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ORIGINAL ARTICLES

PERITHILIOMA OF KIDNEY

Dr. Chown, President of the Winnipeg Medical Association, gave a short history of the above at the February meeting. The patient came under his care at the General Hospital. The kidney was removed, the specimen being exhibited to the association, when Dr. Gordon Bell, Bacteriologist to the Provincial Government and Medical College, gave the following description:—

Perithilioma of Kidney—Graivitz Tumor.

The specimen shows a kidney larger by one-third than the normal, with a lobulated excrecence two and a half inches in diameter and one inch in height, situated on posterior surface a little below the middle line. The interior of this mass is excavated and communicates with pelvis of kidney, and on one side of this cavity is seen a little hollow funnel of fibrous tissue with its base outwards and its apex directed towards pelvis. This tumor is one of the most interesting of malignant neoplasms, a Graivitz tumor, and the little funnel of connective tissue contained the rest of suprarenal tissue—from which it sprang.

With the discovery of the relation of

the suprarenal capsules to Addison's disease a new interest was created in these little organs, but we are probably still far from properly appreciating their true importance. That they have some profound influence on the processes of pymentation going on in the human body is now accepted, and to be noticed in this connection is the fact that in negroes they are uncommonly large and strongly pigmented. They are also said by Zander to be commonly diminished in size where there is a defect of the anterior parts of the cerebrum. Certain it is they have some close connection with the urogenital organs, and in non-development or malformation of these you often get hyperplasia of the suprarenal. Like the ovaries and testes, they are originally developed from the peritoneal epithelium, but later on become separated from these organs, particularly by the growth of the kidneys.

It oftens happens, however, that little islands of suprarenal tissue are left attached to the different structures with which they were previously in closer relation. Most frequently we find these rests in the kidneys, in connection with solar plexus, in broad ligament, ovary and testicle. In kidney they sometimes occur spread out immediately under the

capsule; in other cases they penetrate into its substance, in which case they are generally surrounded by a wall of fibrous tissue, although sometimes one finds the tubules running freely into suprarenal tissue.

These little rests, formed largely of large, clear polygonal cells, resembling those of cortex of suprarenal, are prone to break their fibrous capsules, infiltrate the neighboring tissues, form metastases, and become true malignant tumors. They generally have a lobulated appearance and a peculiar ochre color, and seem to vary a good deal in their malignancy.

Sections of the specimen presented to the museum by Dr. Chown show the characteristic histological structure. Delicate septae of fibrous tissue, very rich in blood-vessels, enclosing alveoli and columns of large clear polygonal cells, sometimes containing fat droplets.

It was from this arrangement of endothelial-like cells around the blood-vessels that the name Perithelioma was given to it by German pathologists. As one would expect from the great number of new formed blood-vessels, hemorrhages are very liable to occur, and in this case a large painless hemorrhage was the first symptom, and on it a correct diagnosis was made.

MEDICO-SURGICAL RELATIONS OF ANATOMY

By J. O. Todd, M.D., Dem. Anatomy, Manitoba Medical College.

Read before the Students' Association, Winnipeg.

The great bugbear of the student of medicine, when first he enters on his course of study, is the dissecting room. He comes to its precincts with the trepidation that is common to us all when taking a step into unknown experiences. He lacks confidence in himself, and believes that chamber of horrors is destined to be the cause of his overthrown ambition. A glance within its half-opened doors deadens his impulses, and, more than all, one sniff of its perfumed atmosphere stifles the slumbering fires of his

energies. But what a change comes over that same sensitive youth when the first feeling of repugnance is overcome. The sanctity of the human body, after death, is very much, if not wholly, the outcome of sentimentality; and once the weak feeling is conquered by the experiences of touching the flesh of the dead, its true relation to all that is earthly, and as such doomed to decay, is appreciated. It has taken ages to have placed on our statute books a law that allows the proper authorities of a medical college to obtain its material for dissection. It is true this good law has destroyed an industry that must have flourished in the days of Dickens, who has typified, in his Tale of Two Cities, a member of that guild of midnight marauders who catered to the wants of rising anatomists. Before a magistrate, he was pushed to give his occupation, and only evaded committing himself by stating that "it was of an agricultural sort." Through many ages medicine had to secretly pursue its studies of human anatomy, obtaining its material by stealth and its knowledge by dissections done in caves and garrets. Strange, is it not, to know that to those wild, pagan natures of olden days, the living bodies of their slaves and captives were but objects of scorn and lashing; alive, they could unhesitatingly cast them as food for their lions; but, dead, even the bodies of their slaves were sacred and protected from the investigating hands of science. Is it to be wondered, then, that the grossest errors prevailed with regard to internal relationships, and is it any really deserved shame or reproach that, with the only avenue closed to them, the early lights of medicine founded such ludicrous theories? Aristotle asks and answers a question thus: "Why doth the urine come into the bladder, seeing the bladder is shut? Some say by sweatings." It is hardly to be credited that such penetrating observers as those early philosophers would have overlooked the very apparent connection of kidney with bladder through the ureter had they been allowed to thoroughly examine the parts, and such an evident apology

for an answer, as above quoted, would have been unnecessary.

It has been, and still is, the delight of many literary and legal minds to throw the blight of their withering satire over the noble profession of medicine and its followers; and running in the train of such leading brains as those of a Latin Cicero or a French Voltaire, we find those lesser lights, and the multitude of those of no light at all, who glory in hitting at our profession for its empiricism. They forget, or more probably are ignorant of, the fact, that in order to pursue investigation into the normal and pathological conditions of the body, our profession has its martyrs. The inquisition that raged against conscience in the middle centuries has its companion in the tyranny that has always warred against scientific advance in medicine; and even to-day we have such relics of bygone oppression as the organizations of anti-vivisectionists and anti-vaccinationists. I say, then, that upon other shoulders than those of the medical profession rests the onus of much of its empiricism; and that, now, what we do know of the normal and abnormal in our bodies has been obtained wholly by the self-sacrificing devotion of leaders of medical thought. They have accumulated, bit by bit, in the face of opposition and ridicule, the knowledge that has gradually raised our profession from the darkness of uncertain theories to the present day acknowledged position of a science.

I think it must be admitted that anatomy is the basal study of a course of medicine. The physiologist, the pathologist, the physician, and the surgeon must first be the anatomist; hence it is that in each year of your course anatomy "ye have always with you." Many conceive an aversion to the practical study of anatomy because of a popular impression that it is necessarily an unclean work, and that its grossness tends to harden the natures of those engaged in it. Any such charges will be swept away on a slight investigation. I need point to the only example of a man whose name has lent

lustre to literature, in whose domain he was a prince, and to anatomy, in which study he excelled as one of the greatest teachers of his day. A study that could for nearly a lifetime hold the delicate fingers and sensitive, agile brain of a Doctor Oliver Wendell Holmes, cannot be repulsive nor otherwise than broadening in its influences. The anatomist, physiologist and physician breathe their influence into his philosophy and furnish him with a decorative wardrobe of similes, with which he so abundantly adorns the pages of his writings.

I would not wish to rashly increase the burden of the public school boy or girl of the day, but I cannot help thinking that a closer knowledge on their part of the geography of their own bodies would result in an incalculable benefit to the human race. Geography is usually an attractive subject to youth, and what a field of parallel study is there in this body of ours, with its arteries and veins for rivers and streams; its bony ridges and surfaces for hills and valleys. It has, even, its disputed territory, upon which no arbitration has yet sat, though, in the head and neck. A more extended knowledge of anatomy by the general public would be of great service, not only to themselves but to the physicians attending them; for the sooner the public arrives at a clearer understanding of the relations one towards another of the organs of its body, the more intelligent will be its interpretation of symptoms. Thanks to the advertising methods of Dr. Blank's Kidney-Liver Pill Company, cuts of the body, with large bay windows let in at convenient spots in the lumbar and hepatic regions are given, and through these the general public views the alleged whereabouts of those especial organs. But, since a little knowledge is a dangerous thing, the G. P. cannot have an ache in its back without its concluding that the kidneys are affected. The human body is a fairyland that the general public enters only in flights of fancy. I know a man, educated to a point, who has a delusion that a reptile of some persuasion or other is in his stomach

(and by "stomach" it is to be understood the public includes, in one broad sweep, all that prairie-like stretch of territory from ensiform cartilage to the crest of the pubes). This reptile is of an active temperament, and the way that man describes the circumnavigation of his abdomen by this animal is appalling to one who has a correct idea of the obstacles intervening between the aortic opening in the diaphragm and the anal outlet.

Ignorance of the arrangement of the internal organs and their relation to the surfaces of the body, leads to a continuance of unhealthy forms of dress. If the fashionable woman realized the condensed state of her internals under the pressure of a highly applied corset, it is not unreasonable to suppose that she would be a less servile follower of King Fashion.

Within a few years an explanation has been given by Glenard and Pasteur to account for those peculiar sets of symptoms commonly attributed to indigestion, but which are not amenable to medicinal treatment applied to the stomach or other digestive organs. These observers have pointed out that with a great number of patients complaining of symptoms of chronic indigestion, a prolapse of stomach or bowels, or both, is the fundamental cause of the trouble. They showed that many dyspeptics may be cured by the application of a bandage for the support of the displaced organs. Investigation shows that these displacements are more frequent in women than man, which is readily accounted for by apparent errors in female dress.

As has been noted, the study of anatomy took origin away back in the early centuries, and coming from those times we have descriptions of parts that hold good to-day. Anatomical study is limited, and whatever advance there is noticeable within the last century can be classed as but a closer analysis of parts that have already been well described. Thus there is a finer division of fascial and the subdivision according to function of many muscles has led to a multiplication of names. The brain is mapped out with

much greater precision. A great agent in this finer analysis of grosser parts has been the microscope. So old is the study of anatomy that we believe it must have played a part in the inception of woman-kind; for are we not told, in Holy Writ, that Adam was put to sleep (anaesthetized evidently), and while the poor fellow was thus disabled, he had taken from him a rib, from which was made Eve? Thus, her ladyship must have been the result of a dissection.

One not infrequently hears the statement that a close knowledge of anatomy is not necessary to good surgery. A glance at the course of education of the great surgeons shows that, in all cases, the study of anatomy preceded and paralleled their surgical work. The operator unskilled in anatomy is like the traveller in a strange city, who has consulted no guide, and who, in consequence, finds his progress now blocked by an impassable wall or lost in a network of cross streets. But the anatomist is like the habituated dweller of the city. On the one side, clumsy, short-sighted work is likely to be done; while on the other, an intelligent knife picks its way through the oft travelled territory of the body. The surgeon's fingers have to be his eyes on many occasions, transmitting to his brain the condition and relation of parts out of sight. This *tactus eruditus* can be acquired only after long dissection upon the living and dead body. To appreciate the value of anatomical research as an aid and stimulus to advanced workers, one may look over the pages of our text books, where, in connection with many subjects, especially of surgical import, will be found acknowledgements on the part of authors and investigators of the great value of the work of their anatomical colleagues. Of notable instance is this in regard to hernia, the treatment of which depends for almost every principle upon an anatomical basis. Marcy, in his exhaustive treatise on hernia, quotes Arnaud, an earlier authority on the same subject, as follows. "It is only since the beginning of the present age that cures truly singular have been

performed. The knowledge which has been acquired in anatomy * * * * has enabled skilful surgeons to correct the methods prescribed by former authors, and to invent new ones according to the emergency of the case. This superiority in the knowledge of anatomy has taught them to treat methodically ruptures which used, within twenty years, to be abandoned to the care of nature. It has given them the boldness to cut away with success two, four, or even six, feet of the intestine in order to secure the rest from gangrene. By this exact knowledge of anatomy they are cured of their prejudice concerning the epigastric artery in inguinal ruptures. They have learned to preserve the spermatic vessels in crural ruptures."

The master minds of Sir Astley Cooper, Scarpa, and Cloquet have directed the attention of the profession to the anatomical features of the treatment of disease. At the present day Halstead's great operation for the radical cure of cancer of the breast may be regarded as an anatomical triumph, guided as it is by purely anatomical lines of attack. He carefully dissects out the course of the pectoral lymphatics, and from the direction of these beneath the pectoral muscles, in the connective tissue, he bases the form of his advance upon the invading outposts of the cancerous enemy.

Hilton, in his delightful little book on "Rest and Pain," notes many interesting features of anatomical associations. For instance, observe the design shown in the common source of the nerve supply to joint, muscles acting powerfully on that joint, and the skin covering all. Take the knee or shoulder for examples of what is found all over the body, and hence becomes an anatomical law. Inflammation arises, say in the knee — the articular nerves are irritated. These are from the same trunks as the nerves supplying the muscles moving the joint, and in consequence of the law of reflex action send motor influences to the muscles, which cause them to become fixed, and a fixed state of an inflamed joint is its easiest po-

sition, but the skin covering the knee joint has also its nerve supply from the same centres, and hence, when hot fomentations or poppy heads are applied upon it, these nerve terminals convey the soothing impression of the heat and local anaesthesia within and pain and inflammatory action is subdued. Hysterical pains in hip and knee joints are thus explained. The sacral and lower lumbar ganglia of the sympathetic are connected with the sciatic and obturator, and also with the nerves supplying the broad ligament, uterus and ovaries. Hence, like the joint, when the ovarian or uterine terminals are irritated, the sacral and lumbar centres are called on to send outgoing impressions that are referred to the peripherals in the hip and knee.

I have but lightly touched on a few points wherein the relationship of anatomy to medicine and surgery is evident. To the freshman I would say stick to the dissecting room like a rat to a ship. To the second year man, keep your anatomical flag as the most conspicuous of all. To the third year man, broaden your views by applying your knowledge gained in the two preceding years dissecting to the advanced subjects now to be dealt with, and to the fourth year senior, may I remind him that he is about to launch himself in a sea of experience that will wave him for from the dissecting room's stanchions, and that before he cuts loose, it would be well for him to see more of its interior than he usually does.

The third meeting of the Winnipeg Medical Association was held at the Manitoba Hotel on Thursday evening, Feb. 3rd, the president, Dr. Chown, in the chair.

The following constitution and by-laws were adopted :

1. That this society be known as the Medical Society of Winnipeg.

2. To consist of a president, two vice-presidents, four councillors, a secretary-treasurer, and members.

3. The society to meet on the first Friday of October, November, December, January, February and March.

4. The officers to be elected annually at the October meeting.

5. The officers to be eligible for re-election.

6. Notice of papers to be read at the several meetings, with the subjects, or specimens, to be exhibited, to be sent to the secretary-treasurer ten days before the meeting.

7. The annual fee to be \$2.

The following officers were elected :

President, Dr. H. H. Chown.

Vice-presidents, Drs. Pennefather and MacDonell.

Secretary-treasurer, Dr. W. Harvey Smith.

Councillors, Drs. Blanchard, Bell, Todd and England.

The following motions were carried :

Moved by Dr. Smith, seconded by Dr. Bell, "That, in the opinion of this meeting, it is most desirable that the College of Physicians and Surgeons of Manitoba should have permanent quarters in which to conduct the business of the College, and at the same time afford accommodation to the several members of the Body resident in the city and province. And further, that the College be urged to carry out the project of establishing a reading room, and, if possible, a library for the use of its members. And that a copy of this motion be forwarded to the Registrar of the College of Physicians and Surgeons, with a request that it be read at the next meeting of the Council."

Moved by Dr. Pennefather, seconded by Dr. England, "That, in the event of the College of Physicians and Surgeons entertaining the preceding motion, the members of the Winnipeg Medical Association will undertake to subscribe liberally to the fund for equipping the rooms."

Moved by Dr. Jones, seconded by Dr. MacDonell, "That the Western Canada Lancet be recognized as the official organ of the Medical Society of Winnipeg."

Dr. England read a paper on Pylorotomy (see Lancet, Vol. V, No. 9), which

was discussed by Drs. Chown and Bell. Dr. Bell stated that the growth removed by Dr. England was found to be scirrhus. A large amount of fibrous tissue present indicated a neoplasm of slow growth.

Dr. Chown exhibited a specimen of cancer of the kidney, which he had recently removed from a patient, in whom haematuria had existed on and off for about four years. The case was of unusual interest, not only on account of the rarity of the condition, but owing to the unusual difficulties met with in operating. The weight of the patient being 270 lbs., he, however, made a good recovery.

Dr. Bell believed that in Dr. Chown's case the growth had commenced as an adenoma, and later developed malignancy.

The president announced that next meeting would be devoted to the exhibition of pathological specimens, with short clinical histories.

The meeting adjourned at 10.15 p. m.

The fourth regular meeting of the Winnipeg Medical Society will be held in the Pathological Laboratory adjoining the Medical College, on Friday evening, March 4th, at 8:30 p. m.

Business:—To consider the following motion passed by the Council of the College of Physicians and Surgeons of Manitoba, on Feb. 8th, in compliance with the request of the Winnipeg Medical Society, that the College of Physicians and Surgeons should secure permanent quarters wherein to transact the business of the medical profession, and take steps towards establishing a library and reading room.

"That the legislation committee be hereby authorized to secure the necessary amendments to the Medical Act, so as to empower the Council of the College of Physicians and Surgeons of Manitoba to establish and maintain a medical library. And that the committee be instructed to confer with any committee of the Winnipeg Medical Society, authorized to meet them, and ascertain the probable cost of establishing and maintaining such a library. And further, that this Council at present expresses the opinion that not

more than five hundred dollars (\$500) should be offered by it as expenditure for first cost, and not more than two hundred and fifty dollars (\$250) should be offered by it as an annual charge for sustenance."

(The members of the committee are Dr. McConnell, chairman; Drs. Lundy, Jones, Patterson, Gray, Inglis and Clark.)

PROGRAMME.

1. Abnormality of Aorta, with specimen, Dr. Todd.
2. Commencing Hydatiform Degeneration of Villi of Chorion, Dr. Popham.
3. Traumatic Cataract, Irido-Cyclitis, with specimen, Dr. Good.
4. Intestinal Parasites, with specimens, Dr. Pare.
5. Demonstration of Widal's Tent, Dr. Ponton.
6. Pathological Specimens of Interest Recently Collected, Dr. Bell.

In view of the early meeting of the Legislature, immediate steps must be taken by the Legislation Committee of the College of Physicians and Surgeons to have the Medical Act so amended as to legalize the establishment of a provincial library.

It is felt that such library could not be maintained without the active co-operation of the medical profession of Winnipeg. The Legislation Committee therefore wish to learn, before incurring the expense of obtaining an amendment to the Act, that support financial and otherwise the Winnipeg Medical Society are prepared to give to the project.

DYSPEPSIA AND HEART RHYTHM.

Dr. A. Ernest Sansom, in the *Lancet* of October, 1897, thus concludes the report of seven cases of neuropathic dyspepsia with disturbance of the heart rhythm: 1. Essential rapid heart (tachycardia) is not accompanied by dyspepsia. 2. Paroxysmal tachycardia and the forms of tachycardia accompanied by signs, even slight, of Basedow's disease are very frequently associated with crises of dyspepsia. 3. Extreme irregularity of the heart (arrhythmia) often occurs.

SELECTED ARTICLES

UNUSUAL FATAL COMPLICATIONS IN A CASE OF ACUTE RHEUMATISM

By J. S. Moore, M.D., Grant's Pass, Ore.

To Dr. W. H. Flanagan, in whose practice the case occurred, I am indebted for a history of the case until seen by me in consultation.

G. J., sober, industrious farmer, aged 30, married. Family history good; with exception of two attacks of rheumatism, had never been sick before. Four years ago had an attack of acute rheumatism, involving the large articulations, lasting two months. Two years ago had another attack of rheumatism, neither so severe nor protracted as the first. The patient supposed he made a perfect recovery from both attacks. He had not suffered from dyspnea, fainting, palpitation or other symptoms indicative of cardiac lesion, and was considered perfectly well up to the date of this attack.

On the evening of Oct. 20, patient was seized with pain in the feet and ankles, followed a few hours later by pain in the knees, then the wrists, and at the end of twenty-four hours all the larger joints were involved. Dr. Flanagan saw the case early and readily diagnosed it as a case of acute rheumatism.

Oct. 21, temperature was elevated two or three degrees, tongue dry, pulse accelerated; all the larger joints inflamed, much swollen and exquisitely sensitive.

Oct. 22, temperature still high, joints greatly swollen. In the afternoon patient was seized with a dull aching sensation deep-seated in the lower lumbar or upper sacral region. Patient complained of a feeling of numbness in the lower extremities. This pain in the back was so intense that reasonable doses of morphine failed to relieve. About this time attention was drawn to the frequent urination and to the immense quantity of colorless urine the patient was passing, being obliged to relieve the bladder as often as every half hour to an hour.

Oct. 23, temperature was 103°, pulse rapid and weak, joints still greatly swollen, pain in back no better; estimated the patient had passed more than a gallon of urine during the twenty-four hours; vomiting; pain in feet and legs worse.

Oct. 24, temperature 103½°, pulse weak; pain in back better, but feet and legs more swollen and painful; still passing unusual quantity of urine; vomiting every half hour.

Oct. 25, I first saw the patient. Temperature was 101°, pulse 140, respiration 26; anxious and wasted countenance; vomiting every twenty minutes; had retained nothing on stomach for two days. Mind was perfectly clear, although the patient had not slept for forty-eight hours. The joints of the upper extremities were red, swollen and very tender. The legs were cold, black and dead from the knees down. Mortification had attacked the right foot twenty hours before my visit, the left foot eight hours. There was no appearance of the line of demarcation; it was evident the process of mortification was still continuing higher up the limbs.

Examination of the heart showed slight increase of the normal area of dullness; apex beat normal in location. There was a loud systolic murmur heard at the apex, denoting mitral insufficiency. A musical (systolic murmur was heard at the base, pointing to aortic obstruction. The heart's action was so rapid it was with considerable difficulty that these sounds could be properly located in the cardiac revolution. There had been great dyspnoea for two days and some pain beneath the ensiform cartilage. There was plainly a serious endocarditis; whether it dated from the beginning of this attack or was a legacy of a preceding one, I had no means of determining. The patient died the next day, Oct. 26, less than a week from the date of attack.

I regret an autopsy could not be secured. It is on account of the mortification of the legs and for the purpose of finding a reasonable explanation for such an occurrence in the course of acute rheumatism that the case appears to me worth

recording. Without being able to verify my diagnosis by post-mortem examination, I venture to submit that which I made at the bed-side: rheumatic endocarditis with embolism at the bifurcation of the abdominal aorta.

Embolism at this point alone would explain bilateral mortification of the extremities. It may explain the deep-seated pain in the sacral region, as also the remarkable polyuria, the whole force of the heart being directed against the kidneys in consequence of the obstruction below.
—Medical Sentinel.

A CASE OF IMPOTENCE—LIGATION OF THE DORSAL VEIN OF THE PENIS—FAILURE.

By Bransford Lewis, M.D., St. Louis.

N. Y. Z., American, act. 41; married eight years. General health good; weight 175 pounds; occupation an active one, requiring out-door exercise. Never had venereal disease of any sort; never habitually dallied with women.

From his eighth to sixteenth year he practised masturbation almost daily. Between this and his twenty-first year he had pleasurable intercourse after satisfactory erection, a number of times. After that, although he often had nightly erections and emissions, he noticed that intercourse did not seem to be as completely accomplished as formerly; it was somehow a failure. But as he did not care much about it, one way or another, he simply let women alone thereafter, until he began to think of matrimony. Then he consulted a physician, who told him it would be all right after he married. This he did in 1887. So far as he was concerned, marriage proved a disastrous failure—and has been so ever since. At his first attempt at intercourse, erections were feeble and emissions premature. As this kept up, he consulted Dr. Gill, of St. Louis, who treated him comprehensively with cold douches and injections; electrical applications to the posterior urethra and the spine and tonics internally. Erec-

tions improved under these measures, but not enough for the purpose at hand. Their evanescence was still the defective feature.

He has since then received treatment successively from Dr. Bremer, St. Louis ; Dr. Spitzka, New York ; Dr. Hammond, Washington ; Dr. Bryson, Dr. Robertson, and myself, and notwithstanding the infinite variety of treatment he has undergone, and the talent brought to bear on him, his hope is still deferred ; he still wallows in the Slough of Despond !

Amongst other things I used was ligation of the dorsal vein ; and, according to his own account, he was distinctly cheered, on two or three successive nights following it, by apparently strong erections ; but he was afraid to make use of them lest they should prove only the filmy dreams of false hopes, and, too, he doubted if the wound was healed sufficiently to allow of intercourse.

The psychic element was strongly prominent in this case ; he was ever ready to be blocked by what he would term impossibilities, though to others they would seem matters of no importance. And though he acknowledges that the erections following the ligation were stronger and more enduring than he had for years, he hesitated — and his opportunity was lost. Erections became rapidly weaker as collateral venous circulation was established, and I gave him up as a hopeless case.

What I was anxious for was, by interrupting, if only temporarily, the venous return, to secure for him one good, lasting erection and successful intercourse, in order to dissipate the psychic element—to force him to believe that he was capable of accomplishing the act. But this, as with the other measures employed, was rendered futile by his strong and ever-present belief in the “ impossible.”

Smikes—“ There goes a divinity.”

Spikes—“ Divinity nothing ! She’s a female manicurist and chiropodist.”

Smikes—“ Well, don’t she shape our ends.”

CATARRH.

By John E. Bacon, M.D.

“ A Night with Venus and a Lifetime with Mercury.”

Syphilis, of all the constitutional diseases having local manifestations, is the one which most frequently comes under the observation of the nose and throat man, and by having a proper understanding of the disease in all its forms much real good may be done, but a failure to recognize it in good time may be attended with the most disastrous consequences.

Syphilis is not always a venereal disease and its victim ought not to be so universally despised and systematically robbed. Witness the many cases of infection among physicians, the vast majority of which are acquired while performing professional service. Remember the many reported cases of chancre of the lips, tongue, tonsil and finger, which occur in cases of young and innocent girls, trained nurses, and wives who come to you in total ignorance of the nature of their malady, and bear in mind that the virus may be conveyed by a kiss, a handshake, using table linen, towels, and by wearing clothing belonging to another, and learn to pity rather than despise, learn to study each case as it comes and certainly treat it rather than dismiss with your stock prescription for syphilis in all its stages.

The physician should certainly inform each patient of the infectious nature of the discharges of syphilitic sores, and warn him to have toilet articles of his own, table linen and dishes, and that his soiled clothing should be disinfected before sending to the laundry, that the innocent may not suffer also.

It is not within the scope of this paper to discuss the disease generally, and therefore the consideration will be limited to lesions of the upper respiratory tract, and to the hereditary and the acquired forms of the disease.

Hereditary syphilis should be constantly borne in mind by every physician who has much to do with children, as the general practitioner always has, and he

should remember that it is met with quite as often in the palace as in the cot. The most constant as well as one of the most characteristic symptoms of the disease occurs in the well-known "snuffles" of infants. This is an inflammation of the nasal mucous membrane associated with a muco-purulent discharge, obstruction to nasal breathing, and an inability to nurse with comfort, the child frequently letting go the nipple to breathe and incidentally to cry. The mucous membrane will be found to be in a state of subacute inflammation with much engorgement of the intra-nasal structures, which at this period of life consist almost exclusively of mucous lining.

After a few weeks, if the child still lives, some sluggish ulcers may be made out, which, if not checked, will surely attack the bony framework of the face in due time. The progress of the disease will largely depend on the general health and nourishment of the child, in some cases proving rapidly fatal and in others causing but little disturbance for some months or even years. True coryza from cold is rare in infants of a few weeks or months of age; adenoid overgrowth is also quite rare without predisposing cause, and in the absence of these conditions "snuffles" should always excite a suspicion of hereditary syphilis. The manifestations of this disease almost always appear before the end of the sixth month of life, and if they are not discovered until perforation of the hard palate or necrosis of bone within the nasal chambers occurs at the sixth or eighth year, it is not because the symptoms did not exist in infancy, but because they were not recognized. Always when called to treat a case of "catarrh" in an infant, or when you see a case being washed out with "sage tea" at home because it had a bad cold, investigate fully and sometime you will be rewarded by being able to save some individual from the disfigurement of the tertiary ulceration.

The diagnosis may be aided considerably by the history of the parents. If either has ever had syphilis that will put

you on guard. If the mother tells you that she has had several abortions and perhaps a stillborn child, and then this child who presents nasal symptoms, the presumptive evidence is in favor of the child's having the disease. Question the mother about and look for macular or papular eruption about the anus and genital region, look for slits or fissures at the muco-cutaneous junction of the anus and on the lips, look for the eruption on the soles of the feet and palms of the hands, and don't forget that the hair may fall in the congenital type just the same as in the acquired form. The syphilitic newborn has a characteristic "old" look, and is usually under weight and weaker than the normal child of like age. Given the major part of the above symptoms in a child and you may infer syphilis, and if the history can be obtained, then it is certain, and treatment may be entered upon with a reasonable hope of success.

When a child of from five to twelve years of age is brought to you with a fetid discharge from both sides of the nose and a history of having had "catarrh" for a long time, search carefully for necrosed bone of the vomer or of the hard palate, and pharynx. Examine the lymphatic glands all over the body for enlargement. If the second teeth are developed look for Hutchinson's teeth, which are the upper central incisors, having a notched or concave inferior edge. These are quite a valuable confirmatory sign. The treatment of hereditary syphilis does not differ from that of the acquired form materially, and will be considered with the latter.

Acquired syphilis is met with in all ages and in every walk of life, and here again it behooves the physician to be most watchful. The initial lesion is seen frequently on the lips, tongue and tonsil, and a few cases are recorded in which it has been seen on the mucous membrane of the nasal passages. The mode of infection is usually by the finger nail which has been contaminated with the virus from some syphilitic sore, and most of such cases have occurred among male and

female nurses, nursemaids and children, and a knowledge of this fact should form another warning against the detestable habit of "picking the nose."

Chancre of the nose is difficult of recognition with history of exposure to infection, but every indurated sore in this region should be suspected and watched under palliative treatment until the presence or absence of bubo on the neck or of the secondary symptoms clears the diagnosis. Cleansing treatment, followed by the application of calomel and boric acid in powder, will rapidly heal it.

Secondary syphilis makes its presence felt in the nose at a period varying from six weeks to six months after the initial lesion, and usually takes the form of a rather abundant muco-purulent discharge from both nostrils which is most often disregarded by the patient as a common cold. Examination will reveal nothing characteristic as the parts will present the appearance of ordinary rhinitis more or less acute. This may continue as it appears for an indefinite length of time, until it disappears under appropriate treatment, if the diagnosis be made from other symptoms elsewhere, or until the mucous patch appears in the nose and in the mouth and throat. It is unfortunate that this period is not harked in its symptoms, as at this time intelligent treatment will accomplish much.

Except in the most formidable and grave cases of syphilis, which fortunately are rare, the tertiary symptoms do not appear until a year after the original infection, and sometimes a longer time will elapse. The manifestations of the third stage, however, are so severe that the patient usually seeks relief early, and at this time an immediate diagnosis is imperative, as these changes are of the most destructive character.

The tertiary lesion is gumma, and the breaking down of the gummatous infiltration into active ulceration is responsible for the terrible ravages of the disease within the nose. The cartilage of the septum first becomes infiltrated, and this soon gives way to active ulceration and

the destruction of almost the entire cartilage may take place in a few weeks' time. This allows the tip and alae of the external nose to sink in. The vomer is next attacked and is perforated and exfoliated, thus removing the support of the bridge of the nose, and it sinks in and flattens, producing the well-known "saddle nose." The hard palate is next or coincidentally attacked and perforated, giving rise to the well-known symptoms of the mouth and throat, and the rest of the bony structures of the nose and head follow in turn, until exhaustion from the poison in the system or syphilitic meningitis destroys the patient. Sequestra are common and necrosis of all of the soft parts follows with active exfoliation, and this process is accompanied by the well-known and never-to-be-forgotten stench of the disease. All this may occur within two months, and, on the other hand, may take years. The process sometimes ceases spontaneously only to be lighted up again months or years later.

The diagnosis is easy. It must be distinguished from lupus or tuberculosis as indicated in previous papers. Sarcoma and cancer have peculiar symptoms to themselves which it would be impossible to mistake for syphilis.

A case: Mrs. Blank, aged 26, married seven years, has two perfectly healthy children, consulted the writer last March for obstructed nasal breathing and "cattarrh." She stated that she had had a discharge for a year and has had ulcerated sore throat, which has been repeatedly "burnt" by her family physician, but that recently she cannot take breath through her nose and has slight asthmatic attacks. Otherwise she is in perfect health, having a good appetite, regular bowels and regular menses. She has never had an abortion.

Examination of the left naris reveals great swelling of the septum, the membrane being of a deep red or purple hue: it does not fluctuate, but is hard to the touch, it is not sensitive and covered with a profuse watery secretion, so it is neither abscess of the septum nor acute inflam-

mation. The right clamber shows enormous swelling of the inferior and middle turbinals, so great that almost no air is admitted through that side. The color is the same as on the opposite side. A tenacious muco-pus covers the membrane on both sides and appears to drop into the throat on phonation, as she frequently "hawks" and raises some of the same.

No diagnosis can be made from these appearances, but a glance at the throat revealed absence of the soft palate, the remains having reddened raw edges covered with yellowish pus, and two circular ulcers of the wall of the pharynx with elevated indurated edges and the floors covered with the characteristics greenish slough of syphilitic sores: the larynx showed much congestion and a rounded tumor projecting from the left ventricle almost to the centre line. Now the diagnosis of tertiary syphilis with gummata of the nasal passages and of the larynx is easy.

It is sufficient to state that under the exhibition of mercury protiodide for a month and increasing doses of iodide of potash for three months the gummatous swellings in the nose disappeared, the pharyngeal ulcers healed and the raw edges of the remains of the soft palate cicatrized. The larynx was most troublesome and the gumma there broke down; and the resulting ulcer healed but very slowly, and is yet under treatment. This patient took four granules of the protiodide of mercury three times a day for nearly a week, when the gums began to swell slightly, then she continued with two granules three times a day for a month, when the iodide was begun. She took thirty grains three times a day for three months, and is now taking twenty.

The local treatment was warm boric irrigation to the nose followed by iodoform in powder, and the same treatment to the larynx, except that now the laryngeal ulcer is being touched tri-weekly with silver sol. twenty per cent and dusted with iodoform. She is practically well, and will get entirely so. This patient does not know what is the matter with her

and has not been told, as she has always from motives of cleanliness been herself most careful of her toilet articles and linen, etc., as she thought her throat was "nasty," as she expressed it. In cases where infection of others is liable to occur one should unhesitatingly inform the patients of their true condition, however, to prevent dissemination.

Treatment: Mercury is the sheet-anchor in the treatment of syphilis. Iodide of potash is indispensable. Syphilis can be cured by the use of these remedies, assisted by good habits and time. Mercury by inunction in the treatment of hereditary cases in children will be found the best. Apply it to the inside of the band of the infant daily for three weeks, skip a week and resume until you see the effects, then follow it up by tonics and good out-of-doors living, with salt baths with friction twice weekly, and calomel in fractional doses by means of the little granules, which here find a most important place. Cod-liver oil, syrup of iodide of iron, and such general treatment as the case demands, must be used with discretion. Keep your patient under observation for five years if you can give a course of mercurial treatment every few months until the case grows out of your hands well. The local treatment is simply cleanliness and symptomatic, as ulceration is or is not present, etc.

In the treatment of acquired syphilis the same general rules hold good and the same drugs are indicated. Inunction with mercurial ointment is the very best way to get the impression, then keep it up with the granules of the protiodide, bichloride or tannate, as experience tells you which salt works best in individual cases. The plan of the writer is to keep each case under alternate courses of mercury and iodide of a month each, and then a third month without treatment may be allowed, but courses of a month each four times a year are required for at least three years, when, if no signs have appeared, the patient may be considered well.

The local treatment of the tertiary cases is most important and disagreeable.

Cleanliness by means of Seiler's solution is always requisite. The solution may be used with the douche or post nasal syringe and the patient must learn to keep himself clean with one of these. Peroxide of hydrogen is very useful here and has the advantage of being a powerful deodorizer. Permanganate of potash solution, 1 to 2,000, used with a douche is also very valuable, being a good antiseptic and deodorizer. Sequestra of dead bone should be gently removed with forceps and necrotic tissue gently scraped away. Iodoform in powder is most useful when the patient's circumstances permit its use; and when they do not, use aristol or europhen mixed with boric acid freely dusted within the chambers. Sluggish ulcers may be touched with silver nitrate, twenty-five per cent. solution, and dressed with the powder.

Stop alcohol and tobacco, insist upon plain good food, out-door work and early retiring hours, and be faithful and persistent in your treatment. In no disease will the patient efforts of the medical man bring more physical relief or mental comfort than in this, and to this end one must make each case a special study and labor honestly for the answer.

If this series of brief papers has arrested the attention of some who used to say, "It is catarrh and can't be cured," if they have instructed some concerning the simple methods of diagnosis and treatment of diseases of the nose, then the writer has pleasure in it; but if they have convinced even one that catarrh has a cause in each case and that by investigation the cause may be definitely located and removed, that disease of the nose and throat are worthy of the same study as pathological conditions elsewhere, then the labor of preparing them is amply repaid.—The Alkaloidal Clinic.

CANCER OF THE BREAST TREATED BY INJECTION OF ALCOHOL.

Dr. William Yeats reports in the British Medical Journal the case of a lady, aged 58, widow, the mother of three children, middle sized, fairly nourished, rather sallow, and looking older than she was, presented herself in my room on February 17th, the doctor said, complaining of a growth in her left breast. In the family history there was nothing particular to note either in regard to the direct or collateral members of her family, except that one sister, whom also I attended, died of cancer originating in the anterior mediastinum, developing outwards and involving the sternum and the anterior extremities of the second, third and fourth ribs. As to the personal history of the patient; she had very little to complain about; her health had always been considered satisfactory, her position very comfortable indeed for her, and her habits had been good.

The history of the growth in the left breast was as follows: She stated that in June, 1896, she accidentally noticed, in the course of her toilet, a hard lump; that this steadily enlarged, but it was only in January of this year when the skin gave way, an offensive discharge was set up, and the pain became considerable, that she resolved to seek advice. She knew no cause. On examination, the left breast was fully twice as large as the right, and very much heavier, the nipple was much retracted, the skin was ulcerated under and to the left of the nipple for about an inch, considerably indurated around, and adherent to the underlying parts. On palpitation there was found at once a large tumor, hard and knobby. There were several smaller masses along the lower edge of the pectoralis major, and the glands in the axilla were a good deal enlarged. She complained, too, of the characteristic pains, which were aggravated by handling. There was no doubt about the diagnosis. The right breast was very well developed and healthy. On being informed of the nature of the disease—which she had surmised—and

Mother—"Dear me! The baby has swallowed that piece of worsted!"

Father—"That's nothing to the yarns she'll have to swallow when she grows up."

advised that complete and immediate removal of all the parts was, perhaps, the best procedure, she refused to submit to the operation.

Bearing in mind a form of treatment by injection of a mixture of absolute alcohol and distilled water used by Dr. O. Lasse, and published in the *Archiv. fur path. Anat.*, B. 146, Hft. 2, S. 209, November 4, 1896, Zur Krebsheilung, which had been brought to my notice by Mr. Thomas Windsor, I at once suggested and recommended the plan, and to this she readily acceded. Accordingly, on February 20th, with a mixture of forty parts absolute alcohol and sixty parts distilled water, twenty-three syringefuls, each of twenty minims, were injected deeply into the tissues all around the tumor, and into the axilla in the neighborhood of the enlarged glands. The injections, averaging from twenty-two to twenty-five syringefuls each time, were repeated on February 27th, March 3rd, 8th, 17th, 20th, 24th, 27th, 31st, April 3rd, 8th, 11th, 14th, 18th, 25th, and May 2nd. Each sitting occupied about three-quarters of an hour, and as the injected fluid had a great tendency to run back again, to obviate this I found a smear of collodion over the needle pricks the best preventive. The patient experienced considerable immediate pain from the injections, lasting from half to one hour. After the second series of injections, the patient declared that the sensations in the breast were altered, and the shooting pains were no more felt, and the itching on the surface of the breast which she had complained of disappeared and never recurred. After the subsidence of the immediate painful effects of all the other injections, the patient felt more comfortable in every way. When the process had been continued for five weeks, the parts around the tumor began to be oedematous, but still the injections were continued into and beyond the edematous parts. During the sixth week the patient and her nurse stated that they considered that the growth was less, and certainly at the beginning of the eighth week (April 11th) the whole

breast, including the tumor, had diminished in size.

After this date all the parts, breast and tumor, rapidly shrank, until in May there was actually nothing left of the mamma to be felt by the hand, and practically nothing left of the tumor but the nipple and slight thickening under it. There was still edema in the injected area. The glands in the axilla could not be detected. At this time I asked Mr. Windsor to examine the case, which he did on May 12th, and he stated "that whilst the right was a fairly large hanging breast, the other—the left breast—had practically disappeared, the nipple only remaining; that he did not find any thickening under the pectoralis nor enlarged glands in the axilla." After the seventeen injections, a complete structural change to all appearance having taken place, it was intended to continue the injections at longer intervals for a considerable time, but unfortunately the patient became ill otherwise. She lost her appetite, she became slightly jaundiced, and on examining her in bed on May 16th, it was found she was suffering from cancer of the liver with ascites. This being the case, nothing further was done; the patient rapidly got worse, and died on June 10.

After death, the breast and all the surrounding structures were removed, as well as a part of the liver; and these I submitted for examination to Dr. Delepine, and subjoined are his report and remarks.

"The mamma is replaced by a dense fibrous looking mass with several processes extending into the surrounding fat. It is firmly connected with the adjacent pectoral muscles. The skin is rough, superficially ulcerated at one place, and adherent to the subjacent tissue round the nipple. The nipple is depressed but not considerably retracted.

Microscopically.—The cutis vera, subcutaneous tissue, and fat surrounding the mamma show distinct signs of proliferative inflammation of the connective tissue elements, and little infiltration with leucocytes.

The tumor itself presents, in most

places, the appearance of an atrophied scirrhous carcinoma—that is, the epithelial cells are small, they do not fill the alveoli containing them, and the stroma is generally speaking, abundant, and shows signs of great proliferative activity, the periacinous connective tissue show in a marked degree the metamorphosis described as elastic degeneration. These signs of atrophy of epithelial elements and increase of connective tissue stroma are not absolutely general, and in some parts the tumor still presents the appearances of a typical scirrhous carcinoma.

The section of liver shows several confluent nodules of scirrhous carcinoma, very cellular, epithelial cells of the same type as those found in the mammary tumor, extensive tracts of necrosis, biliary, pigmentation and capsular hepatitis.

In conclusion, I would suggest that the mammary tumor shows signs of marked irritation of the connective tissue elements, and atrophy of the epithelial cells, and that this may be fairly attributed in part to the action of the alcoholic injections, the similarity existing between the hepatic secondary growth and the primary mammary tumor throwing a certain amount of doubt over this conclusion."

The clinical history showed clearly an enormous diminution of the cancer of the breast and complete disappearance of the glands in the axilla; and it may be concluded that had not the cancer in the liver developed, there was every prospect of a complete cure of the breast.

The action of the alcoholic injections would seem to be that the injected tissues, more especially the cellular, become indurated and contracted, that the blood vessels become sealed up and the nerves compressed, and hence the strangling of the nutrition supply and the shrivelling and atrophy of the tumor.

The cases in which this plan would seem most likely to be suggested are those where operation is absolutely refused or impracticable, those which have recurred and are unfit for further operation, and perhaps certain cases after operation with the view of preventing recurrence.—Charlotte Medical Journal.

HAEMATHERPY, OR BLOOD TREATMENT.

The following cases are reported from Sound View Hospital, by Dr. T. J. Biggs, in which bovine was successfully employed.

Case 1. John Hatter, of Stamford, Conn., American, age 39; admitted at Sound View, September, 1897. Examination revealed a complete fistula in ano, two and a half inches in length, of large calibre, and of ten years' standing. Around the anus, a complete ring of hemorrhoids. Beyond this, two inches up within the rectum, were four ulcers, from the size of a split pea to that of a dime. Patient had been a large man, weighing 195 pounds, with great strength and vitality; but notwithstanding this, during the last ten years, the course of the case had been steadily downward. Complicating this pathological picture, there was chronic constipation, with hepatic torpor. The patient being in an extremely nervous condition, it was decided to put him on a few days preparatory treatment before operating. After regulating the secretions, he was put on two drachms phosphate of soda in hot water, night and morning, and a diet of bovine and milk, with rice: the bovine a teaspoonful in half a glass of milk, every two hours; the rice three times a day.

September 14th, after preparing the patient by thoroughly washing out and sterilizing the parts, and anaesthetizing him, a double operation was performed, which consisted in a division of the sphincter muscle through the fistula and scraping out the sinus; after which, a modified Whitehead operation, one inch of gut being removed. The two largest ulcers, an inch and a quarter from the anus, remained. These were touched up with a 25 per cent. solution of pyrozone. The wound made by the removal of the fistulous sinus was then thoroughly irrigated with hot Thiersch solution, and packed with sterilized gauze saturated with iodoform-bovine. This packing was changed every twenty-four hours, up to September 20th, after which, pure bovine

was employed in the same way, changing the dressing three times a day. Before each dressing, the wounds and ulcers were washed out with Thiersch, and then thoroughly cleansed by the bovine-peroxide process. On the 22nd, the stitches were removed, the line of union being perfect around the anus, and the fistulous wound rapidly filling under the topical blood nourishment. On the 28th the ulcers in the rectum were entirely healed; leaving now only a small surface over the site of fistula, unhealed. On the 30th, this wound was also neatly healed; patient having regular daily defecations normal in quantity, and feeling altogether like a new man. October 3rd, discharged absolutely well.

Case 2. Pat Walsh, of Bridgeport, Conn.; Irish, age 31; bullet in head of tibia admitted September 8, 1897. Examination per X-ray revealed a 38-calibre ball in the head of the tibia. Patient was shot two and a half years ago, and during this time had suffered greatly from pains in and around the knee joint. Until the 22nd, preparatory treatment was given, which consisted in regulating secretions, and a light general diet. On the 22nd: taking care for the usual evacuation, and the leg having been previously sterilized; after etherization, an incision was made to the length of four inches, extending from the head of the tibia down over the neck. The muscles, nerves and vessels were carefully pushed aside; the periosteum was incised and raised for two inches; and a small-sized trephine opened up thoroughly the head of the bone. Thanks to the X-ray, the bullet was found right in line with the opening that had been made in the bone. The ball was removed intact, the cavity was thoroughly cleansed by the bovine and peroxide of hydrogen process and washed out with Thiersch solution; after which, it was packed with iodoform-bovine gauze, and the wound was closed for half its length from above down. The dressing was changed twice in twenty-four hours until the 25th; after which, no sepsis being present, the packing was discontinued, and bovine pure was dropped into the bone cavity twice a

day; the cavity being first thoroughly cleansed every time. By the 28th, the bone cavity was almost entirely filled, and the surface of formed bone almost completely covered with periosteum. On the 30th, the bone had become filled up and entirely covered with periosteum. The edges of the wound were now brought in apposition with rubber plaster, over which a dry sterilized dressing was applied, and patient directed to return daily for dressing. A remarkable fact in this case was the wonderfully rapid filling in of new bone by the topical blood nourishment; occupying barely one week. So rapid a repair had not been known to my experience.

Case 3. Ned Mead, American, age 55, married; first seen September 6, 1897. Case of anaemia, of many years' progress: patient highly neurotic, and had become considerably of a hyperchondriac. Microscopic examination of blood revealed a decided deficiency of both white and red cells, and in the quantity of haemoglobin. Physical examination revealed no abnormal organic condition. However, all symptoms of profound anemia were evident in the pale waxy complexion, pale conjunctiva, reduced flesh, irritable heart, and disordered digestion; bowels normal. Patient was accordingly put at once on a teaspoonful of bovine every three hours, with a tonic made up of sulphate of strychnine, citrate of iron and quinine, and Fowler's solution of arsenic, taken before each meal. He bore the bovine nicely from the outset, and within a week began to show a decided improvement, in better sleep and appetite. His bovine was then increased to a tablespoonful every three hours in milk and old port wine alternately. This quantity was kept up until October 6th, when it was increased to a wineglassful every three hours. October 10th, the microscopic examination of the blood showed decisive improvement; the cells and haemoglobin being almost normal in quantity and quality, while the patient's general condition gave signs of restored health. Two days before beginning the

blood treatment his weight was 110 lbs. October 10th it was 122½ lbs. The patient still continues the bovine as last prescribed.

THE LANCET

As the subject of sewer ventilation is one that crops up from time to time, each writer on the subject believing his theory to be the only correct one, it would hardly be within the province of a medical journal to criticize these several suggestions, but leave to the sanitary engineers, to whose domain it properly belongs, the onus of settling the question. But, when a constituted medical board of health, composed of medical men, give the weight of their quasi official positions to a particular scheme, and this is promulgated in the daily press with the strongest endorsement of the chairman of the board, it assumes a different complexion, and calls for either the support of the profession, or otherwise. The idea of the ventilation of sewers, such as that given in the *Free Press* of Feb. 1, illustrated by diagrams, as the best means for the end in view, namely, the ventilation of sewers by untrapped drains, and pipes leading up through dwelling houses, and carried out through the roof, though by no means a new idea, is one that has been received by the most eminent sanitary authorities with scant favor, and bristles with objections, more especially in a climate such as ours, where the ranges of temperature are so varied and sudden. Untrapped drains, with pipes leading up through dwelling houses, would require a means of ready access by man-hole through the roof, to see that the ventilating pipe or pipes are not blocked, which might readily take place under the variations of our temperature. Again, constant watchfulness as to the integrity of the pipe joints would be imperative. The expansion and contraction of metal, the settlement of buildings, etc., might so derange the connections that the pin hole of danger, unnoticed and

unnoticeable, distilling its death-dealing microbes, would be first evidenced by sickness in the household. This possibility, in the ordinary interests of hygiene, would call for the frequent peppermint, or other reliable tests, and these carried out in no perfunctory manner. Again, granting that pipes and connections were sound, the sewer gas would reach the colder outside atmosphere during the winter months and would most probably be harmlessly dissipated. But in summer a reverse current would be generated, and, under certain atmospheric conditions, sewer emanation might collect on the roof top and be driven down the chimneys into the dwellings. Mr. Simon, late medical officer to the Privy Council of England, says: "The ferments in sewer emanation show no power of active diffusion in the air—diffusing in it only as they are passively wafted, and if the air be freely open, not carrying their vitality far. Humid air can lift them in full effectiveness, as from sewers and drains, and if into houses, or confined external spaces, then with the chief chance of becoming effective." The *Engineering Record* says: "In any case, we prefer to ventilate the sewers by open man-hole covers. Under the conditions obtaining in most cities, the main trap is certainly necessary." Again it says: "In the newer American cities, with wide streets, man-hole ventilation need not be a nuisance, and the attempts to run vent pipes through individual houses as a general thing invites greater evils and perils than the practice on which our engineers rely. The pipe charged with its deadly ferments running up through our houses might prove an ever-present reminder that in the midst of life we are in death, but most people would prefer to have this reminder before them in another form. If the theory is a correct one, why not have high ventilating shafts at the crossings? For, if the plan proposed by the Board of Health became compulsory in any city, probably 50 per cent. of the inhabitants would take up their beds and walk."

MISCELLANEOUS

DUSTING.

It is only lately that we have begun to appreciate the danger of dust. We used to class it as "clean dirt" in the days before science revealed to us that it is possible for dust to include something of every filthy excretion and putrescence on the face of the earth. The housewife who the unremitting struggle she has to wage against it may take what comfort she can from the thought that her work is of the first importance, since she is removing disease and death from her house along with the light insidious particles of dust.

In dusting, the question is not only to remove the dust from its lodging places, but to get it out of the place altogether. The work should be done with a very soft, and clean cloth, which should be carefully wiped over things. It should never be flirited or whipped about, for of what use is it to clean the furniture and soil the air we breathe. Care should be taken also not to wipe the dust off in such a way that it will fall on the floor. It is a waste of energy to sweep a room if you are going to return the greater part of the dirt to the floor again by careless dusting. In fact, before the sweeping is begun, every movable article should be taken out of the room, and should be well dusted before it is brought back, while such things as cannot be removed should be well covered. If, in addition to these precautions, the dust-cloth is shaken out of the window every few minutes while it is being used, you may be sure that all the dust possible has been gotten out of the room.—Catholic Home Journal.

EDISON'S REMEDY FOR GOUT.

Edison proposes to remove from the system, by electrical indicated applications, the uric acid which is the cause of so many diseases, and whose treatment so often baffles the physicians. He effects this by passing lithium electrically through the system, by plunging one hand of the patient in a solution of chloride of lith-

ium, and the other in a solution of chloride of sodium; each solution being connected with one pole of a battery. In experiments on a healthy man, a current of four milliamperes was applied two hours daily for a week, during which time 55 centigrades of chloride of lithium, sufficient to carry off 2.43 grammes of uric acid, were passed through the system, and this was followed up on a man 73 years of age, who for ten years suffered intensely from gout, his joints being terribly swollen, and walking almost impossible. The pain ceased with the first operation, and after two hours' treatment daily for six days, his hands resumed their normal proportions, and he was entirely cured, three cubic centimetres of urate of sodium having been absorbed. The new treatment has excited much interest in the medical fraternity, who consider it worthy of careful consideration as a probable remedy for a most troublesome class of ailments.—Medical Herald.

ALCOHOL AND POPULAR MEDICINES.

In the report of the Massachusetts State Board of Health are found the following statements of the percentage of alcohol as an ingredient of nerve stimulants and blood purifiers: Ayer's Sarsaparilla, 26.2 per cent.; Hood's Sarsaparilla, 18.8 per cent.; Paine's Celery Compound, 21 per cent., and Greene's Nervura, 17.2 per cent. Malt liquors contain from 1.5 to 8 per cent. of alcohol, wines from 8 to 20 per cent., while ardent spirits, of which whisky is a type, contains from 45 to 60 per cent. of alcohol. Among the wines it is only old Port that contains more than 17 per cent. of alcohol. It is therefore apparent that these "nerve stimulants" and "blood purifiers" out-rank wines in the amount of alcohol, while Ayer's Sarsaparilla reaches almost the proportion that should classify it as "ardent." No wonder great benefit is claimed for these universally used "remedies." The man or woman who is benefited by a draught of "Schnapps" cannot fail of rejuvena-

tion by a dose of these medical "Schnapps." Better take your whisky straight.—Med. Arena.

THE NOSE AS AN ORGAN OF VISION.

The following curious case is related by Donlot in the *Revue medicale* for August 4th:—The patient was a countryman who had lost the right eye while still a child. Some years afterward, while climbing a cherry tree, he fell and his face struck a sharp stick which projected from a bush. The shock was so violent that the nose, the cheek, and the left eye with the two eyelids and the eyebrow were horribly mutilated. The surgeon who attended the patient thought that the eyeball had been completely torn away and must have adhered to the stick.

A year later, after the wounds had healed, the man noticed one day that he could distinguish the daylight and the color of flowers through his nose. From this time, for five or six years, he saw with his nose, which had become the organ of vision. He eventually became able to distinguish all objects if they were placed below him, for he was insensible to all light which came from above.

The organs which were injured at the time included the eyebrow and the nose, consequently the blow could not have been made in the direction of the axis of the eye, but very obliquely. If, then, the humors of the eye were discharged on the outside, and if, at the same time, the lower wall of the orbit was pierced, the membranes, particularly the retina, had been preserved in the depth of the eye, says the writer. When all the wounds had healed and the eyelids had closed over the ocular cavity, there must have remained in the bony case a small opening which put this cavity in communication with the nasal fosse. Thus the case of this man, which, says the author, is truly remarkable, admits of a rational application. It serves as an experimental proof of the theory by which the retina is compared to the screen in the dark room of physicists, in which the images

of exterior objects are formed, even in the absence of all refracting means, provided the luminous rays can not reach it until after having passed through a very narrow opening.—New York Medical Record.

CHAMPIGNON DU CHEVAL.

This, it seems, is the name that the French veterinarians apply to an affection of horses characterized by the formation of pediculated papillomatous tumors of the scrotum after castration. At a recent meeting of the French Association of Surgery (*Gazette hebdomadaire de médecine et de chirurgie*, October 21st) Poncet and Dor stated that a parasite closely resembling that of the botryomycosis of Böhlinger had been found in connection with this disease, and that they had demonstrated a causative relationship between it and the pediculated papillomata frequently seen in the human subject, principally on the fingers and hands.

EVENTRATION IN CHILDREN.

Budinger (*Wiener klinische Wochenschrift*, 1897, No. 21; *Gazette hebdomadaire de médecine et de chirurgie*, Aug. 8, 1897) reports a number of cases in which boys from five to nine years old, previously in perfect health, have become the subjects of persistent dyspeptic troubles. The appetite is impaired and they decline certain articles of food which are particularly apt to engender gas and consequent epigastric pain, such as bread and potatoes. From time to time, in the midst of their play, these children are seized with gastric colic. They suddenly stop playing, turn pale, and bend forward, at the same time pressing with their hands on the pit of the stomach. In every such case the author has found separation of the recti muscles extending from the ensiform cartilage to the navel, their inner edges forming the boundaries of a lozenge-shaped space. All the symptoms have been controlled by the application of over-lapping strips of diachylon plaster as wide as one's finger. If this irritates

the skin, salicylated soap plaster may be used instead.

ACCIDENTS DUE TO THE EMPLOYMENT OF ANTIPYRINE.

The Gazette hebdomadaire de medecine et de chirurgie for September 26th contains an article on this subject, in which the writer refers to a thesis by M. V. Clement, which, he says, is particularly instructive. The author devotes considerable space to the nature of the accidents which follow the immoderate use of antipyrine, giving a detailed account of those pertaining to the skin, the viscera, the nervous system, and the circulation, from which the following practical conclusions are reached. 1. Antipyrine should never be prescribed for very old people, for subjects attacked with non-compensated cardiac lesions, or for those in an adynamic condition. 2. In influenza and erysipelas it should always be associated with quinine and, in convalescence, with strychnine or caffeine. 3. In arthritic subjects, who are nearly always dyspeptics, it should be associated with an alkali (sodium bicarbonate or sodium benzoate) and prescribed in solution. If it cannot be taken except in a capsule, the patient should drink a quarter or half a glass of Vichy immediately after taking the capsule. 4. In tuberculous subjects twelve grains at a time should not be exceeded, and the condition of defervescence should be carefully watched. It is well in this case to combine alcohol and antipyrine and give the latter in solution. 5. In diabetic subjects the association with alkalies is obligatory. 6. In children antipyrine may be administered without inconvenience even in amounts proportionately larger than in adults, provided it is given in divided doses. This tolerance depends as much upon the integrity of the renal function as upon the mode of administration, which should nearly always be by the solution.

The writer calls attention to the fact that antipyrine given in powder, sometimes even in solution, has a special effect upon the mucous membrane of the

stomach, and that this may be avoided by employing hypodermic injections. An injection done aseptically never gives place even to the least cutaneous poisoning.

The treatment of these accidents consists, naturally, in suspending the use of the drug. For the cutaneous accidents simple measures are generally sufficient. If it is a serious case of poisoning, injections of ether and especially of caffeine should be resorted to; during convalescence alcohol, digitalis, strychnine, and small doses of quinine render great service.

LODGE DOCTORING.

The College of Physicians and Surgeons of the Province of Quebec has decreed that in future any member accepting a position as lodge doctor under the usual tariff rates will have his license to practise taken away from him, and much excitement among fraternal societies has been aroused thereby. There may be some need for action in this matter, but we think there are other abuses, the remedying of which are more urgent than this question. For instance, we believe that this is one of the few countries where doctors are permitted to manufacture and sell patent medicines, and we would urge upon the college the necessity for putting a stop to this practise, which can only tend to degrade the whole profession in this province. It would not be tolerated in England, on the Continent, nor in Ontario, and certainly should be put an end to in this province.—Pharmaceutical Journal.

CHOREA IN RELATION TO SCARLET FEVER.

Henoeh, in British Medical Journal, says: I have only twice seen chorea during the acute stage of scarlet fever. I have never seen it as a sequela. Considering the very large number of choreic children whom I have had the opportunity of observing, this fact seems remarkable, for other authors say they have often seen chorea after scarlet fever.

ALASKA GOLD MINES.

As far as any thorough prospecting is concerned, says the Juneau Miner, the basin of the Yukon has hardly been entered. The main river winds through a distance of 3,000 miles, and its tributaries vary in length from 60 to 300 miles. That there are possibilities of discoveries of much more wealth cannot be doubted, but to the prospector it is a most inhospitable region, not only on account of the dangers and hardships, but because the ground is covered with Arctic moss and frozen, making the discovery of quartz extremely difficult.

Of the extreme richness of the Klondike placers there would seem no reasonable doubt, but the public does not appear to recognize the vastness of the territory that is believed to carry the gold. Dr. Dawson estimates the auriferous country at 500,000 square miles. It will take years to explore, and there is not the slightest need for people to rush in at the beginning of an Arctic winter; they will have a far better chance in the spring. All the gold-bearing claims within 125 miles of Dawson have, of course, been staked off long ago, but on a map drawn to scale this territory would be but a speck upon the mighty wastes of Alaska and the Yukon.

The Canadian mounted police will not allow anyone to enter the country unless he is in possession of a good outfit, and this has caused many to be sent back to the coast and will doubtless save the lives of some who are more daring than wise.—Eng. and Min. Jour.

The conclusions to be arrived at are that of the specific diseases of animals used as food, the parasitic, anthracoid, erysipelatos, tuberculous, and foot-and-mouth varieties may be deemed directly transmissible to man, that the question of the communicability of cattle plague and swine typhoid is as yet undetermined, and that the evidence as to pleuro-pneumonia, though much stronger, does not so far admit of absolute demonstration. Of course, there is not a shadow of doubt

that all such meat is not fit for human food, being deprived of most of its nutritive qualities; but this is a different question from the transmissibility of the identical and specific disease.

I am myself decidedly of the opinion that the care bestowed upon the examination of meat for the use of the Jewish community is an important factor in the longevity of the race which is at present attracting so much attention, and in its comparative immunity from scrofula and tubercle, to which Dr. Gibbon, the Medical Officer of Health for Holborn, has so markedly alluded in his last report. Naturally such cases do not produce an immediate effect, but their transmission through innumerable generations must eventually bring about a decided result and exercise a considerable influence in building up the mental and physical toughness of the Jewish people, which has been so long an object of wonder; and which, in conjunction with their steadfastness, cohesion, and valor, Goethe considers to be their chief claim before the judgment seat of nations.—Dr. Henry Beirend, in *The Jewish Chronicle*.

Doctor G. Archie Stockell, F. Z. S., for ten years the confidential medical adviser of Parke, Davis & Co., Detroit, has severed his connection with that firm and is now engaged in the same capacity with Henry K. Wampole & Co., of Philadelphia.

BIRTHS

TODD—At Winnipeg, on the 12th of February, the wife of J. O. Todd, M.D., of a daughter.

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