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ANTISEPTIC SURGERY. — "LISTERISM."

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During the past years the subject of antiseptic surgery has engaged the attention of the profession very largely, and has been adopted by not a few, and also introduced into several hospitals. It has in fact attained to that position in the surgical world when it may be said to be the fashion.

It becomes my duty to offer some remarks upon this subject, and to point out what I cannot but regard to be fundamental errors in connection with antiseptic surgery as taught by Prof. Lister, or in other words *Listerism*.

In the first place we must clear the ground by making a broad distinction between true antiseptic surgery and *Listerism*.

That septicæmia may take place after injuries and operations is a well understood fact. That this may be prevented by certain modes of treatment, and by the use of certain agents is also a fact recognized by all surgeons. This treatment which will prevent septic poisoning of the system, and these agents which will accomplish that end are justly called antiseptics. Antiseptics are now employed very largely in all hospitals and by mostly every surgeon in practice; but at the same time, comparatively few believe in the peculiar doctrine propounded and urged by Prof. Lister and his disciples.

Let us now understand what is meant by *Listerism*, for *Listerism* and Antisepticism are not convertible terms by any means, although very many think they are.

Prof. Lister, accepting the theory that the air is inhabited by innumerable organic germs,

asserts that these organisms are the cause of putrefaction, and that by excluding these, putrefactive changes will be prevented. He therefore directs all his powers to ward off from wounds caused by injury or operation, these ubiquitous and energetic, albeit invisible, organic entities, and claims that by so doing he not only prevents putrefaction, but suppuration, septic poisoning, and all the train of evils following. The doctrine rests upon the belief that decomposition of organic matter depends upon the presence of these bacteria; that when organic structure ceases to have life it will remain undecomposed unless operated upon by these germs. The theory seems beautiful; to some it is very attractive, in others it evokes the highest kind of enthusiasm. But, the thinking man, sceptics if you will, sees not a few difficulties in the way of accepting this doctrine and the rather burdensome practice based upon it. The obstacles exist both with regard to theory and practical experience. Bearing upon the subject, I will now bring before you a number of cases reported, by different eminent surgeons and then again, allude to the difficulties in the way of accepting *Listerism* as a scientific truth.

A case is recorded from Charing Cross Hospital of a woman who had a compound comminuted fracture of the ankle joint. "The wound was dressed antiseptically, and the limb placed on a side splint." This treatment was continued for ten days, when the antiseptic dressing was left off. "The discharge was profuse, and there was a good deal of bogginess about the adjacent parts. The surface looked foul and almost gangrenous." Poultrices were then applied and after a fortnight the wound looked healthier.

Mr. Bryant and others, report cases of strangulated hernia, where operations were performed without antiseptic precautions and where the result was eminently satisfactory. The following case recorded by Dr. Fairbank of the Dancaster General Infirmary is highly instructive. A woman aged 42 had suffered from hernia for many years, which was very large. Laceration of the integumental covering suddenly occurred and the intestine protruded to the extent of at least 18 inches. In this state she walked some distance.

When seen by the surgeon the "surface of the gut was quite dry, and of a deep red colour. She was in a state of extreme prostration. Having

* Extract from the report on surgery submitted to the Canada Medical Association, Sept. 10th, '79.

given some brandy the wound was enlarged and the gut replaced in the sac, and the edges brought together with a silver wire. Cold water dressing was applied and 30 minims of Tr. opii given. The next day she had greatly improved in condition. The wound healed by first intention, and she made a rapid recovery without a bad symptom."

Mr. James Brown Hargreaves, F.R.C.S., Edin., records a case of ovariectomy. The tumor filled the whole of the abdominal cavity. The operation was performed without antiseptic precautions. The tumor was multilocular, and was adherent to the abdominal parietes and to the omentum, which adhesions were broken down with the finger. The pelvis was sponged out, and the edges brought together by thick silk sutures passed through the whole thickness of the abdominal walls, including the peritoneum. Patient was wrapped in hot blankets. On third day, note says, "Wound dressed; no pus, and appeared to be uniting by first intention in the greater part of its length." The next day a pad of lint wrung out of solution of carbolic acid lotion was applied. But this could not be called Listerism. In 24 days she was dressed and sat up, and in 32 days after the operation she was able to go about her household duties.

Dr. Walshe, of Edin., gives an account of a case of ligature of the femoral artery for aneurism with catgut ligature. He says it was not applied under the spray, but carbolic lotion was applied in the dressing. "Complete union by first intention followed, and the patient was completely cured on the tenth day after the operation." A second case is also given of the same kind of operation, and he remarks, "The material used in this case was carbolized catgut, without any other antiseptic treatment. The wound healed by the first intention."

Dr. Geo. Elder, Surgeon to the Nottingham Hospital, gives a case of herniotomy. The wound was washed out with carbolized water; but there was no spray or antiseptic gauze. Silk sutures and a compress with strips of plaster and an arnica bandage constituted the treatment. On the fourth day union by first intention had taken place.

Dr. Morton, of the Glasgow Royal Infirmary, tied the external iliac artery for aneurism of the femoral and popliteal. An ordinary silk ligature was used and cut short; silver sutures were used,

and a pad of lint applied. "The wound healed completely by first intention, and at the end of a week was quite sound, no pus formed, and the slight serous discharge was odorless." He concludes the account by saying, "It may interest many to notice that the ligature remains enclosed, and that no antiseptic of any kind was used except the blood."

From Paris comes an account of a case of a young man who from a long walk and sleeping in the snow, and from exhaustion, had gangrene of both legs. Amputation of both limbs was performed at the thigh at the same period. "A great quantity of reddish-brown liquid escaped upon section of the tissues. The two stumps were dressed with lint dipped in camphorated alcohol." On the eighth day "union had taken place to a great extent."

Dr. Jonathan Hutchinson, F.R.C.S., records two cases of compound fracture of the femur treated by lead and spirit lotion, which healed without suppuration. One was a very severe injury, the bone being comminuted just above the knee joint, and a considerable fragment requiring removal. Also a case of "compound fracture of the humerus just above the elbow, the lower fragment being split vertically. The joint was opened and synovia escaped. The wound closed without the slightest suppuration." He further speaks of "two other cases of compound fracture of the femur, one of them attended by large effusion of blood into the limb, have done equally well under the same treatment."

Many other cases might be adduced to show that the most successful treatment of wounds of all kinds can be secured without the aid of Lister's antiseptic paraphernalia; but I will content myself by bringing before you the teachings of one of the most eminent surgeons of England.

Mr. Samson Gamgee, surgeon to the Birmingham Hospital, is one of the most devoted surgeons of our times; a careful observer, a candid and unprejudiced investigator, and ready to recognize scientific truths wherever found. Allow me then to read to you some extracts which have a most important bearing upon the subject of Listerism. In a clinical lecture on wound treatment by dry and infrequent dressing, rest and pressure, he commenced by saying—"The majority of wounds heal rapidly and painlessly under dry and infrequent

dressing, uniform gentle pressure and absolute rest." He adduces a number of cases in proof of this statement, a few only of which I can give and that in a brief way. A labourer, aged 21, with a punctured and contused wound on the inner side of right patella. The wound was round and jagged, capable of admitting the tip of the index finger. It was an inch in depth. The whole knee felt hot and looked puffy. It was caused by an iron bar striking the part with great force. He had walked a distance of half a mile and then rode in a cab. A pledget of lint soaked in styptic colloid was placed over the wound, over it a dry gauze and tenax pad, and the limb, enveloped in cotton wool, was immobilized from the toes to the hip with pasteboard splints and compressing bandage. The apparatus was opened on the 6th day; the swelling had all subsided; the skin was of natural colour; about half a drachm of pus was wiped off the wound which was found to be granulating. A dry gauze and oakum pad was then applied and remained for six days more, when there was found a trace of pus, and the wound was nearly healed. Four days later the cicatrix was solid and joint perfectly moveable and painless. Another case where the tendon of quadriceps extensor cruris was divided; the intercondyloid space exposed, and a finger could be passed underneath the patella. The wound was brought together with silver sutures and treated as the former. The wound was exposed on the 9th day, healing was then perfect. On the 30th day he was discharged with the function of the joint perfect. He also gives a case of severe contused wound of side of head, in which the ear was almost severed. Treated in the same way with drainage tube, healing took place without suppuration.

These are very instructive cases, as showing the true principles of surgery applied to practice. But I have something still more important to give.

Dr. Gamgee excised the right elbow joint in two cases, treating the one strictly on Prof. Lister's plan, the other by dry dressing, gentle pressure and absolute rest. In one case the skin was unbroken, in the other a sinus led down to a suppurating joint. The latter he took for the dry dressing, as its condition is not looked upon as a favorable one for the antiseptic method. This patient was also a weaker man. The state of the parts admitted of his removing as nearly as possible, the same

amount of the three bones in both cases. In the dry case he carefully abstained from wetting the wound. The subsequent treatment was directed to secure rest, drainage and pressure. In the case treated according to Lister's plan the utmost care was taken to carry out his teachings, by washing the limb with carbolic water before the operation, by washing the hands with soap and carbolic water; in cleansing the sponges, soaking the instruments, using the spray, which acted well; using the protection gauze and so forth. The subsequent dressing was in accordance with Lister's plan. As Prof. Lister had only a short time before visited Dr. Gamgee and demonstrated his method, it is not likely that there was any failure in carrying out fully the plan laid down by Lister.

The dry case was dressed four days after the operation, when it was found that four fifths of the wound was healed. "Although the dry rest man was nervous and comparatively feeble, he was in comfort by day and had good sleep at night, while his more plucky companion suffered a great deal of pain in the arm, greatly intensified at each dressing. The head and forearm of the former have all along been pale, cool and shrivelled; of the latter he says it was puffy, pink and shining during several days." Both the temperature and pulse of the one treated by the dry rest method were markedly lower from day to day. Dr. Gamgee remarks as follows, "a system of treatment which requires that whenever a discharge is seen to come through the dressings, these are to be changed under the carbolic spray, is opposed to the great principle of local and constitutional rest, subjecting the patient to a great deal of pain and the surgeon to a great deal of trouble."

As before stated the objections to Listerism are on theoretical grounds, and the erroneous and troublesome mode of practice it entails, causing the surgeon to give attention to points of a trivial nature to the exclusion of sound physiological and pathological practice. I take exception to the doctrine that decomposition depends upon the energy of bacteria, and unhesitatingly assert that there is no proof of this declaration. It seems to me an extraordinary belief that because low forms of life are found feeding upon decomposing organic matter that therefore they are the cause of decomposition. As well might the crow be credited with having caused the death of an animal because

it is found feeding upon the carrion. Prof. Lister entirely ignores the chemical and physico-chemical laws of nature. But, while the body and the individual tissues have life, they are under the government of vital laws; and when life departs they come under the power of natural physical laws. Decomposition of dead organic matter is as natural as decomposition of rock under the influence of the sun, air and water, or iron exposed to moist air, or ice to the sun. When our bodies die, decomposition soon begins to take place, unless prevented by certain chemical agents or conditions of atmosphere. The skin of animals are converted into leather and prevented from decomposing by certain chemical agents and processes. When we have a contused wound and some of the tissue is crushed to death it must decompose and it must be sequestered by a process akin to the inflammatory. In an incised wound, or after an operation, if the liquor sanguinis which is poured out, is not removed the organic portion will also decompose. The pus cells when elaborated will, after a time cease to have life and will also decompose. Now decomposition may be noxious or innocuous. This depends upon certain chemical conditions, as well as the previous healthiness of the organic material. We all know that fresh meat will keep a long time in winter, and soon spoil in summer. We know also that a moist and heated atmosphere will hasten decomposition. The more rapid decomposition is, the more it partakes of the putrefactive character. Bearing these well known facts in mind we have no difficulty in understanding why putrefactive decomposition so readily takes place in wounds when they are covered up by numerous bandages and lint as was formerly the case. The heat and moisture from the body favours it, the pent up air, soon deprived of all oxygen promotes it. But a wound purified by washing, and the tissues vitalized by the access of pure air, is not likely to be the seat of putrefaction.

But there is another difficulty in the way of accepting Listerism as a scientific doctrine. No surgeon of any experience has failed to have cases, in which putrefaction took place beneath the skin, where the atmosphere did not reach. Putrefaction then can and does take place without the presence of air. If it can occur at all without the air furnishing germs to cause it, by what process of reasoning can it be concluded that their presence is

necessary at all. But it is said, I believe, by some Listerites that the bacteria reach the part where putrefaction occurs, by the way of the blood, although I heard Prof. Lister deny such a possibility. If, however, the bacteria can reach a part which has been bruised, by an internal route, why should the surgeon attempt to create a barrier to their entrance by the external wound? The absurdity of this naturally made Prof. Lister unwilling to admit that bacteria did or could operate by way of the blood. However, we are confronted with the declaration of experimenters quite as capable as Prof. Lister, that bacteria are found in different parts of the body and in the blood.

On the contrary, we are confronted by the fact, that the practice according to Lister is often very successful. We are all familiar with the fallacy contained in the words, *post hoc ergo propter hoc*. We also are aware of the fact that the practice of medicine according to Hahneman is often successful. Indeed when homœopathy first attracted the attention of the public, its success was often very remarkable, and it led the profession to consider their mode of practice. The result was they found that they were using drugs too largely, that nature, if let alone, was in a large number of cases able to effect a cure. Not only that, the profession learned that the medicines they used often interfered with the salutary efforts of nature. So that while they saw the absurdity of the doctrine of homœopathy, they learned a valuable lesson. In like manner surgeons may learn a lesson from Listerism. Not that scientific surgery had no other way of acquiring a knowledge of the essential elements in the treatment of wounds. The careful student of Sir James Paget, and of Prof. Billoth, will have no difficulty in learning the true principles based upon the workings of nature, in connection with external injuries and the inflammatory process. And any one who has properly examined the teachings of the late John Hilton in his lectures on "Physical and Physiological Rest," cannot fail to perceive the fundamental principles of scientific and successful surgical practice, without importing visionary views of external influences through air germs. Unfortunately the modesty of these master teachers did not allow them to disseminate their views by missionary journeys to different parts of the world. They did not make a point of indoctrinating young students and sending them forth with the enthus-

iasm of neophytes. Had the profession fully understood their scientific teachings, and cast away the improper and too often injurious surgical appliances of a quarter a century ago, and adopted a line of treatment in harmony with scientific teachings, there would have been little chance for the aggressive assumptions of Prof. Lister.

But before closing, I must refer to an admission made by Prof. Lister himself. Mr. Gamgee speaking of a lecture delivered at Birmingham by Prof. Lister, says the title of that lecture was, *On the healing of wounds without antiseptic treatment*, and that he did not question the reported recoveries after wounds into joints and amputations under dry treatment and in frequent dressings, rest and pressure. But his reply was, "that the healthy living tissues have the power of preventing the development of bacteria in their vicinity." Mr. Gamgee without using strong words, then shows the absurdity of Listerism by remarking, "Since the great majority of wounds, whether inflicted by accident or by the surgeon's knife, are in healthy tissue, the development of bacteria need not be feared. Life resists putrefaction. Preserve and utilize the resources of life, and you will have the benefit of its powers in your surgical work. You will secure nutrition and repair, and under the circumstances mentioned, have very little need to urge war of extermination against atmospheric dust." Mr. Gamgu, wishing not to be too severe on his former fellow pupil, says that in wounds not healthy, and in diseased joints, and chronic abscess, not improbably Lister's treatment may be beneficial; but he adds, "for the great mass of surgical cases, for the treatment of wounds in every day life, and in the work shop, at the pit's mouth, and on the battle field, the requisite knowledge is old and sound. Much of that knowledge has never been sufficiently appreciated, no small part of it has been forgotten." "Theories and systems are what you have to avoid. Facts and their strict interpretation are what we have to search after." The *London Lance* in reviewing Mr. Gamgee's lecture makes the following appropriate and significant remarks. "In these days of elaborate and complicated specialization in operating and in dressing wounds, it is positively refreshing to be assured by an experienced practical surgeon, that dry and infrequent dressings, accurate adaptation of the lips and surfaces of the

wound, gentle compression, efficient drainage, complete rest, accurate support, ordinary cleanliness, and proper care and attention have not lost all their virtue in the treatment of wounds."

It will be observed that Mr. Gamgee advocates very strongly the dry-dressing for wounds; but while in many cases it is preferable because of the continuous rest which it insures of the part, there are some cases in which water-dressing should take the place of dry-dressing. When some of the tissue has been crushed to death, and must be sequestered and cast out, it is of the first importance that the wound should be from time to time washed out. Constant application of water will secure cleanliness; and if this can be done without destroying the part and causing pain, the healing will proceed as rapidly as can possibly take place. The extent to which bruised tissue can be restored to health when not disturbed by frequent dressing is sometimes marvellous. When, however, the tissue is dying in considerable mass, it becomes necessary to keep the wound open to prevent absorption, and permit cleaning.

Prof. Erichsen wisely remarks in a recent communication:

"Wounds cannot be 'cured,' but they will heal readily enough if not tormented by injudicious surgery. Drainage alone is all that is needed to place most wounds in the most favourable condition for healing. And methods of the most opposite character appear to owe their success to the fact of drainage being the one essential element that is common to all. The 'antiseptic' method in which every germ is vigorously excluded by clouds of spray and multiplied layers of gauze, and the 'open-air' method, in which a wound is left open to all that the atmosphere may chance to deposit upon its surface, differing as they most absolutely do, in the theory on which each is founded, appear, in many operations at least, to be about equally successful in practice. This success would seem to be due rather to the one condition which is common to both—perfect drainage—than to those in which they are so dissimilar. For whether drainage be effected by a tube, or by the free escape of fluids without the use of an instrument, matters nothing, provided always that it be complete."

NOTE.—When this paper was prepared, an account of the meeting of the British Medical Association at Cork, had not reached this country; or I should not have felt called upon to speak on behalf of

the rational surgeon as opposed to Listerism. For at that meeting Mr. Savory in language at once forcible and clear, exposed the absurdities and evils of what he designated the Listerian plan of treatment. And if any one is in doubt regarding the falsity of Listerism as a doctrine, let him read Mr. Savory's address on the Prevention of Blood Poisoning in the Practice of Surgery.

THE TREATMENT OF POST PARTUM HEMORRHAGE BY TOPICAL APPLICATIONS.*

BY GEO. A. TYE, M.D., THAMESVILLE, ONT.

The treatment of post partum hemorrhage is a subject that always secures attention in any assembly of medical practitioners, and rarely fails to call forth discussion that elicits valuable suggestions. This fact is my warrant for offering this short paper.

I shall present the opinions of a few leading authorities and relate two cases recently treated by myself by topical applications. The chief effects sought are, to excite uterine contractions, or produce a hemostatic effect in the mouths of the bleeding uterine vessels, or a combination of both these effects. The principal means of effecting these are:—1. Introduction of the hand into the uterine cavity. 2. Introduction of cold in the various forms. 3. The application of electricity. 4. Injections of irritant fluids as whiskey, vinegar, &c. 5. Particularly the injection of tincture of iodine. 6. Solution of the styptic salts of iron. 7. Hot water. The use of the hand in the uterine cavity and the internal application of cold, are old, and well tried remedies, that enable the accoucheur to control the majority of cases after all extra-uterine means may have failed, or have proved themselves too slow to meet the emergency in time. These valuable and ready methods are beyond discussion. Electricity is rarely available and not to be depended upon. The injection of whiskey, vinegar, tincture of iodine are of some value. Yet it is the two last mentioned agents that I desire to examine, namely, the solution of the styptic salts of iron, and hot water.

That able obstetrician, Dr. Robert Barnes, was, I believe, the first to use the iron salts, and thereby made a most valuable addition to the obstetric art. Yet its use has engaged the most earnest attention of the profession to the present day. It has not yet been decided that it is safe enough to be gen-

erally useful. Certain it is, that it does not fill all our requirements, and we are still in search of something that shall be at once powerful and safe. Cases are reported from time to time, detailing the success of the iron injections in meeting this appalling condition when everything else has failed. Other observers equally able, state that ill effects frequently follow the practice, and therefore decline to use it. None deny its great power and ability to control almost any case of post partum hemorrhage. In this respect it ranks second to no other agent. Dr. Barnes recommends the liquor ferri perchloridi P. B., one half pint to three and a half pints of water, or 1 in 8. He directs to first thoroughly clear the uterus of clots. Be sure the syringe is entirely free from air, then carry the nozzle of the syringe to the fundus of the uterus and slowly inject the fluid. He says he has used it for years and that it is perfectly safe—the only accident likely to occur being the introduction of air into the uterine sinuses.

Dr. Barnes classifies the subjects of this treatment as follows:—Those who fully recover; those followed by phlegmasia dolens; and those who die but were moribund before its use.

At a meeting of the London Obstetrical Society in 1873, this treatment was under discussion. Drs. Cleaveland, Wynn, Williams, Braxton Hicks and Tyler Smith endorsed the iron injections with only slight qualification. Dr. Playfair thinks the chief danger may arise from the retention of hardened coagula. In his recent work on obstetrics, he says—"Supposing all other means to have failed, and the uterus obstinately refuses to contract in spite of all our efforts, and do what we will cases of this kind must occur, the only other agent at our command is the application of a powerful styptic to the bleeding surface. The experience of all who have used the injection of the solution of the perchloride of iron in such cases proves that it is thoroughly effectual, and its introduction into practice one of the greatest improvements of modern midwifery."

Dr. Steele of the Liverpool Lying-in Hospital, reports a number of cases treated in this manner, terminating favorably. In the hospitals of Vienna it has been used extensively with good results. On the other hand Dr. Heywood Smith reports a case where death followed its use, and he believes the death was due to the injection. Dr. Snow Beck

*Read before the Canada Med. Association, Sept. 10, '79.

says he has made post mortem examinations of these cases, and from what he observed the treatment is far from innocuous. He also stated that he had known eight or ten deaths from the use of the iron. Dr. Routh says that he had a case of post partum flooding, in which Dr. Barnes was called who used this styptic; the patient died and Dr. Routh believed it was caused by the treatment received. In the Dublin Journal of Obstetrics for 1874, Dr. Evory Kennedy says—"I do not consider its use innocuous. I have traced several deaths to its use; I would only use it as a last resort."

Professor James P. White of Buffalo, in an address before the American Medical Association in 1877, says, "Much attention has, during the past year, been bestowed upon the treatment of post partum hemorrhage. In relation to the injection of a solution of the salts of iron into the uterine cavity, although the subject has secured a large share of attention in the obstetrical societies of Great Britain and in this country, no conclusion has yet been reached. Barnes and his followers are very sanguine in the belief that the iron may be safely injected into the organ, and that it will control the hemorrhage; whilst others are of the opinion that hard coagula are formed in the uterus, the hemorrhage by no means always checked, and the patient exposed to the dangers of thrombus and septicemia. The matter is still *sub judice*."

Two years ago the following case occurred in my practice when I was obliged to use intra-uterine injections. Mrs. F. æt. 38 years, of slight form and subject to excessive hemorrhages at parturition, had advanced to the eighth month of her seventh pregnancy. On rising hastily from a hearty dinner, felt a sudden gush of blood, followed in a few minutes by labor pains. On my arrival an hour afterwards, I found the os would just admit the finger, the placenta presenting and pains occurring every ten minutes. My patient was greatly alarmed and much exhausted, I plugged the vagina, and gave large doses of ergot. The pains increased, and my patient improved from the administration of whiskey and milk. The tampon appearing at the vulva I removed it, and with the finger still further dilated the os. It was my intention to perform version, but the placenta was immediately born, the head of the child presented at once, and the child being small it soon came without any in-

terference. Whilst dilating the os the hemorrhage was very severe. When the child was born there was no uterine contraction, but a considerable flow. Ergot was given in large and repeated doses; brandy given freely. Still my patient bled; cold was applied externally; external pressure; ice to the uterine cavity was tried, and finally large doses of acetate of lead, but all without avail. I now took a pint of whiskey, and with a Davidson's syringe slowly injected it; the effect was instantaneous. The bleeding ceased at once, and the patient revived. In about twenty minutes however, the effect ceased and hemorrhage returned. The injection was repeated but the effects were temporary and finally ceased to be of use. I had sent for perchloride of iron which I at once proceeded to use, one in seven of whiskey. The effect was immediate and most marked. The appearance was that of intense shock. The already pallid face was whiter; the features shrunken and pinched to an extreme degree; suspension of respiration occurred for seconds; dissolution seemed imminent. In half an hour the patient had rallied to her former condition. The hemorrhage never recurred although only an ounce of the injection was used; she survived about four hours. Everything was done to restore excepting transfusion, which I was not prepared to do. While I respected the hemostatic power of the iron, I feared its other consequences. I should have used hot water injections but I had no faith in its power to arrest post partum hemorrhage.

Dr. Playfair in his work on obstetrics says:—"Of late intra-uterine injections of hot water at a temperature of 110 to 120° have been highly recommended as a powerful means of arresting post partum hemorrhage, often proving effectual when all other treatment has failed. The number of published cases in which it has proved valuable is now considerable. The present master of the Rotunda, Dr. Atthill, has recorded 16 cases in which it checked the hemorrhage at once after ice, ergot and other means had failed. He says, my own experience is limited, having employed it in only two cases, in which I must say the result far exceeded my expectations. We have in the hot water injections a valuable addition to our methods of treating uterine hemorrhage."

In the New York *Medical Record* for May, 1879, the resident physician of the Woman's Hospital of

Philadelphia, reports a number of cases successfully treated by the hot vaginal douche. In the *American Journal of Obstetrics* for 1876 the assistant surgeon of the New York Woman's Hospital strongly advocates the use of hot water injections, and cites several cases in support of its value. Dr. Emmet of this same hospital, in uterine operations controls hemorrhage with hot water injections in many cases. In the *London Lancet* for Aug. 23, '79, Dr. Arthur Perigul reports a severe case of flooding in abortion. The os would not admit the finger, the hot water injections not only stayed the flow but dilated the os so that the finger could be introduced and the placenta removed. In the *American Journal of Obstetrics* for April last, there are some abstracts from the German Archives of Gynecology, detailing experiments upon rabbits, conducted by Dr. Max Runge. Water was injected into the uterus of the rabbit at 122° Fah.; this caused vaginal contraction of the uterus. He observed that the hotter the water the more vigorous the contraction, but the duration of the contraction was correspondingly shorter. A still higher temperature destroyed entirely the contractility of the uterine fibre. Max Runge makes this deduction from his experiments "In case of uterine hemorrhage dependent upon atony of the organ the injections of hot water are a most powerful and reliable means to excite contractility of the uterine muscles."

I now relate a case of severe post partum flooding, occurring in my practice about a year ago. Mrs. P., æt. 35 years, confined at full time of her third child. She was a small, delicate, pale woman; her previous history not assuring, having suffered in her former accouchements from excessive flow. I found the os well dilated and all normal. In 1½ hours the child was born. Half dr. fld. ext. of ergot was given and gentle pressure maintained over the uterus. No pains occurring, after a lapse of half an hour I gave brandy; a slight pain soon followed, crepitation was felt under the hand, and the placenta came away. It seemed to me to be a very small one. However, moderate contraction following I proceeded to apply the binder. I observed that the hemorrhage reappeared briskly. I then gave ergot, applied cold externally, and examined for clots, when I found scatted masses of attached placenta. These were carefully and thoroughly removed. The stimulus of the hand in

the uterus caused slight contractions, yet the flow was alarming. My patient, although hopeful and courageous, began to feel faint and could not see well. My experience with the whiskey and the tincture of iron made me feel the weakness of the one and the danger of the other. All other means being exhausted I resolved to try hot water, and to each pint I added an ounce of powdered alum suggested to me by seeing some lying on the table. The usual precautions about air being taken, I slowly injected into the uterine cavity until a pint was used; the flow ceased instantly without pain or shock to the patient, or any signs that air had entered the sinuses. Hemorrhage reappeared at intervals, but the syringe being left in situ and hot alum water in readiness, the injection of a few ounces checked it at once. This patient made an excellent recovery. I was very favorably impressed with the action of the hot water compared with that of the iron, and shall return to its use with confidence when occasion may require. My fellow practitioners who have used hot water speak favorably of its action.

From a study of this subject, from the evidence afforded, and my own experience, I have reached the following conclusions:

1. That we possess two powerful topical remedies for post partum hemorrhage.
 2. That the iron is the more powerful to control hemorrhage, but by far the more dangerous one.
 3. That hot water is nearly equal in hemostatic power and without danger.
 4. That we are rarely justified in using the iron before the hot water has been tried.
 5. When the hot water fails it is the *duty* of the accoucheur to use the iron.
 6. The hot water has these advantages over the iron; it can always be procured; it washes away all clots, leaves the uterus clean and therefore no danger from thrombus or septicæmia.
 7. Alum is a valuable addition to the hot water, securing two forces, viz: the contraction of the uterus and the coagulation of the blood.
 8. That we have not yet reached perfection in the treatment of the hemorrhage, and that abundant ground is open for observation and research.
- In conclusion although we may not rest, we may be thankful that obstetrics is advancing. The use of the forceps is no longer empirical but rational,

and the increase of their use is causing a decrease of mortality. That in the last twenty years the death rate of puerperal convulsions has fallen from 32 to 14 per cent, and that post partum hemorrhage has lost half its victims.

ANTIDOTAL PROPERTIES OF NITRITE OF AMYL IN CHLORAL POISONING.

BY JAS. MCCULLOUGH, M.D., ROCKWOOD, ONT.

Owing to the frequent administration of chloral as a hypnotic, both by the profession, and as a domestic medicine, and to the occasional unpleasant symptoms which manifest themselves after its use even in moderate doses, I have thought that the following case might not be uninteresting.

Mrs. D., æt. about 60 years, has been laboring under a mild form of dementia for a long time. The principal delusion by which she is haunted is, that her husband, a very harmless, inoffensive man, wants to kill her. She is occasionally free from these impressions for a month or more, but when they come on, she is very excitable, and gets but little sleep for weeks at a time. Her friends applied to me about two months ago, for something to enable her to sleep. I accordingly prescribed a mixture, each dose containing ten grains each, of pot. bromide and chloral, to be given every half hour at night, till three doses should be taken if required. This enabled her to get some sleep for a few nights, and she seemed to be about as well as usual. Was asked to prescribe for her again, on Sunday 28th September, with the urgent request to make the mixture "a little stronger." This time I ordered 15 grs. each of pot. bromide, and chloral, every half hour at night, till three doses were taken, if required.

Sept. 30th.—2 p.m. Was sent for in a great hurry to see her, the messenger stating that she was dying. On entering the room, I supposed from her appearance that she *was* dead, as there was extreme pallor of surface, and no observable signs of respiration. On examining the wrist however, I found a pulse of moderate volume and tension; the pupils were much contracted. I tried to rouse her, but found her profoundly insensible; tickling the soles of the feet did not excite reflex action, nor did the finger placed on the eyeball cause any attempt to close the lids. On enquiring how

much of "the mixture" she had been taking, I was told that a dose had been given at 7 a.m., and about half a dose again at 11 a.m., but as she had got out of bed whilst her daughter was out-side, I felt satisfied that she must have taken a large quantity herself, as the bottle was found to be empty.

Having read an article by Dr. Coghill, copied from the *Brit. Med. Journal*, in which nitrite of amyl is highly spoken of as an antidote for chloral poisoning, I determined to give it a trial. I accordingly put 5 drops on a handkerchief and held it to the mouth and nostrils; in a few moments the extreme pallor gave place to a healthy glow, and the respiration which was before very superficial, became at once deep and full. In about half an hour after this, she turned partially over in bed, but could not yet be roused to consciousness.

4.30 p.m. Respiration again becoming feeble; pallor returning, and pulse much weaker; I repeated the inhalation of 5 drops of the amyl, with the same results as to the improvement of respiration. There was now a slight attempt to close the lids on touching the conjunctiva. Gave an enema of milk and whiskey (brandy not being at hand), and ordered some beef essence to be made, intending to use it by enema on calling again, should she not be able to swallow.

6.30 p.m. On being aroused she took a little beef-tea and spoke a few words quite cheerfully, but immediately dozed off again.

Oct. 1st. Found that she had slept all night, except when aroused to take a little beef tea. Complains of headache, but is otherwise about as well as usual.

From the apparently satisfactory results in this, and the case above referred to, from the use of nitrite of amyl in averting the toxic effects of chloral, I feel inclined to think, that in it we have a valuable antidote, being easy of administration and prompt in its action, and would strongly recommend a trial of it in any case where alarming symptoms arise from the exhibition of the above mentioned drug. And although I am not aware of its being used as an antidote for similar symptoms arising during the administration of chloroform, I should judge, reasoning from analogy, that it might be useful here also, provided respiration were not entirely suspended; for the toxic effects of chloral are said to arise from the elimination of chloroform in the circulation.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—Referring to the letter of "Leonidas" in the September issue of your journal, I beg to make a few comments. The writer calls attention to the fact that the present Treasurer of the Ontario Medical Council abuses this position by unduly influencing students in favor of the School in which he is a lecturer. Even admitting that such may not be true, from the very fact that a number of persons believe this to be so, it strikes me that Dr. Aikins should no longer hold it, but that in his own interest he should resign. However much may be said in favor of, or against this accusation, it must be admitted that he *has the power* to favor his particular School, and this very fact should not be lost sight of by the next Council in making the above appointment, viz., that the position of Treasurer is not one that a teacher in any medical school should hold.

I am faithfully yours,

WILLIAM T. HARRIS.

Brantford, Sept. 27th, 1879.

GRATUITOUS SERVICES.

To the Editor of the CANADA LANCET.

SIR.—Please insert in the LANCET, the subjoined copy of a letter I received some years ago, when I was in my first year's practice, from an old and eminent surgeon who lived in an adjacent city —, Iowa, U. S. By the publication of this, you would open the eyes of young practitioners to avoid thankless, gratuitous services.

"Blow, blow, thou winter wind
Thou art not so unkind
As man's ingratitude,
Thy tooth is not so keen,
Because thou art not seen,
Although thy breath is rude."

Yours, etc.,

M. D.

The following letter was received in reply to one asking the writer to assist in the case mentioned.

MY DEAR DOCTOR.—Yours was duly received, and in reply would give you a few words of advice, at which do not feel offended, being in a friendly spirit, and for *our* mutual good. Having in a long time of practice, both from choice and from necess-

ity done a great deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing, always offset it by liberal abuse, which keeps away those who would pay.

The man you write about may be a very worthy man, but if you were making a struggle to build a house, would he or any one else work for you at reduced rates. It is the doctors themselves who allow their kind feelings to over-run their judgment, that are responsible for wholesale robbery to which every doctor in the land is subjected. We deal with the most afflicted, so does the undertaker who is not expected to work for nothing. We can maintain no rights that we weakly yield to extortion. The doctors are most universally regarded as rich persons who ride about for exercise, and practice for philanthropy, to be paid if everything turns out lovely; if it should not, they can go to the d——l, and must not complain. The people who pay are always grateful; the thieves are like other dead beats, abusive, and always the most exacting and querulous.

My fee for — is \$150, and I do not want cases at that. The responsibility incurred is so very grave, and you or I or any body else should not shoulder extra responsibility without proportional pay. If he cannot pay for what might save a life, his friends or the public should. It is easier for the town to shoulder the cost than 2 or 3 poor devils who had the bad luck to study physic. Now or never is the time to put ourselves on a par with other business, and as we have the same losses, we must ask for the same gains.

Yours, etc.,

Selected Articles.

INTRA-UTERINE MEDICATION.

[The following discussion on intra-uterine medication (*British Med. Jour.*) took place at the recent meeting of the British Medical Association, following the address by Dr. G. H. Kidd, Dublin, in the Obstetric Section.] Ed. Lancet.

Dr. W. S. Playfair commenced the discussion by drawing attention to the importance and interest of the subject, and insisted on the necessity of its careful study; since, like all powerful means of cure, it was capable when injudiciously used, of doing considerable harm; while in properly select-

ed cases, there were few methods of treatment of greater efficiency. He then gave a sketch of the conditions of the uterus which called for, or admitted, intra-uterine medication, describing briefly the pathological changes generally observed in the affected parts; and insisting on the fact that, in the absence of accurate *post mortem* investigation, we had to depend mainly on symptoms and on the results of treatment. In describing endometritis, he dwelt on the difference between cases occurring after pregnancy and in the sterile and unmarried. He then proceeded to discuss the various methods of intra-uterine medication; the advantages and drawbacks of each; and the various agents used for the purpose. He concluded by considering the possible bad effects that might follow intra-uterine medication, dwelling especially on the question of the effects of the treatment on childbearing; and maintaining that, so far as rendering the patient sterile, as had been argued, in properly selected cases it often had the effect of removing acquired sterility.

Intra-uterine Medication. By Lombe Atthill, M.D., (Dublin).—Dr. Atthill pointed out, in the first place, that the body of the uterus was the portion of the organ most frequently affected; and that the intra-uterine surface was specially prone to disease; and therefore that, to effect a cure, the part engaged should be specially treated. He next remarked that (excluding all cases in which tumours of the uterus or polypus existed, and those resulting from anæmia) it would be found that the symptoms indicating the necessity of intra-uterine medication were: 1. Derangement of the menstrual function, specially hæmorrhagia and dysmenorrhœa; 2. Uterine catarrh; 3. Pain especially that caused by pressing the point of the sound against the fundus; one or more of these being present. With respect to the method to be employed in carrying out intra-uterine medication, Dr. Atthill objected to intra-uterine injections, and found ointment inefficient. He employed the following agents only—the fluids being applied by means of a probe, around the extremity of which cotton was wrapped, and the solids through a tube or *porte caustique*: carbolic acid in solution; tincture of iodine; iodised phenol; nitric acid; solid nitrate of silver; zinc points; crayons of iodoform. Carbolic acid was the agent Dr. Atthill recommended for ordinary use, being at once safe and efficient. Iodised phenol he recommended in cases requiring more energetic treatment, but considered it inferior to nitric acid; this latter agent, he pointed out, should never be applied to the intra-uterine surface, unless through a canula or tube. This was a point on which he strongly insisted; and further, that the patient should be confined to bed for a day, or even more, subsequently; and he expressed his conviction that, if these precautions were adopted, no unpleasant results need be feared.

Intra-uterine Medication by Iodised Phenol.—By Robert Battey, M.D., (Rome, Georgia). The author said that, eight years ago, he was unfavourably impressed as to the results of intra-uterine medication by argentic nitrate and other escharotics. Seeking an eligible substitute, he discovered in carbolic acid a very powerful solvent for iodine; one part by weight of the latter dissolving perfectly in two parts of the former. This concentrated solution acts upon the tissues with vigour, and is employed to supplement the curette in attacking uterine cancer. For intra-uterine medication, a solution of one part of iodine in four parts of liquefied carbolic acid proved satisfactory. It had been used by Dr. Battey almost to the exclusion of other remedies. In February, 1877, it was brought to the attention of the profession through the *American Practitioner*, and is now very generally employed in the Southern States. The solution is applied to the interior of the uterus by means of slender elastic hard India-rubber probes, wound with cotton-wool. The solution is not diluted; but its effects are regulated: (*a*) by the size of the cotton wrapping; (*b*) by the depth to which it is carried into the uterus; (*c*) by the number of probes successively employed; (*d*) by the length of time the medicated cotton is allowed to remain in the uterus—*i.e.*, whether for a few minutes, or twenty-four or forty-eight hours. For the treatment contemplated, sponge and tangle-tents have been abandoned, and simple tents of soft-cotton wool substituted when dilatation is required. These have been found to be entirely free from accident. The results of the treatment are: 1. Perfect removal of cervical mucus; 2. Freedom from pain, due to the local anæsthesia produced by carbolic acid; 3. Rapid absorption of iodine into the circulation, evidenced by metallic taste in the mouth and throat; 4. Softening and dilatation of the cervix; 5. Temporary arrest of leucorrhœa; 6. Watery discharge, sometimes bloody; 7. Exfoliation of superficial layer of mucous membrane; 8. Healing of abrasions; 9. Disappearance of indurations; 10. Permanent arrest of leucorrhœa; 11. Removal of villousities without the curette; 12. Disappearance of subinvolution; 13. The menses become regular and healthy; 14. The appetite and digestion improve without medicine; 15. So freely is iodine absorbed, that alteratives are not required; 16. The form of the cervix and os are often completely changed, and assume even a vaginal type; 17. Stenosis is not observed in any case; 18. Barrenness is overcome. Rapid, and at the same time satisfactory, cure is not obtained, nor is it expected of any method of treatment known.

On Intra-uterine Medication. By E. J. Tilt, M.D. (London).—In the absence of information respecting the scope of the subject of discussion, Dr. Tilt understood it to refer to such intra-uterine

treatment as was required for the cure of internal metritis, or chronic inflammation of the lining membrane of the body of the womb. Long practice led him to know that internal metritis was a common disease, that it was present in all bad cases of inflammation of the cervix, and was often cured unawares by such treatment as restores the cervix to a healthy condition. He therefore asserted that there would be little need of intra-uterine medication if inflammatory disease of the cervix were properly attended to; and he mentioned having been able to cure fifty cases of marked internal metritis associated with cervical inflammation, without any other intra-uterine treatment than the keeping free of the cervical canal. Dr. Tilt admitted, however, that intra-uterine medication was wanted in the following cases: 1. Incoercible blood-loss, resisting all remedies and menacing life; 2. When life or reason is menaced by the intensity with which internal metritis reacts on the system, rather than by the amount of purulent discharge to which it gives rise; 3. When internal metritis causes an aggravated complication of dysmenorrhœa or menorrhagia independent of ovaritis, and menacing life or reason; 4. Membranous dysmenorrhœa; 5. In habitual abortion, independent of syphilis and ovaritis, and seemingly caused by some morbid state of the lining membrane of the body of the womb. When internal metritis led to dangerous flooding, and in cases of membranous dysmenorrhœa, Dr. Tilt recommended intra-uterine injections with undiluted tincture of iodine. He deprecated the injection of a solution of nitrate of silver in such cases, and in other cases of internal metritis requiring intra-uterine treatment, on account of the severe pelvic diseases and death which had succeeded. In such cases, he preferred to place in the womb five or six grains of solid nitrate of silver; but, as he had seen this followed by severe peritonitis, and as he knew this to have caused death, he expressed himself ready to welcome a better plan of treatment. Dr. Tilt reminded the Section that their President, Dr. Kidd, was the first who had the courage to swab a greatly enlarged uterine cavity with fuming nitric acid; and that Dr. Atthill had strongly recommended the same kind of treatment for the cases under discussion; and he asked them to state how often they had done so, and with what results, fatal or otherwise, in order to be able to decide whether their plan of treatment be not the best for such cases.

Dr. Gallard (Paris) said that, as a prelude to the discussion, and as a sequel to the important communications read, he had the honour of presenting to the Section two *brochures*, in which he had discussed the question. The first was entitled *Treatment of Internal Metritis*. He dealt therein with the various lesions which attack the interior of the uterine cavity, and which, therefore, required

actual intra-uterine medication. He showed that cauterizations were of the first importance; and that, in order that they might exert their full effect, they must be applied in a fluid rather than in a solid form. He described the precautions necessary to avoid any unfortunate results. As regards vegetation of the mucous membrane, which could not be destroyed by the simple cautery, he pointed out those cases in which it might be useful to resort to the curette, by the aid of an instrument similar to that of Recamier. In the second pamphlet, he related a case in which such an application of the curette by M. Richet was followed by marked success. He would not speak of the operations on the uterine cavity for the removal of fibrous tumours, just described by Dr. Tilt; for it was in those cases that operative measures were commonly resorted to, and they were described in most standard works. He endorsed the operative methods recommended and carried out by the President.

Dr. Barnes (London) said they had now a body of evidence on this important point, of extreme value, having heard a series of papers from, he might say, the representatives of all the different schools. Dr. Playfair appeared to have omitted to estimate properly the value of work done long before he was known in the science of gynæcology. Thirty years ago or more, Dr. Tyler Smith published a book, illustrated by Dr. Hassall with some beautiful drawings, against the hitherto dominant doctrines respecting the interior of the cervix and the appearance of the uterus, with a view to put uterine anatomy on a physiological and scientific basis. He then showed, for the first time, that cervical leucorrhœa was a different and distinct affection from vaginal leucorrhœa. The method of intra-uterine medication which he (Dr. Barnes) had, by long experience, been brought to prefer was that of "swabbing" with cotton-wool dipped in medicated solutions. He had for many years used this appliance, and he believed that he was the first person who had contrived the probe now known as "Playfair's probe," which he had more than twenty years since. He had used the local "swabber" in the way in which it had since come to be generally adopted, so that instrument was not a novelty. By using a speculum in the beginning of a case, the probe could always be directed in the line of the uterus, and the hand could then be admitted as far enough back as was required. In many cases, circumstances rendered the use of the speculum absolutely necessary. Another point was with reference to the inflammation of the parts, which was often found to be considerable; and the question arose as to the relative advantages attendant upon the use of leeches or scarification. Leeches would not bite when or where they were wanted; whilst, if scarification were adopted, the puncture could be made where required. The

inflammation surrounding the little glands was thus relieved at once. As to the choice between iodine and carbolic acid, he had used both with considerable freedom; and he considered that each had its advantages. As to iodised phenol, he could not speak of it from experience. Iodine was absorbed from the part to which it was applied, and it acted constitutionally as well as locally. He thought its application to be the most ready way of curing all uterine affections arising from syphilitic contagion. Dr. Tilt represented what used to be the accepted mode of treatment, which he had now, however, gone far beyond. So many men had followed intra-uterine medication with admitted success, that it seemed unnecessary to combat his objections. It should be remembered, in clinical practice, that metrorrhagia was more often the sign of uterine disease, in which respect it differed from menorrhagia, which arose more ordinarily from constitutional causes. He did not encourage the use of nitric acid, but he used it pretty freely in many cases, sometimes as often as two or three times a month, and saw no bad effect from it. In fact, he looked upon it as harmless when applied as recommended by Dr. Atthill. It was the most superficial caustic that could be had, unless applied very strongly. He hoped that the discussion would lead to a proper understanding of those cases in which intra-uterine medication was considered to be necessary; and he believed that, if the surgeon wished to do any good, the remedies he had indicated should be used.

Dr. Cordes (Geneva) described an instrument which he used for the purposes of intra-uterine medication. It was a pencil tubulated in the centre, which was first pressed into the uterus, and then a brush, dipped in nitric acid of the required strength, was introduced through the pencil, and so brought into contact with the part. He had both used it himself and had also heard it spoken of as being applied with great success by some French physicians.

Dr. Wallace (Liverpool) said that it appeared that there had been one great want in the method in which, and the conditions for which, treatment was applied. The pathology of disease had been only partly revealed. Uterine catarrh arose from many conditions; but the most frequent cases were those in women who had had children, caused by subinvolution of the uterus. Dr. Emmett of New York entirely discarded the violent method of treatment for this affection, and looked upon it as a constitutional malady, using for it constitutional remedies. In such cases, Dr. Wallace had great belief in hot douches of from two to four gallons of water, increasing from 90° to 120°. He had, by this treatment, effected complete cure without any intra-uterine medication. Where the method of Dr. Atthill had failed, he had adopted it with success. When it resisted these applica-

tions, there must be some other cause at work—generally gonorrhœa. These applications were also utterly futile in cases where the disease arose from syphilis. In these, he preferred the use of acid nitrate of mercury to nitric acid, as it acted constitutionally. He had seen a patient exhibit constitutional symptoms within twenty-four hours after an application of acid nitrate of mercury. There were cases of subinvolution of the uterus in which the cervix became thick and hard, cutting like a bit of cartilage. In the only case of this kind he had ever had, he dilated the cervix very freely, and applied a solution of nitric acid with such success that the patient, who had previously lived for many years in sterile marriage, gave birth to a child within a year. In applying carbolic acid, he formerly used Playfair's probe; but he had since adopted, as a better instrument, a piece of copper-wire wound about with cotton wool. When inserting the probe, he also always found it better to use the speculum. Nothing struck him more with regard to the question of intra-uterine medication than the cases of patients, who told him that they had been under treatment for years, being subjected to intra-uterine medication without any alleviation of their sufferings. He had seen this occur twice with the carbolic acid treatment, and once with the treatment of perchloride of mercury.

Dr. Lombe Atthill (Dublin) said that the subject had taken a far wider range than he had anticipated. Dr. Macan had entered more extensively into the causation of uterine disease than he had anticipated in the few remarks he had made in his paper. He quite agreed with Dr. Macan and Dr. Tilt, that incision of the cervix was sometimes essentially necessary. He held that, where there was chronic endometritis, it was impossible to cure the patient without incision of the cervix. With regard to Dr. Wallač's remarks respecting the douche, he looked upon it as of the greatest value, and he used it very freely at the Rotunda Hospital; but it was by no means sufficient in all cases. Dr. Malins had very properly said that heroic treatment was useless and unnecessary in many cases; so was everything when carried to an extreme. At the same time, it was utterly impossible to effect a cure in the majority of cases by the milder line of treatment. Dr. Tilt had asked what had been the result of the treatment by nitric acid in his hands; and, in reply, he should say that he only remembered two fatal cases, in both of which an operation had been previously performed. He looked upon nitric acid as a perfectly safe remedy, when properly applied. He admitted that it should not be applied to one part of the uterus when we were satisfied that another part was diseased.

Dr. Byford (Chicago) believed that intra-uterine medication could be adopted in a great many instances with safety. When he applied it, he looked

a good deal to getting the patient into a proper condition; made her live quietly for some time beforehand; and kept her in bed for two or three days after the application, which measures he found to secure success invariably. He thought that the application should be delayed after menstruation. He should hesitate to make an application of nitric acid to the uterus in a case where the canal and mouth of that organ was very much diminished in size; and he did not believe that these were the class of cases to which it was applicable. This treatment should be succeeded by more constitutional means. He used glycerine and extract of belladonna.—*Brit. Med. Journal.*

FACIAL PALSY.

CLINIC BY PROF. H. C. WOOD, JR., M.D., UNIVERSITY HOSPITAL, PHILADELPHIA.

I bring before you gentlemen, a case which offers a great deal of interest in regard to the diagnosis of its cause.

This young woman has been out of health for three months. Her first symptom was severe headache, referred chiefly to the region of the mastoid process of the temporal bone of the right side, and accompanied by occasional spells of giddiness. About six weeks ago she noticed for the first time that she would stagger, or even fall, on attempting to walk. To-day she complains of weakness in her limbs and inability to direct their movements. Her right ear cannot appreciate the tick of the watch even when it is applied close against the head; she has lost the sense of taste on the tip of the tongue of the side affected. She has a tumor under the lower angle of the left scapula which I believe to be a neuroma, on account of its exquisite tenderness on pressure.

By looking at her face you can at once detect that her right side is paralyzed; her mouth is drawn a little towards the sound side; if I told her to blow, her right cheek would bulge out, and, in eating, food accumulates between the gum and the buccinator muscle. If I tell her to close her eyes, her right eye remains open, and her forehead is utterly expressionless.

What is the origin of this palsy? Have we to deal with a paralysis of peripheral or of centric origin? I believe it to be peripheral, because we have an entire and uniform paralysis of this side of the face. If it were of centric origin we should have scattered face-areas affected, because the portio dura arises by several disseminated centres, and some fibres would probably escape the lesion. It is by reason of this manifold origin of the facial nerve that complete facial palsy is never centric. It is true that there are in this patient certain symptoms—as the staggering and giddiness—which

would suggest a centric origin of the palsy, but these symptoms can be explained otherwise.

The loss of hearing is nervous in its character, and not due to a disease of the ear membrane, for we know that if the vibrations of a tuning-fork are not appreciated when we place it upon the side of the head it means either that the nerve of that side is absent or has been incapacitated by disease to perform its function.

The loss of taste can be accounted for by remembering that in facial palsy, when the lesion is so far back as to affect the nerve-trunk before the chorda tympani is given off, through paralysis of that nerve the secretion of saliva is interfered with and the function of taste is lost upon the anterior portion of the tongue on that side. The fact that the loss of taste in this woman is on the same side as the palsy is a very strong indication that the paralysis is of peripheral origin, for a centric lesion destroying taste and motion on the same side in the localized manner here present is an almost unheard-of rarity, if indeed it be at all possible.

The symptoms that would suggest a centric origin are staggering, giddiness, and inco-ordination of movements; but these may be due to a local peripheral lesion. In the internal ear we have the organs known as the semicircular canals, which probably are not connected simply with the function of hearing, for experimental as well as clinical evidence shows that they are largely engaged in maintaining the equilibrium between the individual and the external world. Thus, if in a bird we destroy these canals we will see it turning around and around, always towards the injured side, or, in other words, performing what are called circus movements. In frog, wounds of the ear produce a similar loss of power on the injured side. In Meniere's disease, you know, apoplexy into the labyrinth is at once followed by staggering, giddiness, etc. Two or three years ago I witnessed a case in which, the man having been shot in the face, a bullet was lodged near the foramen through which the portio dura and the portio mollis enter together; thus pressing on these nerves, it affected profoundly their functional powers, producing phenomena precisely parallel to those which are seen in the animal whose semicircular canals have been injured.

Most probably in this young woman we have a similar condition; not that the semicircular canals are destroyed, but possibly the function of the portio mollis is in some way interfered with by pressure. Another proof that the paralysis is a peripheral one is that the muscles answer much more readily to the continued current than to the galvanofaradic one.

Considering it proven that the paralysis is of peripheral origin, what is the nature of the lesion? It may be rheumatic, or due to disease of the petrous portion of the temporal bone, or to thickening of the membrane lining the aqueduct of Fall-

opius, or to an injury, or to a chronic tuberculous inflammation of the brain, or, lastly, to pressure by a tumor. We can at once exclude number four, for there is no history of a blow having been received; so can we also exclude number five, for the general appearance and general health of the patient are good, and there is no tenderness or any other local indication of disease of this bone. If the palsy were rheumatic it would have come on suddenly; and in this case the disease has been progressive. It is not due to disease of the petrous portion of the temporal bone, for we have no local tenderness, no signs of suppuration or history of long-standing disease of the ear.

We cannot entirely exclude the thickening of the membrane lining the aqueductus Fallopii, but it is doubtful whether this thickening would be such as completely to obliterate the canal and paralyze the nerves. Moreover, there is no apparent cause for this thickening, and the history of the case is altogether too acute for such a supposition, although not acute enough for the theory of a rheumatic attack. The most plausible explanation of the present phenomena is, according to my views, pressure exerted by a growth, with which, it may be, co-operates some thickening of the membrane lining the aqueduct; the character of this foreign body I believe to be specific, although there is no absolute proof of such origin.

Treatment.—We will give our patient the benefit of the doubt, and will place her on large doses of the iodide of potassium combined with the bichloride of mercury. If the trouble were rheumatic, we would place her on the salicylates, although in our hands they have proven of much less service in the chronic or subacute forms of rheumatism than in the acute forms of the disease. If this trouble is rheumatic in its origin it will be benefited by doses of iodide of potassium, smaller, however, than those given for syphilis.

The use of electricity is advisable, not to cure the disease, but to keep up the tone and proper nutrition of the muscles.

We have not used any blisters behind the ear. The patient is improving under the specific treatment; the tumor at the angle of the scapula is less tender on pressure.

[Under specific and local treatment the patient continued to improve, and was subsequently shown to the class almost recovered.]—*Med. Times.*

GASTROTOMY FOR THE RELIEF OF INTESTINAL OBSTRUCTION.

The following from the *Progres Medicale* for July appears in the *Western Lancet*:—A woman aged 48 years was affected with an ovarian cyst, which was about to be operated on, when in the few days preceding the operation she complained

of a number of symptoms which seemed to indicate peritonitis. There was obstinate constipation, stercoraceous vomiting and other signs of intestinal obstruction. M. Duleard decided to perform ovariectomy, as perhaps the ovarian cyst might be the cause of the obstruction. The abdomen having been opened along the median line, the peritoneum was found covered with false membrane, and the cavity contained flakes of lymph in serum. The cyst was removed with some difficulty, and a deep-seated red tumor was found, which was the point of the internal strangulation. This was liberated with much trouble and only by making several liberating incisions, which allowed a double flexure of intestine to be drawn out and straightened. The cure was rapid and complete, the temperature never obtaining 38°C.

This is an example of gastrotomy performed during full peritonitis, and demonstrates how many cases given up as hopeless could be easily and quickly relieved.

ENTERORAPHY FOR THE CURE OF ARTIFICIAL ANUS.

In a report of a clinical lecture by Prof. M. Schede (*Deutsche Medicinische Wochenschrift*), *Western Lancet*, details are given of a case of artificial anus, in which, as cure could not be effected through the usual means, the portion of intestine involved in the disease was removed, and enteroraphy performed. This report is of much interest as a contribution to the statistics of an operation to which much attention has recently been directed by German surgeons, and also as describing certain modifications in the operative method, and in the after-treatment, applied by the author in dealing with his cases. The operative treatment was carried out with strict attention to antiseptic precautions. The subject was a very feeble woman, aged forty-three, who, three weeks before she came under the notice of Prof. Schede, had suffered from strangulation of the femoral hernia on the left side. An operation performed for the relief of this condition had exposed a coil of gangrenous intestine, and resulted in the establishing of an artificial anus. In the left inguinal region was an opening into which the little finger could be passed, and from which there was a constant discharge of fluid feces. No fecal matter was discharged by the anus. There was a free opening into the portion of the intestine above the opening in the groin, but neither a finger nor a probe could be passed into the lower segment. After the patient had for two days been subjected to a preliminary treatment, consisting in evacuation of the portion of bowel above the false anus, in exclusive feeding by clysters, and in frequent administration of opium, the following operation was performed: A vertical incision was first

made through the abdominal wall, commencing just above the upper margin of the false anus and carried upwards for a distance of about three inches. The portion of intestine above the opening was then exposed, drawn outwards through the wound, and inclosed temporarily in a stout catgut ligature in order to prevent any flow of intestinal contents during the subsequent steps of the operation. The short piece of intestinal canal between this ligature and the artificial anus having been washed with a five per cent. solution of carbolic acid, the upper margin of the outer orifice was cut through and the adhesions of the upper segment of gut were carefully divided. The contracted extremity of the lower segment of gut was then dissected out of a bed of cicatricial tissue and also secured by a ligature of catgut. A wedge-shaped portion of mesentery, corresponding to the interspace between the portions of gut, having been excised, the edges of this membrane were first brought together and fixed by sutures, and afterwards the margins of the two portions of intestinal canal. The catgut ligatures were now removed. These had served their purpose so well that not a drop of fecal fluid had been observed during the operation. Fearing that there might result a failure of uninterrupted primary union between the two applied portions of intestine, and in order to prevent any discharge of intestinal fluid into the abdominal cavity and consequent fatal peritonitis, Prof. Schede did not at once return the sutured portion of the intestinal canal. The upper and lower portions of the external wound having been closed by sutures, this portion of gut was retained without the middle portion of the wound, and prevented from slipping inwards by a large bent needle passed through the mesentery and the opposite margins of abdominal wall. This exposed portion of gut and the whole seat of the operation was then covered by Lister's dressing. No indications of febrile reaction were manifested during the subsequent progress of this case. The patient vomited soon after the operation, but only once. The dressing was changed on the second day, and again on the sixth day. On the fifth day there was a free discharge of fluid feces by the anus. Subsequently, defecation was regular and normal. On the tenth day the bent needle was removed, and the exposed coil of intestine, then covered by healthy granulations, allowed to fall back into the abdominal cavity. At the end of the fifth week the patient was discharged as cured.

“Doctor, I am very much troubled with these pains, but I find considerable relief from a bandage over the region of the liver.”

“Then by all means wear a belt. A simple strip of flannel will answer every purpose, only be careful to draw it a little tighter on the side where your liver is than on the other.”

CHRONIC SENILE INVERSION OF THE UTERUS FOLLOWING THE REMOVAL OF A FIBRO-MYOMA.*

Robert Barnes, M.D., F.R.C.P., Obstetric physician to St. George's Hospital, reports the following case in the *British Medical Journal*, Sept. 6, '79 :

Seeing that the subject of inversion of the uterus was to come before the Obstetric Section, and feeling that the collation of clinical illustrations affords the most useful means for a right understanding of pathological and therapeutical problems, I have been induced to submit the following case.

Two or three preliminary observations I may be pardoned for obtruding. In discussing inversion of the uterus, especially with reference to treatment, it is essential to bear in mind the distinction I have laid down elsewhere between recent and chronic inversion. An inversion may be described as recent, so long as the due involution of the uterus following labor is not completed. This process takes about a month. During its progress, the uterine muscular fibre still retains more or less of the contractility, dilatability, and vascularity of the pregnant organ. When the process is complete, the muscular wall of the uterus has lost much of the contractility, dilatability, and vascularity which are developed under pregnancy. Those methods of reduction which are comparatively easy if tried within a month after labor may fail if tried at a later period.

In the case I am about to relate, the inversion was first noticed ten years after the woman's last labour. It was discovered after the removal of a fibro-myoma ; and the inversion was probably—not certainly—independent of the process of labor. Beginning with the classical case of John Hunter, the preparation of which is in the Hunterian Museum, I have collected in my *Obstetric Operations and Diseases of Women* several cases of inversion caused by fibroid tumors. I now describe an interesting case of this kind. Although, in these cases, the growth of a tumor in the uterus may induce muscular development in the proper uterine walls analogous to that observed in pregnancy, still the condition of the uterus, as it comes under observation, much more closely resembles that of chronic inversion. We may, therefore, class the case I now describe as one of chronic inversion. We might, perhaps, even with stricter propriety, refer it to a third order of cases ; namely, to one which includes chronic cases observed in women who have reached or passed the climacteric. In these cases, the uterus has gone beyond the involution which follows pregnancy. It has been still further affected by the involution of senility or decrepitude.

*Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Cork, August 1879.

These, then, may be classed as "senile chronic inversion." The uterine tissue is more dense; the muscular element is disappearing, the fibrous predominating. Hence reduction by taxis or the various manœuvres found effective in the recent and ordinary chronic inversions is more difficult. My present case falls under this order. The woman was near fifty, and senile changes had set in.

In November, 1877, I saw, at some distance from London, a woman aged 47, who had had her last child ten years before. Since that time, she had suffered much from metrorrhagia, and this had lately much increased in severity. Being active in business—she was the wife of an innkeeper—she went on disregarding her condition until the losses told so much upon her that she was compelled to give in. She was very stout. I found a large, firm mass, rounded, filling the pelvis like a child's head. The hand passed in with some difficulty, surrounded the tumor, and traced its attachment by a broad pedicle to the uterine cavity. I adjusted a wire and cut it through by *écraseur*. A little bleeding followed. The tumor was so large that it was with difficulty brought through the vulva which had previously admitted my hand. It was a fibro-myoma of the size of a small foetal head. She made a good recovery, and resumed active work.

In May 1879, I was summoned to her again. She had again been suffering from menorrhagia, alternating with offensive watery discharges stained with blood. She was very blanched and very prostrate, and had increased in stoutness. I found a pyriform tumor of the size of a Jargonelle pear, with a small pedicle in the vagina; the root quite continuous with the vaginal roof, leaving no passage beyond for the sound. Her condition made it imperative to remove it with the least possible delay. I applied a wire as before, thinking it was a polypus; but, on tightening the wire, the acute pain aroused the suspicion that it was the inverted uterus. This was verified by closer examination. Still we determined to persevere with ablation, knowing that her condition was too low to bear the tedious, painful, and probably forcible process of reduction by sustained elastic pressure. I therefore deliberately cut through the pedicle with the wire. Rather free bleeding followed; this was staunched by swabbing with tincture of iodine. Considerable pain in the abdomen followed; this was allayed by opiates, and she slowly recovered. My friend Mr. Turrell reported on July 6th that she had progressed favorably—had walked for more than half an hour the day before; and that, examined by the speculum a week before, the cicatrix appeared complete, and all constitutional disturbance had subsided. The temperature rose during the first week to 100.5° and 102°; the pulse to 104, and then fell to normal rate.

This specimen is in the Museum of St. George's Hospital. It is laid open to show the interior. The

extremities of the Fallopian tubes and of the round ligaments are drawn into the inverted cavity.

The question arises, When was the inversion produced? It might have arisen before the removal of the tumor in the first operation, or during that operation, or at some subsequent time. Which is the more probable? It is difficult to understand how the uterus could turn itself inside out after the tumor was removed. But it is not impossible that the stump left behind might be so large and projecting as to excite uterine expulsive action, and that thus the inversion was completed soon after the first operation; the stump meanwhile undergoing disintegration and disappearing. But I am more inclined to conclude that the inversion was produced or completed during the operation or immediately after it. I had no opportunity of examining again; and, indeed, she got on so well that there seemed no indication for further treatment, until a year later.

Another question arises: one which I put to myself with especial point, because I acted in opposition to rules upon which I have much insisted. Might not reduction have been effected and amputation avoided? Might not the resistance have yielded to sustained pressure, aided by taxis and the operation I have recommended and practised with success, of incising the neck of the uterus? It is impossible to answer this question in the negative. The attempt, I knew, would be attended by unusual difficulty, suffering, and danger; and, since the subject had reached the climacteric, the loss of organs which had already passed into decline could hardly be regarded in so serious a light as the loss of organs still in the plenitude of functional life. In these cases, then, of senile chronic inversion, the methods of ablation come into stronger competition with the methods of reduction than they ought to be permitted to do in cases of simple chronic inversion. Still I think that even in cases of senile chronic inversion, where the conditions are favorable to the attempt at reduction, the attempt ought to be made. I venture to conclude with the following propositions:

The division of uterine inversions into three orders—namely, 1, recent; 2, simple chronic; 3, senile chronic—it will be seen, is based upon clear physiological distinctions; and this division carries clear therapeutical indications. In the recent cases, immediate reduction by taxis is almost always indicated. In the simple chronic case, taxis, aided or not by sustained elastic pressure and incisions of the uterine neck, is indicated, and will almost always be feasible. In the senile chronic cases, reduction by taxis, aided by every auxiliary means, though still indicated, will be much more difficult of execution; and amputation, the last resource, will be less open to physiological objection, and at the same time less dangerous, than in the first two orders of cases. It must finally be borne

in mind that, especially in the senile chronic inversions, tolerance may be acquired, and thus render all operative interference unnecessary.

THE EXPERIENCE OF A SUCCESSFUL PRACTITIONER.

[The following correspondence copied from the *N. Y. Medical Record* is an excellent hit at the patronizing airs assumed by some successful practitioners when called in consultation by their confrères.—ED. LANCET].

When Mr. Smith urged me to see his child, after my consultation with Dr. White, I told him I could not do so, because Dr. W. was the regular attendant. Besides, I was overrun with work, and it was but fair that Dr. W. should have a start and make a living. I further said that I appreciated the feelings of a father who was anxious about his son, but under the Code I was forbidden to help him out of what he believed to be his difficulty. My assurance that the child would probably recover did not comfort him much; neither did he seem satisfied when I informed him that I would from time to time give Dr. W. such hints as occurred to me, as Dr. W. generally consulted me privately about his difficult cases. Such a trait, in my opinion, recommended him as a young man who was conscientious to his patients, and not afraid or ashamed to learn.

Just then Dr. White dropped in the office, and was somewhat surprised to see Smith and I in conference. Smith was, however, astonished, and for the moment did not know what to do. This gave me my opportunity to put both at their ease by saying that Mr. S. was naturally much worried about his child, and, not knowing anything about the Code, had dropped in to talk over the case; and that I had comforted him by telling him that Dr. W. was just the man for the case, and that it was not proper for me to interfere by word or act. Dr. White was pleased, and the ice was broken for a general conversation. The latter ended by my promise to be present at a consultation on the morrow. After Smith left, Dr. W. and I had a frank conversation on the proper relations which should exist between patient and physician and between each other. At the same time he intimated that Smith seemed to be a little dissatisfied. White did not believe in keeping cases against the will of the patient, and became virtuously indignant at the want of confidence in him. So incensed did he seem that I was fearful he might give up the case at once; however, I coaxed him to hold on, and he finally left in good humor.

The following day I arrived at the patient's house before Dr. White, and waited for him at the bedside. While so doing I learned that Harry had three passages since the night before, and was worse. The mother then showed me the medicine

that Dr. W. had ordered. I said that there must be some mistake; that in fact the remedy was the same as the child had been taking when I called, and signified my desire to see the new medicine. When informed the mixture was made by Dr. W. since the consultation, I at once smiled and changed the subject. The mistake arose from the fact that Dr. W. had repeated the rhubarb and soda instead of using the chalk-mixture. Although this annoyed me somewhat, I merely remarked that Dr. W. must have misunderstood me; that the medicine should be white instead of red, and that I would explain the matter to him when he came. In the course of the conversation I learned that each time after partaking of the medicine the child became worse; but I merely said that she should stop giving the remedy, and that we would make it right when the doctor arrived. Just then he came in. I had the bottle of medicine in my hand, and apologized for my apparent interference by remarking to him that he had misunderstood me, and that the child appeared to be worse. He blushed somewhat, and said that he had none of my medicine with him at the time; a remark which was very indiscreet in the presence of an anxious parent. However, I said that as I carried it around with me always, and used it a great deal, I would give him some. Accordingly I made the mixture upon the spot, administered it to the boy, and retired to consult. White agreed to continue with the chalk-mixture; and when we returned the boy said he felt good, wanted to sit up, and said he was hungry. I playfully remarked that he liked his medicine, and that he was getting better already. Dr. W. smiled also, and the mother seemed to be quite happy. Shaking hands with little Harry and patting his head, I took my leave, saying that the doctor had done everything necessary, and that I had nothing more to suggest. We left together, W. apologized for not using the chalk mixture the day before. I told him that it was a small matter, but was upon my part sorry I had alluded to the fact before the mother.

The next morning White called on me to say that, although the child had improved, the family dismissed him, and urged me to see the case. I felt very delicate about the matter; but as I knew that my former partner would be called in, and as Dr. W. and the family were both willing, I consented, if sent for, to see the case through. After coming to such a conclusion, Dr. W. thanked me for what I had done for him, and assured me that he was willing to leave himself and his former case in my hands. Harry recovered in a day or two; but all I can do I can not persuade the mother to employ Dr. W. any more. Can I do more?

I have often tried to impress on Dr. W. the importance of humoring his patients, and have many a time told him that he was too dogmatic. On several occasions I have been placed in an apparently false position by his obstinacy. To give

an instance: A wealthy gentleman from the city built a fine mansion in the village, and came with a letter of introduction from a college professor to Dr. White. Dr. W., of course, had the family. I was glad to hear of his good luck, especially as the wife of the gentleman was an invalid, and required a great deal of attention. One day upon driving past I was hailed by the servant, who asked me to step in and see his mistress. I obeyed the summons, and found a delicate lady reclining upon a lounge, complaining of a ball in her throat, great oppression in breathing, great pain in left side, and a desire to urinate frequently. She informed me that she was Dr. White's patient, but was somewhat discouraged with his treatment. I at once told her that Dr. White was a splendid fellow, one who had a great opportunity for working out her case; that although he had, but few patients, he loved to study, and was on the whole a very safe, if not too cautious a practitioner. But this did not quiet her pain. She said that Dr. W. had not only left her medicine which made her worse, but that he had insisted on her taking it in spite of the pain. I asked her, with honest incredulity upon my countenance, whether he actually said so. I tasted the medicine and repeated the question with a like answer. Being then assured there was no mistake, I said that he was probably right, but that she had better not take any more of the medicine until I saw Dr. W. She then seemed better satisfied. I found, on questioning her, that Dr. W. had not made any vaginal examination, nor had he hinted at any. Some way or other she squeezed out of me an opinion that her whole trouble was uterine, and that an examination was necessary. I think that I told her as much before I knew whether or no White had expressed any opinion. At all events, to humor her, I examined her on the spot, and discovered an abrasion of the os. I promised her that I would tell Dr. W. about it, and left her without any further suggestion.

Now W. is one of those stubborn chaps who do not believe in abrasions; but I tell him almost every woman has them, or ought to have them, and he will be always safe in a diagnosis. He informed me that he did not intend to humor such a prejudice upon the part of his patient, and seemed a little angry. In spite of all I could do, when the husband of the lady sent for me to attend her, I could not persuade her that White was of the two doctors the better man.

This case, by the way, narrowly escaped going to my partner, who is a uterine man, and who is favorably known among the laity as the inventor of a self-entering, self-retaining, back-action speculum. I do not think much of his instrument, however, as I have invented one of my own. It is needless to say that the case progressed favorably, and I secured a good fee. It might just as well have gone to Dr. W., but I did the best I could

for him as a professional brother. The result of this case was published in our town paper; but as I was chairman of the Committee of Ethics of our county society, I explained the case satisfactorily.

Although I have gone somewhat in detail regarding the matter of this epistle, it has been my desire to show that, with every appearance of having actually stolen patients from Dr. W., I did every thing I could "under the Code" to protect and befriend him. And yet there are some who say there is no necessity for a code.

LACERATION OF THE CERVIX UTERI AND ITS SURGICAL TREATMENT.

CLINIC BY DR. GOODELL.

This woman comes to the clinic with the neck of her womb projecting from her person. This projecting body bears a very close resemblance to a shark's mouth. The cervix is evidently lacerated on both sides, and these lacerations extend low down. This condition of things interferes very seriously with coition. The woman has come to me not so much, perhaps, on her own account, as to have her person made acceptable to her husband. The patient tells me that she has been sterile ever since her last confinement, that she feels wretchedly and suffers greatly from constant bearing down pains. The best thing to do is not to amputate the cervix, although the tear is very bad, but to bring it down and sew up the lacerations.

It is a well-known fact that the cervix uteri expands greatly during the course of labor, owing either to the impatience of the attending accoucheur or the inordinate desire of the woman to hasten the birth of the child, the membranes are very often ruptured prematurely and the head of the child pushed violently through the as yet undilated os, gives rise to the laceration. If this tear takes place on the anterior or posterior part of the cervix it is very likely to heal of its own accord and without any surgical interference. This is, of course, owing to the fact that the natural movement of the cervix is backward and forward and not from side to side. Lacerations of the cervix are almost always, however, lateral. The complete subinvolution of the womb is thus retarded by the condition of the cervix and so the troublesome symptoms will continue until the cervix is restored to its normal state. These lateral lacerations always demand an operation. The mucous membrane of the cervical canal is studded with glands and follicles and covered with pavement epithelium. The rent in the cervix rubbing against the wall of the vagina sets up a constant source of irritation, and abrades its exposed mucous membrane.

When a patient comes to you complaining of

leucorrhœa, of pelvic weight and pains, and of other like symptoms, a superficial examination shows only an erosion and is very likely to lead you to overlook the real gravity of the injury.

A physician, thus misled, applies nitrate of silver, or cauterizes the raw surface with nitric acid, or, perhaps, makes use of astringent suppositories, and very possibly the leucorrhœa disappears, the other symptoms improve and the woman goes away, considering herself cured, only to return in a short time with all her troubles upon her again. It is the commonest thing in the world for a practitioner, particularly a young one, to mistake laceration for erosion and to treat it accordingly, that is to mistreat it. I am not free myself from the same blunder.

The proper diagnosis of laceration of the cervix uteri may be made in the following manner: First, make a careful digital examination, then draw the anterior and posterior lips of the womb together by means of tenacula, and if, in so doing, you are able to reduce the size of the cervix and to cause the supposed erosion to disappear, you may be tolerably sure of the existence of a laceration. This condition demands, of necessity, also a very careful examination with the speculum.

In recent cases of this accident, that is, when it has been discovered during the lying-in state, there will usually be found to be more or less cellulitis while the pulse will be high and feverish. There will be pain in the iliac fossa, the temperature will remain high, and the woman will be very slow in convalescing.

A speculum examination in this case reveals to me a redundant condition of the walls of the vagina, in addition to the other difficulty. See what an exact resemblance this state of the cervix bears to a shark's mouth. When the laceration has occurred right in the centre of the cervix the torn os resembles more a bishop's mitre.

I said that the laceration interferes greatly with coition. It is the length and lowness of the womb which makes sexual intercourse difficult in these cases.

I had made up my mind when I first examined this woman to amputate the cervix, but I now think that I will first essay the more troublesome operation of stitching up the rents, in the hope that that will be all that is necessary.

Amputation is certainly an easier and may be in cases the better operation, but its dangers or drawbacks are (1), that it may cause obstruction of the opening of the os, and (2), it makes the cervix so short that if the woman has a flexion of the womb in after life it is hard to use a pessary with advantage as there is no cervix behind which it may lodge.

If the cervix does not bleed too much I shall use a knife, as it cuts so much better than scissors; but no, I shall have to confine myself, I see, to the scissors.

My assistants by this time have succeeded in thoroughly etherizing the patient, and have now placed her on her left side on this operating table (which I have designed for use in my office, and the gynæcological clinic) with her hips well to the edge.

This operation for lacerated cervix is an unsatisfactory one to perform before a large class, particularly when the light is poor, so that you will have to listen attentively to my explanatory remarks: if you would take in all the steps of the operation. Sims' speculum is the best instrument for this, as well as for other vaginal and uterine examinations and operations. Having inserted this speculum and dragged the womb down by a double tenaculum, I shall at once proceed to denude the torn edges and to bring them into accurate apposition before I introduce my stitches. This, as you may well imagine, is no easy thing to do, for the vagina is a very narrow place in which to operate, and the blood flows over the parts constantly, obscuring them much. I have cut a wedge-shaped piece of skin out of the rent, as you see, so as to make sure that no spot of mucous membrane is left behind. The cervix and womb are highly vascular organs, and, as you notice, bleed very readily. Before proceeding to denude the surfaces in this operation you ought always to begin by taking hold of the two split lips with tenacula and bring them together so as to map out beforehand the field for your work, as it were.

As I snip away the skin with my scissors a small artery spurts every now and then, but there is no earthly use in stopping and trying to tie these arteries, because the surrounding tissue is too erectile and the artery cannot be pulled out so as to give you a chance to slip your ligature round it. In fact these bleeding vessels are rather sinuses than arteries. You may generally disregard this bleeding until you pass in the stitches, for they always constrict the tissues, and so stop the bleeding. Where the bleeding is troublesome a small wire *écraseur* may be necessary as a tourniquet for the cervix, or you may improvise a wire loop at the end of your wire twister, which does very well in the case of an emergency.

Always begin denuding on the anterior lip, *i. e.*, the lower one, otherwise your work will be obscured by the flow of blood. Be careful, in every case, not to leave any little islets of undenuded tissue. This latter state of affairs always prevents union.

In one of my cases where I performed this operation, that of a lady who had a retroflexion of the womb complicating the laceration (this retroflexion was brought on, of course, by the fact that the cervix is the main stay of the womb, and that when it is lacerated the womb wobbles about in all directions). I made trial of all sorts of pessaries for the retroflexion, but without doing any good. She was barren, and the fact so far affected her mind

that she was afraid to go out into the streets by herself. It was not until the lacerated cervix was stitched that the retroflexion began to disappear. You have no idea what a woman will go through when she wishes to have children, just about as much, in fact, as she will undergo when she has made up her mind not to have them.

This operation for laceration of the cervix is generally a most successful one. 'The hardest part of it all is the passing in of the sutures. A cervix which has been for a long time in such a condition offers one of the greatest obstacles to the passage of a needle to be met with in the whole range of uterine surgery. This cervix is just as tough as leather. I have, upon several occasions, found it almost impossible to pass needles through such tough tissue without bending, or, perhaps, breaking them in the attempt.

Let me, to revert a minute, call your attention in passing to the very powerful influence which a disordered womb has upon its possessor's brains. My former patient, to whom I made brief reference a few moments since, was made utterly wretched by the laceration. Nervous, easily frightened, unable to sleep at night—in fact almost insane. The operation restored her health of mind and body completely.

Be very careful not to denude the whole surface of each lip, but to leave a spot in the middle of each untouched, otherwise the cervical canal would be wholly closed. I have been in the habit of calling this undenuded portion my "room for repentance," as the painter would put it.

There is a very valuable bit of advice which I want to give you with regard to premature rupture of the membranes, which, I said, was a potent cause of laceration of the cervix. *When the woman in labor is a multipara, you may generally rupture the membranes with impunity, after a fair dilatation of the os. But in the case of a primipara you must not rupture them until after full dilatation has taken place.*—Hospital Gazette.

HYDRATE OF CHLORAL IN DYSENTERY.—Dr. Curci finds that chloral hydrate is serviceable in the diarrhoea of typhoid. He has therefore employed it during an epidemic of dysentery in seventeen cases, always with the best results. At first it was administered in combination with potassium chlorate, but afterwards the latter drug was omitted, and the chloral was given alone in a mess of barley gruel, either by the mouth to the extent of 1-3 grams per diem for an adult, or as an enema (10 grams in 2,000 grams of gruel being sufficient for ten enemas). When given by the mouth it is found advisable to administer some slight purgative beforehand to prepare the bowels for the reception of the remedy. Hydrate of chloral is not only a soporific remedy for dysentery, as was supposed by Dr.

Prince, who first pointed out its value in this disease, but it has also a sedative, astringent, anti-spasmodic, and anti-diarrhoeic action, in addition to its local coagulating and antiseptic properties. If it only lessened pain by producing sleep, its action would be but transitory, whereas it is very persistent, being in reality a sedative to the brain and spinal cord as well as to the sympathetic system of nerves, and it is the latter system which is chiefly affected in dysentery. After the use of chloral it is found that the evacuations are lessened, while the flatulency which is such a painful symptom in the disease, is diminished. In regard to the local action of hydrate of chloral it must be considered that one part is absorbed in the intestine, whilst another is passed on by peristaltic contractions into the cæcum and colon. After administration in a mucilaginous vehicle in doses of 2-3 grams, the peristaltic movements are at first increased, but then ensue diminished sensibility and movement. These phenomena are due to the stimulation and subsequent paralysis of the sympathetic, and it is in this way that the chloral lessens the pain in the bowels, and the secretion. If the administration be continued till recovery takes place, the chloral exhibits its properties of coagulating albumen, destroying the organised ferment, and hastening cicatrisation. In conclusion, Dr. Curci enumerates the other remedies employed in dysentery, and states his opinion that purgatives administered in the early stages of the disease alone approach in value to chloral hydrate. He condemns anti-phlogistic treatment, as well as that of opiates and astringents. He has known no good results obtained from the use of ipecacuanha, the so-called radix antidysenterica, since it only acts as an emetic, and is without effect upon the other processes of the disease. *Il Razcozziatore Medico*, Nos. 15-18, 1878. *Med. chir. Rundschau*, May, 1879.)—Practitioner.

PERICARDIAL EFFUSION—FLUID WITHDRAWN BY ASPIRATOR.—The following interesting case under the care of Dr. McCall Anderson is reported in the *Glasgow Med. Jour.* Sept. '79. H. H. aged 17, millworker, was admitted 22nd July, 1879, complaining of severe cough and general dropsy, most marked in the legs. The cough has troubled him for some years, and is always worst in winter; during the last four winters he has had several very severe attacks of hæmoptysis.

When admitted, he breathed with difficulty, his face had a livid hue, and the attacks of coughing were frequent and violent. On examining the chest there was found to be marked dulness of the left side anteriorly. The dulness extended 2 inches to the right of the middle line, and round into the left lateral region; it reached upwards nearly to the clavicle, beneath which, however, there was a limited area of clear percussion. The lateral limits of the dulness were much less at the upper than at

the lower part of the chest. Behind, percussion was clear, except towards the base where there was some dullness. The left side of the chest was decidedly fuller than the right, and over the area of dullness there was a bulging of the intercostal spaces. Harsh sonorous râles were heard all over the chest on both sides. The heart sounds were normal, but seemed distant and muffled. The exact position of the heart could not be made out, and the apex-beat could not be felt. The pulse was rapid, very small, and thready.

Urine contained a trace of albumen and bile. Patient was ordered a cough mixture and a diuretic.

The diagnosis made was pericardial effusion, with probably slight pleuritic effusion at the left base.

As the patient was not improving, a consultation was held on 30th July, at which the diagnosis made was confirmed, and it was resolved to remove the fluid by means of the aspirator. The spot selected for puncture was in the fifth intercostal space and about an inch to the right of the nipple line. A medium sized trocar and canula connected with the aspirator was used, and 38 oz. of a light straw coloured fluid withdrawn. When the instrument was first introduced, it was evidently not in contact with the heart, but during the latter part of the operation the cardiac impulses distinctly affected the canula. Immediately after the operation patient's breathing became decidedly less laboured, and very soon after there was a marked improvement in his appearance, which, previous to the operation, was characteristically cyanotic. On examining the chest on the following day, the area of dullness was found to be considerably diminished, the diminution being most marked at the upper part, and to the right. The heart sounds were now very distinct and nearer the surface. The pulse was much stronger and more regular, though still frequent.

What the final result in this case may be it is impossible to state, though no doubt can exist as to the great improvement which has resulted from the operation.

IODOFORM IN THE TREATMENT OF CHRONIC ULCER.—Dr. Evans, *Glasgow Med. Jour.* gives the following. On entering the room occupied by an old man, whom I was one night called to see for a sudden illness, I was quite overcome by a most offensive and foetid odor, which, I found on enquiry, was caused by "a bad leg" of 30 years' standing. On asking to see it, I was shown a large irregular sloughing ulcer in a most horrible condition. I washed it with a solution of carbolic acid (1-20), then dressed with a solution (1-40). This I did daily for about a fortnight, and the ulcer became perfectly sweet and healthy looking; but if left for a single day without dressing, the

granulations became greenish, and the foetid odor returned. I then tried an ointment of iodoform, according to the formula used by Dr. Tantum for prurigo, *i.e.*, iodoform $\mathfrak{z}\text{i}$, to $\mathfrak{z}\text{i}$ of ointment. I spread a thin layer of the ointment on a piece of lint cut to the size and shape of the ulcer; this I placed on the ulcer, and over it a layer of carbolic tow—as an antiseptic precaution—then bandaged the leg firmly, and left my patient for a week without re-dressing, and to my satisfaction, at the end of the week found the ulcer in a nice healing condition. Since then, I have continued the treatment with very satisfactory results. I have also tried it in other cases with like results.

BLEACHING sponges without injuring the texture may be done very nicely by first soaking them in a solution of muriatic acid made by adding a pint of acid to a gallon of water. This dissolves out the limestone, shells, etc. After this rinse thoroughly, and immerse the sponges in a solution of permanganate of potassa containing an ounce of the latter to a gallon of water. Wring out the sponges, and put them into a solution made from one pound of hyposulphite of soda, one gallon of water, and one ounce of muriatic acid. This will bleach immediately, after which they should be well washed with water to remove all traces of acid, etc.

CHLORAL IN DIPHTHERIA.—Rokitansky, of Innsbruck, has used a 50 per cent. solution of chloral as a local application to the membrane, by hair-pencil, every half hour. Pain is seldom severe, but salivation is intense. In an hour and a half pieces of membrane come away on the brush; and at the end of two to four days the surface of wound has granulated. As the surface improves in appearance the solution is gradually diluted. From Morrell Mackenzie's monograph on Diphtheria, it appears that chloral-syrup, 25 grains to the ounce, ranks high in his esteem as a local application: "it rapidly gets rid of the fetor, and it is beautiful to see the membrane loosen and come away, leaving a healthy surface underneath."

In a case of stone occurring in a man about twenty-two years old, Dr. Bigelow recently removed, in one hour and seventeen minutes, a calculus, of which two fragments weighed 720 grains. There was no blood in the urine during the operation, nor any unfavorable indication afterwards; the patient rapidly convalescing. The calculus was phosphatic, but quite hard, having a small lithic nucleus. It measured $2\frac{1}{4}$ inches, and could not be grasped by a Thompson's lithotrite. It was crushed by Dr. Bigelow's lithotrite, and aspirated through a tube of the diameter of 30 French. This is, with one exception, the largest stone yet removed by the new method.—*Boston Med. Journal.*

THE CANADA LANCET.

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TORONTO, NOVEMBER 1, 1879.

RABIES GYNECOLOGICA.

The St. Louis *Medical and Surgical Journal* for August contains a paper read before the Medical Society of that city, on 5th July, by Thomas Kennard, M.D., entitled "The use and abuse of the Obstetrical Forceps," under the admonitory motto, "*In medio tutissimus ibis.*" Dr. K. appears to have designed this paper as a counterblast, or remonstrance, against the new-fangled doctrine of certain forcipologists, who advocate the early and frequent employment of the forceps, with the double view of economising their own time and that of their parturient patients. A member of the society, in a paper previously read, had stated that he used the forceps, on an average, once in every three cases of labor. Another member, less adventurous, said he used the forceps only once in seven cases. Our space does not permit the full reproduction of Dr. K.'s argument, which is both full and forcible. We offer the following short passage as a mere specimen:—

"Dr. Maughs says that the forceps can be applied and take up absolutely no space. Every instrument or solid body must necessarily occupy space. Then how can such an assertion be sustained? He means, perhaps, that it compresses the foetal head to make room; but the foetal head cannot be compressed much without injury. It may be changed slightly in shape by the forceps. Every person acknowledges that the forceps in unskilled hands is a dangerous instrument. All obstetricians admit that contusions, lacerations, inflammations, sloughing, and death to both the mother and the child, may follow its injudicious or unskilful use. The difficulty is to know who are skilled

and who are not, or who can judge whether instrumental aid is demanded. The forceps is not so harmless as enthusiasts would have us believe."

Dr. K. then proceeds to quote in support of his position, from several eminent obstetric writers. He, however, in our opinion, falls into a serious inadvertence, when he appeals to obstetric statistics; for whether in this department of medicine, or any other, what theory or practice so ever, has not found support in this *refugium periclitantium*? How often have common sense and rational judgment been driven from the field by the figure columns of medical statisticians! We shall never forget one illustrious instance of this form of argument, when an official noodle proved to his own satisfaction, that a certain large public institution enjoyed better health, and had a lower mortality, when it was densely crowded, than when the inmates had more liberal cubic space. Even supposing that this pedantic figure-head had collated his figures correctly and honestly, and that they appeared to sustain his position, could any man of sound mind assent to his doctrine?

Dr. Kennard, in his repugnance to the abuse of instrumental interference, has, we apprehend, overlooked one very important fact, from which, we are convinced, the advocates of frequent recourse to the forceps adventitiously derive their main support. It is simply this, that the forceps does least harm when least needed; and as in the very large majority of cases of all labors, the powers of nature are quite adequate to the safe, and generally facile, expulsion of the child, it is quite evident that as neither defective pelvic capacity, nor abnormal rigidity of the soft parts, retards the labor, the introduction of the forceps and the subsequent manipulation, must be much easier, and attended with less risk to both mother and child, than when the conditions are the opposite of these. We can then well understand that a practitioner who employs the forceps in every third, or every seventh case, will be able to show a far more dazzling *proportion* of successful issues, than one who has recourse to instrumental aid only when he finds it indispensable. But is this an adequate justification of the practice? If so the surgeon who amputates a limb, which by patience and skill he could have saved, is not guilty of malpractice; though it is not to be denied that he may, by his sawbones im-

petuosity, have saved his patient from much longer suffering, and a tedious recovery. As to the man-midwife who rushes to the forceps, simply to economise his own time, (and we fear all are not exempt from this financial frailty,) we would gently whisper to him, that if his practice is so large as to forbid waiting, he would best meet his requirements by curtailing it, or by taking in an intelligent partner.

Dr. Kennard closes his paper with a rather humorous divergence to an affiliated subject, and as in these dull times, when the collection of medical accounts has become an obstetric impossibility, a little laughter may prove favorable to the digestion of coarse diet, we present the following antidyspeptic *morceau* :—

“We have waves in medicine and surgery that sweep everything before them, and wash every enthusiastic seeker for glory into the grand maelstrom that engulphs them all. Twenty years ago every woman imagined that she had ulceration of the womb, and of course every medical aspirant for fame insisted upon a peep at that organ through the speculum. I well remember my first personal experience in that direction at a clinic of one of New York’s most distinguished obstetricians, where some twenty of us in Indian file awaited our turn to take a peep at the women, many of whom had nothing whatever the matter with them, except a morbid desire to be handled by one of the opposite sex.

Five years later they imagined that their wombs did not hang right, and through the influence of the misguided enthusiast, Dr. Hodge, who had revived an old and long forgotten idea, the young practitioner was inclined to make a toy-shop out of every woman’s vagina, so that it became very questionable whether even refined and virtuous women had private parts any longer, for they certainly became very willing to make them public. Unfortunately a great many females manifested a morbid desire to be examined, and they encouraged the deep investigators in their dark researches. A few well meaning men still imagine that it is incumbent upon them to prop up every womb, but fortunately their enthusiasm expends itself on their ingenuity in devising *new vaginal toys*, which not many women are now inclined to play with. The pessary wave has subsided, never again to return except in spirits and splashes. Women have concluded that although their outside stays sometimes

create a necessity for inside props, they still must entertain a decent respect for their private parts, the *sanctum sanctorum* of their physical organization. Our instrument stores are full of pessaries, and it is very entertaining to see the ingenuity displayed by some of our brethren of a mechanical turn of mind, in varying their size and shape. We might well suppose that no two vaginas were constructed upon the same plan, if we did not know to the contrary. About the year 1867 the cliterodectomy wave threatened to sweep away the clitoris of every nervous woman who applied to the hospital of Mr. J. Baker Brown, who enjoyed the favour and patronage of royal folks, and had an idea, (not a very incorrect one), that all cases of hysteria resulted from venereal erethism. “His chuckle-headed assistant, Mr. Harper, diagnosed a case of clitoris irritation in a buxom, healthy, well-developed young woman, who had come to be cured of fissure of the anus, as follows :—He said there was *too much hair around the vulva, that the vaginal odor was fetid, and that the neck of the womb was conical*. He cut the entire clitoris away by three broad incisions. The labia majora were removed and the sphincter ani was divided on both sides by slashes extending down to the tuberosities of the ischia.” He operated on other women in the same manner, and the reporter, an eye witness, says of the first two, that they were as fine specimens of their sex as he had ever seen ; both were wives of honest men, had never committed masturbation, and had been deluded into taking chloroform under the belief that some simple operation was to be performed.” The reporter says : “We have seen clitorides lying about on the saw dust, like bits of meat at a butcher’s shamble.” This man belonged to the London Obstetrical Society, but his enthusiasm washed him out, and he ought to have been *castrated*, (an infallible cure, we verily believe, for nine-tenths of the pretended *diagnoses* of uterine complaints.) “Neck-splitomy was the next wave, but it soon subsided, and then impregnating by the syringe was tried, but it did not compete with the old plan, and no one but J. Marion Sims ever advocated it. The forceps wave returns periodically, and we must beat it back whenever it rolls too boisterously. Hence the few hurried words of caution I have read to you. Recently some surgeons have advocated and practised complete removal of the uterus and ovaries, and have

taken only about seven lines to describe the method of this horrible operation in their fatal cases, on patients that would have lived for years if they had not butchered them. More recently they have taken to spaying women, as farmers do sow pigs, but as women were not intended for food except in dire emergencies, the great Creator didn't see the sense of such mutilations, and hence the majority die from the operation. God protect the poor women from the enthusiastic gynecologists and the extremists of every kind." So says Dr. Kennard, and we cry *Ame*, with all our heart and soul; but Great is Diana of the Ephesians, and there is a mint of money in the humbug.

REGISTRATION OF THE PREVALENCE OF DISEASE.

The only way by which we have hitherto been able to ascertain the prevalence of disease in Canada has been by means of that obviously imperfect source of information, the mortality returns. Even if these returns were perfect, it is apparent that they would afford no reliable data regarding the general state of health. Admitting this fact, the necessity for and the value of a system whereby we obtain a knowledge of the number of cases of the various kinds of disease in the different parts of the Province or of the Dominion, follows as a matter of course. Such a scheme has recently been put into operation in this city and in some parts of the Province, with the immediate object in view of ascertaining the influence of the weather on health. This, however, is not the only, even if it be the primary, point of importance to be considered in its favor. For example: Accurate statistics of the state of health will aid very greatly in enabling us to learn somewhat regarding (1), the origin and progress of disease; (2), the influence of locality in producing, or modifying the effects of, any special disease; (3), the prevalence of epidemics; (4), the proportion which exists at any time or place between the sickness-rate and the death-rate, and the ratio between the number of persons sick and healthy; (5), the operation of the sanitary conditions.

These are only a few of the points to be considered, but they alone should suffice to ensure the hearty co-operation in the scheme of all who have

the interests of science, and the well-being of humanity at heart.

To consider these points more in detail: The ever varying conditions of weather, the study of which constitutes the science of meteorology, have been acknowledged by all to have an important influence on the state of health; but exactly what that influence is on the different diseases is almost as much a mystery as ever. Our method of recording the various phenomena which group themselves under the head of weather has been so much improved of late years that the data may be regarded as tolerably accurate, for so much has been learned regarding the laws of the movements of the atmosphere, that it has become possible, with some degree of accuracy, to predict the changes of the weather from day to day. This knowledge of coming events, should prove most useful to us when we have ascertained the influence of the weather on health. It will enable us to take precautions to modify the effects of sudden changes of pressure, temperature, humidity, &c., which may influence diseases of the respiratory organs, the bowels, or the nervous system, &c. Any one who has given attention to this subject will see, that it is impossible to learn the connection between the weather and health from the mortality returns, for all that we can gather from them is that deaths from certain causes appear to be more or less frequent in certain seasons, or periods of the year.

The agency of climate comes properly under the influence of locality. While we shall be able to see at a glance from such data as it is proposed to obtain, the prevalence of any special disease, it will need accurate returns for some years, before any reliable deductions can be drawn regarding the agency of climate. Nevertheless, valuable information could be obtained, which would be of service in constructing a chart, showing the prevalence of disease in each locality. To any person afflicted with any special disease, such a chart, if accurate, would prove of inestimable value, while to physicians and to the public in general it would be most useful. The knowledge which such statistics would afford us of the prevalence of epidemics, would enable us to take such action as would be necessary to prevent their spread, or to mitigate their effects. The mortality returns are too late to be of service here, for the epidemic may be at its height before we obtain any indication of its pres-

ence from them. If proceedings were taken immediately it is known that a disease has become epidemic, the results may be such that the mortality returns would show no evidence at all of its prevalence. The massing of returns showing the prevalence of disease, would afford a much more accurate idea of its extent, than could be obtained by any single observer, and the sickness-rate thus obtained would be evidence as to whether a disease had, or had not, become epidemic. The influence of climate, locality, &c., would also be shown in the proportion which existed between the sickness-rate and the death-rate. This information would be useful to the physician in many other ways.

As regards the influence of sanitary conditions, of what value are the isolated experiences of any single observer compared with the information obtained by such a scheme as the one proposed? That some such system is much needed, is evidenced by the hearty co-operation of those who have been made aware of its existence. All the physicians who have been asked to send in returns (and at present it has only been possible to communicate with a few), have recognised its utility at once. The action taken by the Canada Medical Association in appointing a committee to request the Government to supply the necessary stationery, and permit the returns to be forwarded free through the post, is a proof that the necessity for some such system is thoroughly recognised. The scheme itself is very simple as it is at present in operation, but it will admit of extension with great advantage. It may be briefly described as follows: A form for reporting every week contains a list of some of the most common diseases (with a blank space for the mention of those not named in the list). The number of cases of each disease is placed opposite the printed name, and the severity of the disease is noted by the signs =, +, or —, according as the disease is about the same, or more, or less than usually severe. A column for remarks is also added, in which special cases may be mentioned, or reference made to the sanitary conditions. It will probably prove of service, if a column is introduced for stating the age of the person afflicted, and another for the result of disease, as to recovery or death. If the Government adopts the suggestion mentioned above, it is most likely that some form will be devised whereby each person reporting will be able to keep a copy of his report. Experience

will no doubt show us, the way to obtain the greatest possible amount of information, at the least possible expenditure of time or labor. In the meantime, the system will be extended as far as possible, and it is hoped that those who take an interest in the work, and are willing to co-operate, will not hesitate to ask for a supply of forms which will be promptly forwarded.

Mr. Monk, of the Meteorological office in this city, is working up this subject during his leisure moments, and we trust that the profession in all parts of the country will kindly second his generous and praiseworthy efforts.

INTERNATIONAL MEDICAL CONGRESS.

The Sixth International Congress of Medical Science was held in Amsterdam commencing Sept. 7th, under the Presidency of Prof. Donders of Utrecht. The proceedings were conducted in the French, and partly in the German language, most of the documents being printed in both languages. There were delegates present from every country in Europe, and America was represented by Drs. Sayre, Seguin and Turnbull.

The Congress opened by a brilliant address in French from Prof. Donders. He surveyed the whole region of medical science in one of the most remarkable, eloquent, and profoundly thoughtful addresses which has for many years been given to a medical audience. He gave to each nation a just place in the progress of medical science. In the evening, a public reception was given by the municipality of Amsterdam, at the Hotel de Ville. The Burgomaster delivered an address of welcome, which was responded to by various delegates present. Dr. Sayre made a happy hit in hailing Amsterdam as the mother city of New York, "We come, therefore," said he "to our mother, and we recognize that to the solidity of character, the perseverance, the culture, and the honor inherent in the highest types of Dutch character, the new Amsterdam, now New York, owes an imperishable debt of gratitude to the old Amsterdam, which now welcomes representatives of America to this Congress." Subsequently in the section on surgery Dr. Sayre was requested to demonstrate his mode of treating spinal curvature, and Pott's disease by suspension, and the plaster jacket. The public meeting of the second day was principally

devoted to an address by Prof. Lister, in reply to various objections which have been made to the antiseptic system. Prof. Lister was received with the greatest enthusiasm, the whole assembly rising to their feet, and with repeated rounds of cheering, waving of hats and handkerchiefs, hailed him with shouts of applause, couched in all languages. The scene is said to have been unprecedented in the history of medical science. When the applause subsided Prof. Donders stepped forward and taking Lister by the hand said, "it is not only our admiration which we offer to you; it is our gratitude and that of the nations to which we belong." Prof. Lister delivered his address in French, with but few notes, in which he answered with great vigor some of the objections which have been urged theoretically and practically to the antiseptic method.

Prof. Virchow delivered an able address on "Medical Education," but being somewhat long and delivered with so little animation it was not by any means a success. He, however, redeemed his reputation as an orator of great brilliancy, in his address to the students on the occasion of their torchlight procession in honor of the Congress. It was a brilliant, noble, and earnest speech, like sparks of fire, "inciting them to noble aspirations, love of truth, and the onward march of science; full of hope, full of promise, and full of solemn warning—such an address as makes an epoch in many a young life."

A paper was read by Dr. Seguin, of New York, on "Uniformity in Weights and Measures," in which he referred to the progress made in the United States, and asked for the formation of an international commission for the purpose of obtaining uniformity in medical records, which was granted. Many other most valuable papers were read in the various sections, and the meeting was in every respect a most successful one. Many specimens of instruments and Pharmaceutical preparations were shown, but the electrical polyscopes by Mr. Trouvé of Paris attracted most attention. By means of these instruments, it is possible to so illuminate the interior of the stomach or bladder as to see into them with perfect clearness.

The next meeting of the Congress will be held in Great Britain.

T. L. BROWN, of Ottawa, has been elected by his fellow-students of McGill Medical College, Montreal, as their valedictorian for the year.

AMERICAN GYNECOLOGICAL SOCIETY.

The fourth annual meeting of this society met in the Johns Hopkins University, Baltimore, on the 17th of September, under the Presidency of Dr. T. G. Thomas of New York. There was a large attendance of members present and some very interesting and practical papers were read and discussed.

Dr. J. P. White of Buffalo read an admirable paper on "Intra-uterine Medication," and exhibited the instruments he used in its application. He commonly used the following as a local application, viz: Iodine ℥j, iodide of potassium ℥ss, tannin ℥j, dissolved in glycerine. Dr. Battey of Rome, Ga., also read a paper on "Intra-Uterine Medication by Iodized Phenol." For ordinary purposes he recommended a solution of iodine in liquefied carbolic acid in the proportion of 2 to 8, to be applied by means of a small swab of cotton. The iodine was absorbed and produced a beneficial effect. A prolonged and interesting discussion followed the reading of these two papers in which Dr. Sims, Isaac E. Taylor, Fordyce Barker, Byrne, Mundé, Bozeman, Wilson and Reamy took part. The gist of the discussion showed, that harsh intra-uterine medication was not free from danger, and that greater attention should be paid to the correction of faulty position of the womb, when milder applications would be found to yield equally satisfactory results.

A paper was read by the Secretary from Dr. E. W. Jenks, of Chicago, on "Intra-uterine injections in Puerperal Septicæmia." Another was read by Dr. Chadwick of Boston on "Idiopathic Septicæmia in Gynecological Practice." He included obstetrical cases, and defined septicæmia as a constitutional disorder of limited duration, caused by the entrance into the circulation of a certain quantity of septic material. He preferred to use injections of permanganate of potash as a disinfectant, making a solution of a deep claret color. Putrid matter, he said, when present, changed the color of the solution, when used, to yellow. "Puerperal Septicæmia" was also the subject of an interesting paper, by Dr. A. D. Sinclair, of Boston. He reported 21 cases, of which 9 died and 13 recovered. The treatment was quinine, alcohol, uterine douches of permanganate of potash every three hours, sponge baths, and nutriment in the shape of milk, beef tea, egg-nogg, etc.

Dr. Paul F. Mundé read a very valuable paper on "Prolapse of the Ovaries," a subject which has not received the attention its importance demands. In his opinion it is a very common affection, and frequently accompanies retro-displacement of the uterus. He recommended the use of cotton tampons to retain the organ in position, after having relieved all hyperæmia.

The President then read the Annual Address, taking for his subject "The Gynecology of the Future, and its Relation to Surgery." He noticed some of the chief influences which retarded gynecological and obstetric progress, especially the lack of facilities for demonstration of special views and operations. The result was, a spirit of dogmatism prevailed in regard to certain procedures and remedial measures. He also referred to the need of just and honest criticism of pamphlets and books, and suggested that a standing committee should be established, which should pronounce judgment on current literature. Speaking of gynecological surgery, he advocated greater conservatism, and assumed that an enlightened conservative surgery was the pivot around which was to revolve the gynecology of the future. Many other papers were read and discussed, which we have not space to enumerate. The next meeting was appointed to take place in Cincinnati, on the first Wednesday of September, 1880.

EFFECTS OF "PITHING" ON THE VASCULAR SYSTEM.

A recent issue of the *N. Y. Medical Record* contains an able article under the above heading, from Dr. Poole, of Lindsay, Ontario, in which as a result of personal experimentation, it is held that when the cerebro-spinal centres are destroyed, as in "pithing," the arterial vessels are not dilated, as has been generally taught; but that the arterial system is as empty and contracted as it is possible to be in the case of tubes more or less elastic; while the entire venous system is proportionately distended with blood. Dr. Burdon Sanderson, in his account of this experiment, admits the fact of venous distension, and appears to ignore the actual condition of the arteries, which Dr. Poole claims is really the important point in the operation.

The article concludes with the following summary of the chief points sought to be established:—

"1. Destruction of the nervous centres is attended, not by relaxation of the arteries, as has been asserted, but by a marked contraction and emptiness of these tubes.

2. Arterial contraction cannot be dependent on nervous agency, nor can arterial dilatation be the result of vaso-motor paralysis.

3. The vaso-motor theory at present in vogue is erroneous, untenable, and at variance with the facts it is intended to explain.

4. There are strong and valid reasons for believing that the real function of the vaso-motor nerves is, not to contract, but to dilate the arteries.

5. Similarly strong and valid reasons exist for the opinion, that the varying calibre of the arteries is due to the antagonism between the dilating influence of the vascular nerves and the inherent contractile power of the muscular fibres of these tubes; contraction or dilatation resulting in proportion as one or other of these opposing forces predominates.

The practical importance of these views will be apparent in their application to the phenomena of disease, and the action of that large and constantly increasing class of drugs known to act through the agency of the nervous system."

A CURIOUS CASE.—The following rather peculiar case came under the notice of Dr. Howland, of Huntsville, Ont. A young man, aged 20 years, son of Robt. Walker, Esq., of Sinclair, was accidentally shot by the falling of a pistol from his pocket. The ball, a very large one, entered the parietes of the chest immediately over the heart and made its exit at a point directly opposite in the back. To all appearance the ball had passed directly through the chest, but on a careful examination of the wound it was discovered that the ball had taken a most extraordinary course. It had not entered the cavity of the chest but had described a semicircle around it, being diverted by the ribs. The patient after the accident walked about six miles. He appears to be doing well.

THERAPEUTICS AND MATERIA MEDICA.—At the late meeting of the Canada Medical Association, Dr. Playter read a few remarks on "Therapeutics and Materia Medica;" the object of which was to draw attention to the desirability of a more satisfactory and generally understood and accepted foundation as regards the teaching and practice of

these branches of medicine. He referred to the fact that in most other branches very satisfactory progress had been made, and they were on an enlightened and a rational, and for the most part, universally accepted basis, while on therapeutics and materia medica, and in a measure on the practice of medicine, the widest and most extravagant views were held and carried out in practice. Students in medicine are taught that certain drugs have certain actions, and to give certain medicines in certain diseases, but in practice it is soon found that medicines will not, even usually, produce the effects on the human constitution which as students they are taught to expect; and many consequently lose faith in most drug remedies altogether. Hence, different pathies had sprung up. The doctor made quotations from eminent medical men to show that there is a great want of faith among the older practitioners, in drug medication, as now practiced. He purposes moving, at the next meeting of the Association, for a select committee with authority to request that other like Associations in Great Britain, United States, and other countries, will appoint like committees, and which committees shall endeavor to arrange for a general conference, at some future time, of delegates from all the different Associations to consider the best means by which these branches may be placed on a more rational, uniform, and acceptable basis.

THE ONTARIO MEDICAL COUNCIL.—A correspondent who signs himself M. C. P. & S., O., asks the following questions: "What does the Ontario Medical Council mean to do next? I have been shown a letter signed by the President of that august body, ordering all prosecutions of unlicensed midwives, to cease from this time forth.

Hitherto the Council has done the general profession and public at large, a good work by putting down the unlicensed practitioners of midwifery in Ontario, but now this is all to be cancelled. Is it fair for us to pay yearly for protection, and not get it? Are the general practitioners to be taxed to keep up a so-called college and council for no good to themselves, but rather a hindrance. Can the President over-rule the Statutes of Ontario? Answers to these queries will oblige."

PREVENTIVE MEASURES IN DIPHTHERIA.—We have been favored with a copy of the report on

the preventive measures to be used in limiting the extension of diphtheria, published by the Medical Society of Nova Scotia. Owing to the continued existence of diphtheria in this Province, and the great mortality caused by it, the Medical Society has issued a report on the preventive measures to be used, for public use. The report treats of the contagiousness of the disease, the means to be adopted to prevent it, disinfection, &c.

DETROIT MEDICAL COLLEGE.—The Faculty of the Detroit Medical College have, with commendable spirit, adopted the three years' graded course of study, and an entrance or matriculation examination, for all candidates for graduation. Each session will also be lengthened to six months, commencing on the second Wednesday of September, and ending on the second Tuesday in March following. These new regulations will go into force in the session 1880-81. We congratulate this institution on its progress in the interests of higher medical education.

AMPUTATION AT THE HIP-JOINT.—Prof. Gross, of Philadelphia, has performed three successful amputations at the hip-joint. The third operation was performed on the 20th of September, in a case of sarcoma of the thigh. Hemorrhage was arrested by Esmarch's bandage and Pancoast's abdominal tourniquet. The patient recovered without a bad symptom. Lateral flaps were made, and silk ligatures employed; no antiseptics were used.

INHALATION OF TURPENTINE IN HEMOPTYSIS.—The inhalation of turpentine in hemoptysis has been recently tried with very marked and beneficial results. It is especially useful when the hemorrhage comes from very small vessels. In rupture of large vessels it has not been so successful, but it is still useful as an auxiliary means of treatment.

APPOINTMENTS.—Dr. Gamble has been appointed surgeon to the South Wellington Cavalry. Dr. J. S. Edwards has been appointed House Surgeon to the General Hospital, London, Ont. Dr. L. E. Sheppard, son of Mr. A. Sheppard, of Petrolia, has been appointed to the chair of anatomy in the St. Louis Medical College.

Dr. Mitchell of Amherst, N.S., was lately appointed physician to the Maritime Penitentiary, Dorchester, N.B.

CORONER.—J. H. Ryan, Esq., M.D., of Sussex, N.B., has been appointed associate Coroner for the County of Kings, N.B.

REMOVAL.—Dr. Evans, son of Dr. Evans, of Kingston, has removed from Yarker to Picton, Ont. His success is already secured by reason of the high reputation his father had in Picton, where he practised a number of years.

NEWSPAPER PUFFING.—The latest case of newspaper puffing comes to us through the *Patriot*, Charlottetown, P.E.I. We were surprised to find that this epidemic had reached the quiet matter-of-fact people of this fair sea-girt Province.

THE chaff, the controversies, and worn-out theories, which beset the practitioner and disturb the student, are chargeable to men who have written for reputation or notoriety, rather than from experience, reflection, and classified knowledge.—*Dudley.*

Reports of Societies.

OXFORD MEDICAL ASSOCIATION.

The fourth quarterly meeting of the Medical Association for the County of Oxford, was held in Ingersoll, on the 23rd ult. A large number of members were present. The President, Dr. Williams, occupied the chair.

After the reading of the minutes of the previous meeting and other routine business, Dr. Turquand of Woodstock, read a paper on "The Action of the Bromides in Nervous Diseases," which elicited a good deal of discussion from the members present, Drs. Hoyt, Walker, Scott and Williams taking part.

On motion, the thanks of the Association were tendered to Dr. Turquand for his very able and interesting paper, and the printing committee was instructed to forward a copy for publication in the CANADA LANCET.

A discussion then followed on the type of malarial fevers now prevalent in the county. Dr. Clement strongly recommended large doses of sulphurous acid in the treatment of these fevers.

On motion, the printing committee was instructed to have 150 copies of the electoral division tariff of fees printed, for distribution among the members of the Association.

The next meeting will be held in Woodstock, on the second Thursday in January, 1880, when papers will be read by Drs. Swan and H. M. McKay, of Woodstock, and Dr. Clement, of Innerkip.

A. MCKAY, *Secretary.*

Books and Pamphlets.

A TREATISE ON HYGIENE AND PUBLIC HEALTH.—Edited by Albert H. Buck, M.D. New York: William Wood & Co. Toronto: Willing & Williamson.

The history of human nature establishes one important truth, that all the evils connected with man's physical and organic condition originate in the violation or neglect of those laws which the Creator has appointed for the regulation of that stupendous machinery known in the aggregate under the name of the world. If any one will examine attentively every morbid state he will find that this is the case. He will be satisfied that the relations established by the Creator between the body and other agents acting upon that body, have been neglected or disturbed. "*Prevenir vaut mieux que guerir.*" The scope of scientific hygiene or sanitary science is not merely to preserve health and prevent the development of disease; it aims also at ameliorating and perfecting the various instruments of life, and at promoting the full development of all the powers of the system. It is a great error to suppose that sanitary science is a modern institution and practice, as it dates back to the very earliest recorded period. In the 13th chapter of Leviticus, we read of a medical officer of health endowed with fuller and more stringent powers, than the State at the present day accords to any such officials. Strict rules are laid down for the separation of the sick from the healthy, that it would be well for communities to adopt at the present day in relation to zymotic diseases, which we can never hope to effectually stamp out except by complete isolation; this, under the Mosaic rule, was most effectually done. Dr. Fergus in a recent lecture very aptly remarks: "A rule must be made from the highest to the lowest; immediate notice must be given to the local authority of every case of infectious disease, so that every possible means may be taken to prevent its spread. Some will say that this is an invasion of personal liberty. Lib-

erty, however, never became license, and the mere fancy or will of an individual ought never to endanger the health of the community." The attention of medical men has, as a rule, been directed more to the results of the violation of the laws of nature, rather than to the laws themselves. It is true that the medical mind may be slow to perceive that prevention is worth more than a cure, as from an interested point of view it would certainly be worth much less, and the less hygienic means are attended to, the greater the call for the doctor when sickness shall have warned the patient that nature requires repair. More dignified views of our profession should be entertained than the practising it as a trade from which, "*per fas et nefas*," the utmost amount may be derived.

That the exhaustive treatise before us will to the uttermost fulfil the meaning and intents of hygiene, we have no question, as on this special subject it is as full and comprehensive as Ziemssen's *Cyclopedia of Medicine*, of which it is to constitute the section on Public Hygiene. The first volume takes cognizance of the following subjects: Prefatory remarks, causes of disease; jurisprudence of hygiene; infant hygiene; food and drink; drinking water and public water supplies, physical exercise; care of the person, habitations, atmosphere, general principles of hospital construction. The second volume is taken up with the subjects of hygiene of occupation, hygiene of camps, hygiene of the naval and merchant marine, hygiene of coal mines, hygiene of metal mines, infant mortality, vital statistics, adulteration of food, public nuisances, quarantine, inland quarantine, small-pox and other contagious diseases, hygiene of syphilis, disinfectants, village sanitary associations, and school hygiene. All these subjects abound with the most instructive practical information. The numerous illustrations are admirably executed, the paper, type, and binding of the choicest character, and the contributors to be reckoned among the best writers of America. So truly creditable and excellent a work should not only be found in the libraries of medical men, but should also be in the hands of all city officers of health.

A CLINICAL TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM, by M. Rosenthal, Professor of the Diseases of the Nervous System at Vienna, Vols. I. & II. Translated by L. Putzel, M.D., New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is another of the valuable series issued by the spirited establishment of W. Wood & Co., of New York, and we do not hesitate to commend it to the studious perusal of every physician who desires to acquire a more clear and extended knowledge of the deeply interesting class of diseases treated of by the distinguished author. It is, perhaps, the most comprehensive, and at the same time the most concise and accurate, exposition of the multiform, and very often obscure and puzzling, morbid affections of the brain and spinal cord, and their appendages, yet presented to the medical profession. No reader of extended pathological observance and research, can rise from its captivating perusal, without the conviction that Professor Rosenthal has not ventured into print before possessing himself of an ample treasury of carefully stored facts, which he has turned to excellent practical use.

It would be quite easy for us, even at random, to cite numerous extracts corroborative of the eulogium we here gratefully tender. We must, however, restrict ourselves to only one or two. The following from the 1st chapter, on "*Internal Pachymeningitis*," describing the *Pathological Anatomy* of the disease, is, as we know, from extensive autopsical observance of cerebral diseases, a most truthful depiction.

"The internal surface of the dura mater is covered with a yellowish exudation, and strewn with ecchymoses; or a thin layer of dense fibrin is present, which, with care, may be separated from the underlying membrane. At a later period, a very thin fibrous membrane, abundantly supplied with capillaries, forms at these spots, either on one or both sides of the brain, and especially at the convexity. In consequence of the duration and extent of the inflammation, numerous layers (10@20) are super-imposed upon the false membrane. Delicate blood vessels develop in arge-meshed plexuses, which often rupture, give rise to hemorrhages either between the layers of false membrane, or between the latter and the dura mater, (hemorrhagic pachymeningitis of Virchow.) These hemorrhages which vary in volume, being more profuse at the centre and thinning off at the edges, are united into circumscribed layers (simple or circumscribed) which adhere more or less firmly to the adjacent dura mater and arachnoid, and constitute Virchow's hæmatoma of the dura mater. These rounded cysts contain blood or serous fluid in various proportions, and are found especially on the convexity of the hemispheres; more frequently in the anterior and middle regions than posteriorly, and sometimes in the cerebral fossæ. The hæmatoma oc-

cupies either one or both sides, and causes cerebral compression. This prolonged compression leads to partial atrophy, softening and discoloration of the cortex, with thickening of the meninges."

The above detail of morbid conditions so exactly coincides with notes of cases made many years ago by the writer, that he might almost be tempted to suspect Professor Rosenthal, (did not great distance preclude the delusion,) of having had a stolen peep into certain records, which may never be exhumed from their present sepulchre.

The following summary of symptoms arising from "tumours on the anterior lobes of the brain," are as faithful to observed facts, as they are instructive to all who would desire information on this formidable morbid condition. "Diffused or frontal headache, symptoms of irritation or depression of the psychical faculties, convulsions, epileptiform attacks, hemiplegia, the frequency of disturbances of speech, (generally assuming the characters of aphasia), the rarity of disorders of sensibility and of the special senses."

We have italicised the only words in the preceding passage, which we regard as exceptional; for we are certain of having met with some cases in which they would not have held good. Tumours on, or, at least, beneath, the frontal lobes, do not leave the special senses of smell and sight intact. We have seen both loss of smell and sight consequent on their presence. We close this brief notice by earnestly commending the book to all our readers.

MANUAL OF THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY.—By Stephen Smith, A.M., M.D., Surgeon to Bellevue Hospital, &c., New York. Boston: Houghton, Osgood & Co. Toronto: Willing & Williamson.

This work is really a very complete manual of surgery. It contains the fullest details regarding all surgical operations, and also the medical and surgical after-treatment. The pathology of surgical affections is only briefly touched, a circumstance much to be regretted, in what is otherwise an excellent treatise. The author accepts Lister's antiseptic treatment, and gives a full description of the application of the antiseptic dressings. Considerable space is devoted to the reparative surgery of the face, and much interesting and valuable information given in regard to it. Dr. Smith recom-

mends the "overwhelming method" in regard to the administration of ether. He says the first charge of ether for an adult, should be from one and a half to two ounces. The book is well illustrated, containing no less than 733 wood engravings, which is more than is contained in some of the larger volumes on surgery. The printing and press-work are in the highest style of the art.

A MANUAL OF MIDWIFERY FOR MIDWIVES AND MEDICAL STUDENTS.—By Fancourt Barnes, M. D., (Aber.) M.R.C.P., Lond., &c. With illustrations. Philadelphia: H. C. Lea. Toronto: Willing & Williamson. \$1.25.

The ordinary duties of the midwife are clearly set forth in the work before us, and the work cannot fail to be useful to the class for whom it was written, if they will but make themselves masters of it. If the so-called midwives, or monthly nurses, will attend cases of confinement, they should at least have some intelligent idea of the most necessary procedures. The illustrations are tolerably good, and will enhance the usefulness of the book.

THE STUDENT'S POCKET MEDICAL LEXICON—Giving the correct pronunciation and definition of all words and terms in general use in medicine, with an appendix containing a list of poisons and their antidotes, &c. By Elias Longley. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This vest-pocket companion will be found especially useful to medical students attending their first course of lectures. The work is prepared with care, and will most satisfactorily meet the wants of those for whom it is intended.

Births, Marriages and Deaths.

On Sept. 29, at Lobo, the wife of Dr. G. Hutchins Case, of a son.

On Sept. 4th, Wm. J. Gracey, M.B., of Comber, to Miss Maria A. Lawrence, daughter of Mr. H. Lawrence, of Hullet, Co. Huron, Ont.

On Oct. 1st, Dr. A. C. Graham, of Fort Erie, to Isabella, youngest daughter of Jacob Keefer, Esq., Sydenham, Ont.

On the 24th ult., E. L. Hopkins, M.D., of Hamilton, Ont.