553 pages. Cloth, $3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This valuable book has met with well deserved success, having already reached its third edition. Every chapter has been subjected to a careful revision, and the advances in sanitary science and practice have been incorporated. Dr. Rohé is well known as a writer of great clearness, and in this work he has kept up his reputation in this respect. We bespeak for his book a large sale in Canada.

A FAMOUS SHOW OF BEAUTY. The show of distinguished beauty, transfixed by famous artists, which is now taking place at the Academy of Fine Arts in New York, has been anticipated by the Cosmopolitan Magazine in its November issue, in an article by Wm. A. Coffin, with illustrations of some of the more beautiful faces. The "Great Passions of History" series has for this month's subject the romantic career of Agnes Sorel, who influenced the destinies of France under Charles VII. "The Art Schools of America," "The Great British Northwest Territory," "The Chiefs of the American Press," and the "Public Library Movement," are amongst The Cosmopolitan's table of contents. Survivors of the war and their children will find intense interest in "The Story of a Thousand," a personal narrative begun in this number, by Albion W. Tourgée, who tells in a graphic way of a regiment which saw fierce service—of its organization, its marches, its sports, and its death-roll.

SAUNDERS' NEW AID SERIES: A Manual of Modern Surgery—General and Operative. By John Chalmers Da Costa, M.D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia; Chief Assistant Surgeon, Jefferson Medical College Hospital, etc., with 188 illustrations in the text and 13 full-page plates in colors and tints, aggregating 276 separate figures. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. Price, $2.50 net.

The author states that his aim has been to present in clear terms and in concise form the fundamental principles, the chief operations and the accepted methods of modern surgery, seeking to stand between the complete but cumbrous text-book and the incomplete but concentrated compend. A careful examination of the work certainly proves his object has been well attained. There is nothing obsolete about it, and there is no padding. The first chapter is devoted to Bacteriology, without some knowledge of the vital principles of which branch of science the vast importance of its truths will be ill appreciated, and there will be inevitable failure of aseptic and antiseptic methods. The paper and printing are excellent, and students and others who need this excellent

book are indebted to the publishers for keeping the price at so moderate a figure as two dollars and a half. We have no hesitation in saying that this is one of the best manuals that have appeared this year, and we heartily congratu ate the author upon his success.

## PAMPHLETS.

HYPERTROPHY OF THE PHARYNGEAL OR LUSCHKA'S TONSIL. Read in the Section on Laryngology and Otology at the Forty-Fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5th to 8th, 1894. By E. Fletcher Ingals, A.M., M.D., Chicago, Ill. Reprinted from the Journal of the American Medical Association, September 29. 1894. Chicago : American Medical Association Pres. 1894.

A CALENDAR FOR 1895.—Upon receipt of request, P. Blakiston, Son & Co., medical booksellers, 1012 Walnut Street, Philadelphia, will send free by mail, postage prepaid, a neat desk Calendar for 1895.

A CASE OF CHRONIC PERITONITIS, WITH INTESTINAL AND ABDOMINAL FISTULÆ—ENTERORRHAPHY—RECOVERY. By Frederick Holme Wiggin, M.D., President of the Society of Alumni of Bellevue Hospital; Visiting Surgeon to the City Hospital, Gynæcological division.

NEW INSTRUMENTS. Read in the Section on Laryngology and Otology, at the Forty-Fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894. By Seth Scott Bishop, M.D., Professor of Otology in the Post-Graduate Medical School and Hospital, Chicago, Ill. Reprinted from the Journal of the American Medical Association, September 29, 1894. Chicago: American Medical Association Press, 1894.

SOCIÉTÉ D'ÉDITIONS SCIENTIFIQUES. Place de l'École de Médecine, 4 rue Antoine-Dubois,. Paris. Précis Iconographique d'Anatomie Normale de l'Œil. Globe Oculaire et Nerf Optique, par le Docteur Rochon-Duvigneaud, ancien Interne des Hôpitaux; ancien Chef du Laboratoire d'Ophthalmologie à L'Hôtel-Dieu; Chef de Clinique Ophthalmologique de la Faculte. In-8vo raisin de 136 pages, 23 figures. Prix: 5 fr. broché; 6 fr. cartonné à l'anglaise; 7 fr. 50 reliure souple, peau pleine, cuir vert.

LA LÈPRE.—Observations et expériences personnelles. Par le Docteur Jules Goldschmidt. Paris: Société d'Éditions Scientifiques, Place de l'Ecole de Médecine, 4 rue Antoine-Dubois. 1894.

PERSISTENT ALBUMINURIA AND GLYCOSURIA, WITH FREQUENT HYALINE CASTS, IN FUNCTIONAL NERVOUS DISEASES. By Landon Carter Gray, M.D., of New York. From the *American Journal of the Medical Sciences.* October, 1894.

## PUBLISHERS DEPARTMENT.

LITERARY NOTES from *The Ladies' Home Journal*, Philadelphia.

When his present American visit is concluded, Conan Doyle will write an article for *The Ladies' Home Journal* on American women, telling "How Your Women Impressed Me."

Mrs. Burton Harrison is writing a series of articles for and about society girls, which *The Ladies' Home Journal* will begin in one of its early issues.

The quaint little women of Kate Greenaway are to be seen in a magazine for the first time since their creation. Miss Greenaway has heretofore always drawn them in color and for book publication. Now, however, she is at work upon a special series of her curious tots for *The Ladies' Home Journal*, and in that periodical they will alternate with a new series of Palmer Cox's funny "Brownies."

### LITTELL'S LIVING AGE FOR 1895.

The success of this sterling periodical is owing to the fact that it enables one, with a small outlay of time and money, to keep pace with the best thought and literature of the day. Hence its importance to every American reader.

It has always stood at the head of its class, both in the quality and quantity of the reading furnished; and in fact it affords, of itself, so thorough and complete a compendium of what is of immediate interest or permanent value in the literary world as to render it an invaluable economizer of time, labor and money. In the multitude of periodicals of the present time,—quarterlies, monthlies and weeklies,—such a publication has become almost a necessity to every person or family desiring to keep well informed in the best literature of the day.

For 1895, an extraordinary offer is made to all new subscribers; and reduced clubbing rates with other periodicals are also given by which a subscriber may at remarkably small cost obtain the cream of both home and foreign literature. Those selecting their periodicals for the new year, would do well to examine the prospectus. In no other way that we know of can a subscriber be put in possession of the best which the current litterature of the world affords, so cheaply or conveniently.

Littell & Co., Boston, are the publishers.