

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
  
- Additional comments /  
Commentaires supplémentaires:

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
  
- Includes supplementary materials /  
Comprend du matériel supplémentaire
  
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

THE  
CANADA LANCET

A MONTHLY JOURNAL

— OF —

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

EDITED BY

J. L. DAVISON, B.A., M.D., C.M., M.R.C.S., E.  
CHARLES SHEARD, M.D., C.M., M.R.C.S., E.

---

VOL. XXI.

---

TORONTO:

DUDLEY & BURNS, PRINTERS, 11 COLBORNE STREET.

1889.

LIST OF CONTRIBUTORS TO VOL. XXI.

---

William Gardner, M.D., Montreal.  
James Richardson, M.D., Toronto.  
Ingersoll Olmstead, M.D., Hamilton.  
H. E. Dunlop, M.D., Alpena, Mich., U.S.  
F. J. Shepherd, M.D., Montreal.  
G. A. Bingham, M.D., Toronto.  
William S. Muir, M.D., Truro, N.S.  
William Britton, M.D., Toronto.  
D. H. Dowsley, M.D., Kingston.  
Dr. Miller, Toronto.  
A. B. Judson, M.D., New York.  
K. Irving, M.D., Kirkton, Ont.  
A. McPhedran, M.B., Toronto.  
T. K. Holmes, M.D., Chatham, Ont.  
Joseph E. Winters, M.D., New York.

A. L. Loomis, M.D., New York.  
A. L. Smith, M.D., Montreal.  
N. A. Powell, M.D., Toronto.  
J. A. Temple, M.D., Toronto.  
William Osler, M.D., Philadelphia.  
A. B. Osborne, M.D., Hamilton.  
Edward Playter, M.D., Ottawa.  
Charles Sheard, M.D., Toronto.  
Charles W. Dulles, M.D., Philadelphia.  
W. Henderson, M.D., Kingston.  
Roswell Park, M.D., Buffalo.  
Leartus Connor, M.D., Detroit, Mich.  
T. R. Dupuis, M.D., Kingston.  
D. Inglis, M.D., Detroit, Mich.

# INDEX TO VOL. XXI.

	PAGE		PAGE
Abdominal Surgery, Notes on, by J. A. Temple, M. D., Toronto	168	Cancer, increasing	220
Abortionists	217	"    Inoculation of	222
Abortion, threatened	62	"    of the Blood	24
Abscess, Pelvic	111	Cancer of the Tongue	370
Acetic Acid as a Disinfectant	112	"    Resorcin in	24
Acne, Chronic	63	Cancer, supposed Bacillus of	307
Acne, treatment of	152, 30	Cancer, The Microbe of	62
Advertising, New dodge in	30	Carbolic Acid, Camphorated	126
Albuminuria	89, 244	Carbuncles	30
Albuminuria, Physiological	27	Cardiac and Renal Disease, a Clinic by Prof. Loomis	289
Alcoholism, Chronic, Pathology of	371	Cardiac Malformation, Rare, by G. A. Bingham, M. D., Toronto	40
Alcohol, Use of in medicine	214	Cardiac Murmurs, Disappearance of	305
Alopecia, Contagious	190, 342	Care of the Insane	375
Amenorrhœa	94, 251	Cascara Sagrada	114
Anal Fistula, treatment of, without Operation	373	Cascara, Untoward effects of	150
Anatomy Act, The	249	CastRATION, Pseudo	152
Anæmia, Cerebral	21	Catarrhal Affections of Throat, treatment of	374
Anæmia, Pernicious	115, 222, 180	Catarrh, Gastric, treatment of	253
Anæmia, Puerperal, treatment of	183	Catarrh of the Bladder, Salol in	52
Anæsthesia, Ether in	190	Catheterization	153
Anæsthetic	63	Cellulitis, Pelvic, in the male	150
Anæsthetic, New local	222	Cervical Lacerations	31
Aneurism, Aortic, Surgical treatment of	113	Chapped Nipples	307
Aneurism, A Study of	276	Children, Practical Hints regarding	109
Aneurism of the Thoracic Aorta, by A. McPhedran, M. B., Toronto	129	Chills, Chronic	340
Antidote, General, for poisons	30	Chloroform	85
Antifebrin	222	Chloroform, Dangers of, in Laparotomy	373
Antineuralgic formula	30	Chlorosis	370
Antipyrin, Contraindications of	114	Chlorosis, Mechanism of Cardiac Bruits in	272
Anus, Itching about	127	Cholera, Vaccination against	90
Aortic Aneurism, Etiology of	30	Chorea	222
Aortic Aneurism, Antipyrin in	127	Christian Science Healing	111
Arsenic, Test for	189	Circumcision	157
Asphyxiation by Gas	188	Cirrhosis of Liver, Curability of	246
Asthmatics, Dietary for	182	Clinic by Esmarch	70
Bacillus, The Tubercle	278	Clinic by T. Gaillard Thomas	232
Bacillus Tuberculosis in sweat	184	Clinic, Report of, Joseph Winters, M.D.	134
Bellevue Remedy	373	Clothing, Disinfection of	179
Belly-band, The, for the New-born	252	Cocaine, Dangers of	115, 255
Bismuth, Salicylat	95	Coccydynia, Remedy for	20
Bladder, Capillary Aspiration in	182	Cod Liver Oil, Substitute for	29
Bladder, Irritable	244	Colic, Hepatic, Ol. Olivæ in	151
Blistering, Dangers of in Cardiac disease	216	Color Blindness	219
Boils	223	Consanguineous Marriages	374
Boils, etc., Ung. Hyd. Nit. in	29	Constipation, Glycerin in	21, 127
Bright's, Hot wet pack in	126	Constipation, Habitual in infants	11
Bright's, Jaborandi in	213	Constipation with Hemorrhoids	190
Bright's, Nitro-glycerine in	255	Contract Practice	122
Bright's, Therapeutics of	242	Convulsions in Children caused by Opium	95
British Medical Journal	283	Convulsions, Infantile	218
Bronchitis, Terpin in	189	"    formula for	95
Broncho-pneumonia, Ice in	15	Correspondence—	
Bronchorrhœa, Terebene in	84	A. R. Hanks, Oil Springs, Ont.	9
Bubo, treatment of	55	New York Letter . . . 9, 42, 72, 104, 136, 172, 196, 235, 265, 333	[265, 333]
Burns, Applications for	86	Wm. Caldwell, Peterboro', Ont.	44
Cancer, Chian Turpentine in	15	Gonorrhœal Ophthalmia	170
Cancer, Etiology of	309	South Waterloo Medical Association	170
Cancer, Geographical distribution of	29	Drs. W. S. and F. Black's Cupping Apparatus	170
		Electrolysis in Urethral Stricture	171

32-2742

INDEX TO VOL. XXI.

	PAGE		PAGE
Whooping Cough	172	Epilepsy, Cortical—A Clinic by David Inglis, M.D.,	353
London Letter	266,	Detroit, U. S.	147
Drowning	296	Epithelioma, Pot. Chlor. in	29
M. A. B. Smith, Dartmouth	333	Erysipelas and Puerperal Fever, Relation between	60
A Deaf-Mute Race	362	"    Remedy for	85
The Manufacturing of Medicines	363	"    Mechanical treatment of	87
The late Dr. Smith	363	"    and Tuberculosis	21
Cremation	313	Expectoration, Profuse Purulent	329
Croup, Idiopathic, Oil of Turpentine in	369	Eye Diseases, Hot Water in the management of, by A.	291,
Croup, Remedy for	317	Leartus Connor, A.M., M.D., Detroit, Mich.	329
Cupping Apparatus	153	Eye Diseases, Pain in, by A. B. Osborne, M.D., Ham-	196
Cystitis, by W. Britton, M.D., Toronto	65	ilton	152
Cystitis, formula for	280	Eyes, Hygiene of	57
Dead Bodies, Transportation of	155	Fevers, Cold Bath in	191
Dead, New way of preserving	28	Fevers, Gastric Juice in	290
Deafness	188	Fibroid of Uterus treated by Galvanism, by A. Lap-	285
Deafness, Pilocarpine in	24	thorn Smith, M.D., M.R.C.S., Montreal	159
Death, Dread of	278	Foreign Bodies, Removal of from Throat	243
Dermatological Don'ts	210	Foreign Bodies Swallowed	84
Diabetes, Creasote in	351	Formulae, Useful	161
Diabetes, formula for	248,	Fothergill, the late Dr.	8
Diabetes Mellitus	215,	Fractures, Fixation of, by Dr. N. A. Powell, Toronto	190
Diarrhoea, Chronic	31	Fractures of the Leg, Compound, by H. E. Dunlop,	222
Diarrhoea, Glycerin in	350	M.D., Michigan	208
Diarrhoea, Infantile, Oxide of Zinc in	21	Freckles	255
Diarrhoea, Infantile, Prophylaxis and treatment, by	97	Furuncles, Unguent for	277
Dr. Miller, Toronto	93	Gangrene, Pulmonary, treatment of	363
Diarrhoea, Lactic Acid in	75,	Gastralgia	191
Didactic Lectures in Medicine	153,	Gastric Juice, Acid principle in	53
Dietary of Children in Hot Season	347	Gastric Ulcer, Diagnosis and treatment—Ord.	377
Digestion, Infant, Pathology, etc., of	13	Gestation, Prolonged	243
Diphtheria and Croup	94	Glanders, Infectious	180
"    Etiology of	338	Glandular Affections	189
"    Sudden Heart failure in	140	Gonorrhoea, Copaiba in	221
Diphtheria, Salicylic Acid in	56	Gonorrhoea in Females	276
Diphtheria, Sulphuret of Calcium in	317	Gonorrhoea, New method in	113
Diphtheria, Temperature in	158	Gonorrhoea, New treatment	115
Diphtheria, treatment of	119,	"    Abortive treatment of	127
Diphtheritic Paralysis	376	"    treatment with Iodoform	150
Discovery, Dr. Schwarzenburg's	51	"    "    in Females	28
Diseases with Personal Names	203	Gout, Aliment for	156
Disinfection and Disinfectants	144,	Gout, Antifebrin in	18
Disinfection of Apartments	29	Hay Fever, Abortive treatment of	64
Dispensary Patients, Rich	186	Hay Fever, Antipyrin in	350
Doctor, The, at Home	147	Hæmaturia, Alum in	157
Doctor, What he should carry	23	Hæmoptysis, Iodoform in	30
Dropsy, Milk treatment of by milk diet	301	Hæmoptysis, Tuberculous	63
Dropsy of Pregnancy	255	Hæmorrhage	318
Drugs, The Best	222	Hæmorrhage, Cerebral	181
D. T.'s	25,	Hæmorrhage, Post-partum	189
D. T.'s, Methyl in	94	Hæmorrhage, Uterine	32, 184,
D. T.'s, Strychnia in	119	Headache	189
Dysentery	216	Headaches	349
Dyspepsia	95	Heart, Action of Alcohol on	220
Dyspepsia, Chloroform in	159,	Heart, Cyst in	118
Dysmenorrhoea, Antipyrin in	302	Heart-failure, Nitro-glycerin in	255
Dysmenorrhoea, formula for	372	Heart-failure, Nux Vomica in	288
Eclampsia and Albuminuria, Cause of	63	Heart-sounds when the breath is held	148
Eclampsia with Albuminuria	92	Heart, Valvular Lesions of	145
Eczema, Nasal	17, 221,	Hemichorea after Parturition	117
Eczema, Resorcin in	287	Hernia of Pregnant Uterus	317
Electrolysis in Urethral Stricture	94	Hernia, Radical Cure of, by Roswell Park, A.M., M.	360
Emetic, Apomorphine as an	24	D., Buffalo, N.Y.	341
"    Prompt and useful	153,	Hernia, Strangulated	308
Emissions, Nocturnal, Antipyrin in	279	Herpes Zoster, treatment of	186
Emmenagogue Powder	308	Hicough	95,
Empyema and Abscess of Lung	316	High Temperature, Prolonged	188
Empyema, treatment of, by T. K. Holmes, M.D.,	19	Hip Splint, Krohne's modification of	51
Chatham, Ont.	120	Hip Splint, The American, Dr. A. B. Judson, New	
Endocarditis, Early Sign of	151		
Endometritis, New treatment of	131		
Enteric Fever, B. Naphthol in	305		
Enuresis, Ergot in	205		
	177		
	182		

INDEX TO VOL XXI.

	PAGE		PAGE
York.....	100	Notes and Observations from New York Hospi-	
Hospital, Private.....	187	tals.....	219, 252
Hydrocele, Radical Cure of.....	118	Obstetrical Don'ts.....	247
Hydrophobia, by Charles W. Dulles, M.D., Phila.....	260	Obstruction of the Colon, Complete, Successfully	
Hydrophobia, Prophylaxis of.....	159	Treated.....	266
Hymen, Unruptured after Labor.....	159	Orchitis, etc.....	30, 350
Hyperidrosis.....	311	Oxaluria, Treatment of.....	341
Hypnotic, A New.....	286	Ozæna, Powder for.....	374
Hypnotic, Choice of, in Insomnia.....	374	Palsies, Birth.....	93
Hypnotism, The new.....	120	Papoid in Diphtheria.....	48
Hypnotism, Uses of.....	245	Paralysis.....	213, 255
Hysteria, Electricity in.....	247	Paralysis Agitans, Pathology of.....	21
Hysteria, Neurasthenia, etc.....	335	Periostitis Albuminosa of Ollier, by Thomas R. Du-	
Ice Supply, Our.....	314, 282	puis, M.D., Kingston, Ont.....	357
Illustrations—Hip Splint.....	51	Peritonitis, Treatment of.....	141
Tonsillotome, Improved.....	79	Pertussis.....	24
Inebriety.....	220	Pessaries, Use of.....	339
Inebriety in the Educated Classes.....	367	Pharyngeal Catarrh.....	94
Incontinence of Urine, Ergot in.....	93	Pharyngitis, Chronic.....	63
Infant Food Problem.....	137, 209	Phthisis, Calomel Treatment of.....	118
Infection of Fœtus through Placenta.....	108	Phthisis, Creasote in.....	240
Infectious Diseases Spread by Animals.....	27	Phthisis, Diarrhœa of.....	318
Inquests, Coroners, by James Richardson, M.D., To-		Phthisis, Hot Air Inhalations in.....	149
ronto.....	4	Phthisis, Tannin in.....	182, 304
Intemperance, Connection of, with Disease.....	110	Pigment Spots, Lotion for.....	95
Intestine, Resection of Large.....	86	"    "    in Pregnancy.....	95
Iodoform not a Germicide.....	115	Piles, Treatment of, by Injection.....	105
Itching in Jaundice.....	319	Pleurisy, Cocaine in.....	126
Jaundice from Retention, treatment of.....	372	Pleurisy, Pulsating.....	275
Keloid, Resorcin in.....	248	Pneumonia and Croup, Large Doses of Calomel in.....	277
Knock-Knee and Flat-Foot.....	149	Pneumonia, Calomel in.....	92
Labor, Antipyrin in.....	62, 108, 179, 254	Pneumonia, Contagiousness of.....	316
Labor, Chloroform in.....	299	Pneumonia, Croupous, Etiology of.....	274
Labor, Jaborandi in.....	20	Pneumonia, Digitalis in.....	182, 311
Labor, Third Stage, Management of.....	207	Pneumonia, Mortality of.....	245
Larynx, Intubation of.....	159	Pneumonia, Tartar Emetic in.....	112
Lead, and Lead Poisoning.....	22	Pneumonia, Treatment of.....	53
Leucocythæmia, Arsenic in.....	190	Poison Bottles.....	126
Lencorrhœa in Children.....	187	Polyuria, Sod. Salicylat. in.....	28
Life Insurance, Albuminuria.....	181	Portrait of Dr. Workman.....	187
Live-Birth, Test for.....	316	Potash Salts, Toxic Action of.....	122
Liver, Diagnosis of Chronic Affections of, by Charles		Presidential Address, Ont. Med. Assoc., by Dr. W.	
Sheard, M.D., M.R.C.S. Eng., Toronto.....	257	Hendersou, Kingston, Ont.....	321
Locomotor Ataxy, Pupil in.....	215	Professional Distinction.....	27
Locomotor Ataxy, Treatment of, by Suspension.....	296, 348	Profession, The, at Jacksonville.....	61
Lymphatic System, Action in Disease.....	73	Prostate, Pathology and Treatment of.....	77
Mackenzie, Sir Morell.....	90	Pruritus Pudendi.....	63
Mastitis.....	63, 191	Pruritus, Treatment of.....	185
Measure, Natural Centimetre.....	54	Psoriasis, Treatment of.....	87
Medical Courses, Length of.....	281	Puerperal Convulsions.....	319
Medical Education, Higher.....	148	Puerperal Eclampsia, Treated by Pilocarpin, K. Ir-	
Medical Examinations.....	284	ving, M.D., Kirkton, Ont.....	102
Medical Notes.....	107, 208, 242, 274	Puerperal Fever, Etiology of.....	216
Medical Testimony, Expert.....	151	Puerperal Fever, Prevention of.....	20
Meningitis, Cerebro Spinal.....	310	Puerperal Peritonitis, Drainage.....	93
Meningitis Cured by Iodoform.....	212	Pulmonary Hæmorrhage, Baudaging for.....	126
Menstrual Disorders, Medicinal Treatment of.....	211	Pyrodin, Warning.....	247
Menstruation, its Nerve Origin.....	236	Quackery vs. Regular Practice.....	54
Menstruation, Repression of, as a Curative Agent.....	155	Quinine in Pregnancy.....	377
Menstruation Viewed from an Inverted Uterus.....	368	Recent Advances in Surgery, by Francis J. Shepherd,	
Mercury, Salicylate of.....	370	M.D., Montreal.....	33
Metrorrhagia, Acid Salicylic in.....	62	Reports of Cases.....	233
Migraine.....	63, 190	Reports of Societies—	
Milk Supply, Rules for.....	109	Canadian Medical Association.....	44, 66, 280
Morphine.....	152	Meeting of Br. Med. Association.....	59
Morphiomania, Treatment.....	19	N. Y. Surgical Society.....	174
Myalgia, Injections of Osmic Acid in.....	82	Ont. Med. Association.....	251, 284, 314, 342, 346
Narcoplepsy, by Dr. Dowsley, Kingston, Ont.....	71	Ont. Med. Council.....	344, 345
Nævi, Painless Destruction of.....	21	Resection of Rib.....	312
Nerve, Stretching.....	115	Respiration, Artificial, in Infants.....	61
Nerves, Plastic Operations for Repair of.....	158	Re-Vaccination, How Often?.....	19
Neuralgia, Ammon Chlor. in.....	126	Rheumatism, Formulæ for.....	56, 223, 248
Night sweats.....	222, 351	Rickets.....	216

INDEX TO VOL. XXI.

	PAGE		PAGE
Ring, Tight, Method of Removing	286	Toxicity of Antipyrin	190
Rumination, Cure of	88	Tight Lacing	81
Rupture of the Perineum, New Procedure in	306	Tinea Tonsurans, Improved treatment	369
Salicylic Acid and its Salts	221	Tracheotomy vs. Intubation	80
Salivation, Chronic Syphilitic	89	Trinity Annual Banquet	121
Salol, Value of	86	Tubal Fostation, Case of, by Wm. Gardner, M.D., Montreal	1
Sane Persons, Ratio of, to Insane	62	Tubercle Bacilli, Staining of	14
Scabies	30	Tubercle Bacillus, Heat and Antiseptics on	114
School Children, the Overworking of	250	Tubercle of Hip Joint	191
Sciatica, Antipyrin in	317	Tubercle Through Milk	311
Scrofulous Neck, Treatment	31	Tubercles and Iodoform	28
Sea-Sickness, Antipyrin in	159	Tuberculosis, Formula for	21
Seat Worms	93	Tuberculosis from Cows	189
Seminal Emissions	340	Tuberculosis, Gingival Line in	109
Sensations, Unknown	110	Tuberculosis, On the Intercommunicability of, be- tween Man and the Domestic Animals, by E. Playter, M. D., Ottawa	225
Shock	180	Tuberculous Animals as Food	58
Skin Diseases	157	Tuberculous Joint Disease	318
Skin Diseases due to Defective Alimentation	116	Tumors, Phantom, of the Abdomen	246
Skin Diseases, Formulæ for	337, 340	Typhlitis, Treatment of	191
Skin Disease in Children	111	" and Appendicitis, by William Osler, M.D., F. R. C. P., London	193
Sleeplessness, Treatment of	143	Typhoid, Acetanilid in	287
Specific Fevers, Abortive Treatment of	303	Typhoid, B-Naphthol in	349
Sterility, Male	278	Typhoid, Ehrlich's, Sign of	339
Stomatitis	190	Typhoid, Rashes in	307
Sulfonal, Evil Results from	287	Typhoid, Six Facts About	315
Sulfonal as a Hypnotic	159, 279, 377	Typhoid, Treatment of	87
Surgical Operations, Newspaper Puffs of	25	Typhoid Urine	187
Sweating, Chromic Acid in	120	Ulcer, Duodenal, Diagnosis of	319
Syphilis, Causes of Malignancy in	114	Urethral Stricture, Electrolysis in	118
Syphilis, Inunction in	119	Urethrotomy, Internal	85
Syphilis, Mercury Salicylate in	319	Urine, Microscopical examination of	306
Tænia, Cocoonut for	287	Urine, Pus in, Test for	254
Tabes Dorsalis, Mechanical Treatment of	214, 283	Urticaria	126
Tape Worm	56	Urticaria in Infants	62
Tape Worms in Children, Formulæ for	377	Uterus, Puerperal, Irrigation of	310
Taste, Where?	248	Uterine Styptic	308
Tax on Medical Supplies	25	Vaccination, Value of	119
Temperature, High, in Children	116	Vagina, Occlusion of	54
Temperature, Remarkable	61	Vaginismus and Vaginitis, Treatment	82
Tension in Surgical Practice	156	Vermifuge, Cocoonut as	181
Terebene, Observations on	113	Vertigo, Ménière's	372
Terebene, Use of	181	Vomiting, Paraldehyde in	56, 351
Tetanus, is it Contagious?	146	Warts, Corns, etc	29
Tetanus, Nature of	310	Warts, P. M.	308
Tetanus, Strophanthus in	18	Whooping-cough, Carbolic Acid in	308
Test for Sugar	248	Whooping-cough, formula for	62
Therapeutic Notes	91, 123	Whooping-cough, Sulphurous Acid Fumes in	61
The Virtue of the Profession	376	Wounds of the Hand, Antiseptic Treatment of, by J. Olmstead, M.D., Hamilton	6
Thirst in Infants	158	Yellow Fever, Germ	127
Thrombosis of Utero-Vulvar Canal, by Wm. S. Muir, M.D., Truro, N.S.	41	Yellow Fever, Treatment of	53
Tonic for Children	62		
Tonsillitis, Salicylate of Soda in	20		
Tonsils, Ignipuncture of	373		
Toothache	190		
Tooth Extraction, Unusual Accident attending	373		

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

VOL. XXI.] TORONTO, SEPT., 1888. [No. 1.

## Original Communications.

### RUPTURED TUBAL FŒTATION—A CASE SUCCESSFULLY TREATED BY ABDOMINAL SECTION—WITH REMARKS.\*

BY WILLIAM GARDNER, M.D.,

Professor of Gynæcology in McGill University; Gynæcologist to the Montreal General Hospital; one of the Vice-Presidents of the British Gynæcological Society.

The remarkable advances of obstetric medicine in the last decade have been evidenced as much perhaps, if not more, in everything connected with the subject of extra-uterine gestation than in any other direction. The transactions of every important meeting of obstetricians and gynæcologists is enriched by one or more papers on the subject, generally with reports of cases; followed usually by a vigorous discussion which shows usually some divergence of opinion by able men as to the best course to pursue in the treatment.

The last annual meeting of the American Gynæcological Association, held in September, 1887, and the February (1888) meetings of the British Gynæcological Society as well as the Section on Obstetrics of the American Medical Association at its meeting last month, each discussed the subject. Dr. Herman, of London, has recently published in the *Lancet* for May 26th and June 2nd, 1888, an exceedingly able and thoughtful paper on the early treatment of extra-uterine pregnancy.

The fearfully tragic nature of the illness and too frequently of the death of women so affected when left to nature, and the brilliant success of the modern surgical treatment of this condition amply account for such wide-spread interest. Under these circumstances I venture to believe that the recital of a recent case in my own experience may

be of some interest and value as a contribution to the literature of the subject. The, to me, unexpected presence of my friend, Dr. Johnstone, of Danville, Kentucky, who has recently written very ably on the subject, will, I am sure, enrich the discussion of my paper.

Mrs. —, æt. 29, was married in July, 1887, and had a miscarriage at between two and three months the following October. In this she was attended by my friend, Dr. Arthur Browne, of Montreal, and she recovered easily enough. Her first following menstrual period was on the 2nd December, and was normal. She remained well during the rest of the month except that she presented some of the signs of pregnancy, slightly marked. Early in January a slight bloody discharge appeared and lasted two weeks; it was not like her ordinary menstruation. About the middle of January she was seized with intense pelvic pain and a most alarming condition of collapse, lasting for two days. During a good part of this time Dr. Browne feared she would die. She, however, slowly rallied and partially recovered, when, a fortnight later, during the first days of February, there were alarming recurrences of the pain and other symptoms. Under these circumstances Dr. Browne came to ask me to see the case with him, and told me that he believed he had a case of extra-uterine fœtation.

I found the woman suffering very severely from pelvic and abdominal pain, imperfectly controlled by full doses of morphia. There was marked distension and frequent vomiting, and the pulse was rapid and very weak. On vaginal examination, there was a tolerably free bloody vaginal discharge. The uterus was markedly softened, bulky, and fixed, and to the right of, and behind it, there lay a painful and firm mass of some kind or other.

The results of the history given are by Dr. Browne, and my examination of the patient was fully concurrent in the diagnosis of ruptured tubal fœtation previously made by him and Dr. George Ross, who had also be consulted. This being our diagnosis, what was to be done? We discussed the propriety of using electricity, or of performing abdominal section. Electricity, we considered, to be precluded by the evident hæmorrhage and peritonitis. At our second visit the patient was decidedly worse, and in great danger, and then we decided to open the abdomen. This was ac-

\*Read before the 8th Annual Meeting of the Ontario Medical Association at Toronto, June 1888.



cordingly done on the 8th February. On opening the cavity a quantity of blood clot, of varying age, and bloody serum was revealed. On the right of the uterus, in the region of the ovary and tube, lay a ragged, granular mass. On attempting to raise this to apply a ligature to it, it was torn away. I made no further attempt to tie the torn base, but proceeded to scoop out what I could of blood clot, of which there lay a large quantity in the Douglas pouch. The cavity was then well washed out with a large quantity of warm water. In this part of the operation, the signal advantage of Lawson Tait's large ovariectomy trocar became very apparent. This tube measures about  $\frac{7}{8}$  of an inch in diameter, and at its free end is a blunt beak, with two lateral openings. The large rubber tube attached to it was immersed in a pitcher of warm water held aloft by assistants. The water was then sucked through till it flowed from the trocar tube, which was then carried to all the deep parts of the pelvis, the powerful stream bringing away masses of clot and fibrine, an operation which could in no other way have been so effectually managed. The blunt beak of the instrument precludes all possibility of any injury to intestines or other structure. A glass drainage tube was carried to the bottom of the pelvis, where it was retained for a week. It will be observed that I applied no ligature to anything, yet the torn vessels yielded no more than a moderate amount of blood and bloody serum, as shown by the fluid sucked from the tube. The wound was closed as usual and the patient put to bed in rather an alarming condition, her pulse was 140° and small. Nothing was given by mouth for three days. She was fed per rectum with beef-tea and brandy. Under soap-suds and turpentine enemata, flatus was passed within sixteen hours, and a fæcal motion obtained in twenty hours. The distension was thus rapidly reduced and the pain soon relieved. Not a particle of morphia or opium was given at this stage. She made a tedious but complete recovery. The tedious nature of the convalescence was entirely due to a severe attack of cystitis.

At the time of operation no semblance of a fœtus was seen, but on careful examination afterwards of the mass removed, a blood stained fœtus about an inch in length, as well as characteristic chorionic villi were discovered by Dr. Johnston,

the Pathologist to the Montreal General Hospital. From the appearance of the fœtus and parts when removed, I have no doubt that the vitality of the fœtus ceased at the time of the first serious symptoms, but that it did not escape. Such a condition of course shows that electricity would have been useless at any time after this patient was first seen by her physician.

The diagnosis of extra-uterine pregnancy is on all hands confessedly difficult, and yet it is probably not so difficult as imagined by the inexperienced. The first thing to be sure of is the possibility of pregnancy. If then the patient present the signs of abortion—pelvic pain and vaginal discharge—the pelvic pain being usually severe and attended with faintness or collapse, and the discharge containing fragments of, or a complete decidual cast of the endometrium; and if on examination we discover the characteristic softness, enlargement of the uterus and the violet discoloration of the genitals, but above all the rapidly growing tumour on one side and behind the uterus, the diagnosis is established with such a measure of certainty that we must act. The next question is, what shall we do? This part of the subject—the treatment—is by no means settled to the satisfaction of all parties, and some of the most recent discussions have indicated a wide difference of opinion on the part of high authorities as to what shall be done, or perhaps more correctly, what shall first be done. The treatment of extra-uterine fœtation may be spoken of under three heads: fœticide by electricity, abdominal section to remove the fœtation, and expectancy.

*Electricity.*—The form of electricity which has the greatest number of adherents is the faradic current; it is the simplest and most easily applied, and there must be very few medical men who do not possess the necessary apparatus. Certain eminent abdominal surgeons strongly oppose it, and yet there is a mass of evidence in its favor which seems to me to make its position unassailable. I grant that the evidence in some of the cases will not bear close scrutiny, but this is not the case as regards the bulk of it. I have published a case in which I take it the evidence as certainly proved the condition as anything short of seeing the fœtus or chorionic villi.

*Abdominal Section.*—Mr. Tait, Dr. Johnstone,

Dr. Imlach and some others say that as soon as we have diagnosed the condition the operation is indicated, and in this they are supported by the fact, as they claim it to be, that we rarely see such cases until there are evidences of rupture. What are these evidences of rupture? The pain and collapse. The advocates of electricity say the pain and collapse in its mildest form is not due to rupture, but to contractions of the dilated tube. On the other hand it is asserted, and with perfect justice, as there are many sad cases on record, that the first symptoms demanding medical aid may be those of fatal rupture, and as Dr. Heriman, of London, says in a very thoughtful and temperate paper which has just appeared in the London *Lancet*, if we judged of the fatality of extra-uterine foetation, by the results of abdominal section cases and of post mortems, we should regard it as one of the most fatal conditions we know of. But this is misleading. Some very high authorities regard extra-uterine foetation as far more common than is generally supposed, that rupture often takes place with hæmorrhage into the peritoneal cavity, and that the bleeding ceases spontaneously. The foetus may escape and be absorbed or may die and be retained in its sac and be dissolved in the liquor amnii and absorbed. A remarkable instance of the possibility of the absorption of the foetus is the case of Dr. Petch, in which a foetus so advanced that the heart sounds could be heard, died and was almost completely absorbed. Experiments on animals (rabbits) by Leopold have demonstrated such a fact beyond doubt. Hence the explanation why as in many cases, no foetus has been found either at autopsy or on section during life. And all such cases cannot be accounted for by the operator having over-looked the remains of the foetus; a thing easily understood by anyone who has done the operation and removed the clots, etc., by a process of scooping and washing out. These facts with reference to the solubility and capacity of the foetus for being readily absorbed lend support to the opinions of certain authorities, notably Veit, Leopold and Lesonej, to the effect that most, if not all, pelvic, especially retro-uterine hæmatocœles, are the result of ruptured extra-uterine foetation (tubal). If this be true then extra-uterine foetation is by no means so fatal as it has been hitherto supposed, and the practice of opening

the abdomen to remove a tubal gestation sac directly we have diagnosed it, is to needlessly expose many women to the dangers of a serious operation. I speak of it as a serious operation. It is not so in the hands of experienced abdominal surgeons, as Mr. Lawson Tait; but such men cannot always be had to operate in an emergency. In competent hands this is one of the most brilliant of the life-saving operations of surgery. But if all the cases on record were available for statistics the showing would by no means be so good. Notwithstanding what I have just said, I desire to appear on record as holding that in all cases in which the diagnosis having been made with reasonable certainty, there are serious symptoms of loss of blood, or of the peritonitis which may be set up, if the patient survive the hæmorrhage, and also in all cases of urgent pelvic or abdominal symptoms of doubtful character, this grand life-saving operation must be promptly done, and it will be done with the assurance that there is no state of the patient, however low, in which it may not be successful. That abdominal section may be necessary, after electricity has killed the foetus, must I think be admitted. Serious symptoms have arisen at a variable interval after all activity about the gestation sac has subsided. I know of no case in which this has already been done, but my own case is an illustration of the fact. I quote from the report of that case (*Canada Medical and Surgical Journal*, August, 1885):

"After this she improved so much that I ventured to consent to her leaving her bed and going to a couch in the same room, but this proved unfortunate, for she immediately began to suffer from what we took to be symptoms of inflammation and suppuration of the tumor. It became very painful, tender and swollen, and presently a red blush with slight œdema of the surface appeared. Temperature rose three or four degrees, and altogether her condition gave us much anxiety for a week or two. These symptoms occurred on the closing days of March and first week of April. During this period, while I was absent in New York, she was seen by my friend and colleague, Dr. Shepherd. The question of incision and drainage of the supposed abscess cavity was seriously considered, but unexpectedly she began to improve in every respect, and a few weeks afterwards was able to leave her bed.

On the 15th June I had an opportunity of visiting and examining the patient. I found her out of bed, dressed and able to go down stairs. She was pale and thin, but expressed herself as having a fair appetite and good digestion. She had menstruated twice since the beginning of April; profusely on both occasions. Slight pain of hypogastrium still complained of, increased by exertion. Bladder still irritable. On examination, the tumor in the right iliac region is still present, but greatly reduced in size. Per vaginam, the mass to the right of the uterus is to be felt, but also reduced in size. The uterus is decidedly firmer and smaller, measuring three and one half inches."

The more advanced the period of gestation at which electricity is employed the greater must be the danger of such symptoms, as here described, arising.

*Expectancy.*—Are we ever to let the patient alone, except for the medical treatment of certain symptoms? If Veit and others be correct in their opinion that all cases of retro-uterine hæmatocele depend on ruptured extra-uterine gestation sacs, then I think that sometimes the patient must, or more correctly, may be left to Nature while we closely watch her. But then, I take it, there are cases that have not been diagnosed, but in which only the suspicion of ectopic gestation has arisen, so that practically the treatment of a case of extra-uterine gestation is narrowed to the employment of electricity to kill the fœtus, or of ex-section of the sac, after abdominal section. And it must also be clearly kept in mind by the medical man in charge of such a case, that while using electricity or having successfully employed it, it is his bounden duty to hold himself in readiness to immediately perform abdominal section if this should become necessary.

### CORONERS INQUESTS.\*

BY JAMES RICHARDSON, M.D., TORONTO.

The question, how, when and where the subject of a coroner's inquest came to his death is, very frequently, one involving very momentous issues, and requiring often for its solution consummate skill, profound knowledge and patient investigation. Whether or not the methods and machinery provided hitherto for its solution are adequate, and

whether the time has not arrived when we should have some more perfect method are the questions which I desire to present to the Association for its consideration. It is not my intention to occupy much of your valuable time, nor to attempt to treat these questions exhaustively, but merely suggestively, hoping to elicit the opinions of those who have had opportunities of forming more definite opinions than I have had, and it may be of securing the appointment of a committee of the Association which may, during the coming year, if it deem the case to warrant it, elaborate some feasible plan for rendering investigation in suspected cases of death more in accordance with the spirit and conditions of an advanced civilization. It is hard for me to comprehend how the crude method characteristic of coroners inquests could have furthered the ends of justice in the past. It may be that the conditions of society have hitherto not admitted anything more definite and elaborate, but it seems to me that in the present advanced status of forensic medicine, and in present conditions, coroners inquests have outlived whatever usefulness they may have possessed.

1st. As to the coroner. Of this officer I will say but little. After many years of experience I believe that these gentlemen are generally of good professional attainments and unblemished integrity; that they are well qualified to discharge the important duties of their office. It is a question with me, however, whether they are not sometimes required to be skilled, not merely in medical questions, but also in those which are legal. I speak with much reserve, and in the presence of those who have had this aspect of the subject pressed practically upon them. My own opinion is that the coroner's functions should be confined to throwing all the light upon the cause of death which their professional knowledge afforded, leaving any question purely legal to those who occupy themselves with law.

2ndly. As to the medical witness I will be more emphatic. The usual practice in conducting an inquest is to intrust the post mortem examination, and the medical opinion to any medical man who happens to have been associated during life with the deceased, or to have been accidentally connected with the case at or about the time of death—and to expect him to form an opinion as to the cause

\*Read before the Ontario Med. Association, June, 1888.

of death without ample opportunity of consulting authorities—of refreshing his memory, or of deciding intricate problems. Now bearing in mind the fact that at any time a case may arise requiring most profound knowledge, and involving issues of immense importance, I leave it to the individual opinion of each one present, whether he is competent to decide such momentous questions on the spur of the moment. Even cases which superficially seem to be simple and uncomplicated, may on reflection become serious and difficult, and there may arise a failure of justice by forming a hasty opinion.

It must be borne in mind that subsequent correction of an erroneous opinion is almost impracticable. No opportunity for so doing may arise. If the matter should be made one of subsequent investigation it is of course possible that the medical witness may have a chance to correct himself, and should undoubtedly do so if mindful of his obligations; but consider what a fearful blow he would strike at his own reputation, how sadly he would be made to figure in court, and how much the ends of justice would be defeated. Surely when the reputation of the deceased and the feelings of surviving friends, or the liberty or even life of the accused, or grave financial issues, or the reputation of the medical witness hang in the balance, it is not too much to ask that ample time should in all cases be afforded the medical witness, for careful consideration of all the conditions and circumstances of the case, and for reference to authorities. There may possibly be some gifted individual, who really is possessed of such absolute and profound knowledge of all anatomical, medical, surgical, therapeutical, pharmaceutical, pathological, toxicological or other logical branches embraced in medical jurisprudence, that he could unerringly avail himself of at a moment's notice, and it is more likely that there may be some one so vain as to believe himself so gifted, but assuredly he is not to be found amongst the ranks of ordinary medical men.

In what I have said in so far as to the medical witness, I think I may reasonably rely on your concurrence.

I would, however, go much further. It is my matured conviction that it is not possible for any ordinary medical man, no matter how perfect may have been his medical education, to retain such an accurate knowledge of the vast subject of medical

jurisprudence, as will make him a reliable witness in any and every case requiring investigation. I hold that within the limits of the time allotted to medical studies all that an ordinary medical man can do is to fit himself for the ordinary duties which will devolve upon him in the discharge of his harrassing practice. To spend the time necessary to perfect himself as a medical jurist would be wasting his energies—the knowledge so acquired could only be called into requisition at long intervals. The remuneration he would receive throughout a long practice could not be adequate to the time and labor expended, and the knowledge would inevitably evaporate through years of ordinary practice. Moreover, skill as a medical jurist can only be acquired by experience. Mere book knowledge cannot compare with practical knowledge. The judgment needs to be perfected by application. For these reasons it seems to me unreasonable to expect, however well grounded by study, any medical man whose constant attention is occupied by the ordinary duties of his profession, that he can retain such an accurate acquaintance with each and every subject embraced in the limits of forensic medicine, as to be ready to form an opinion on any case of disputed or doubtful cause of death which would not be liable to be called in question.

Hitherto, in a scattered population the only available opinion has necessarily been drawn from the ranks of ordinary practitioners, but it is a question with me whether or not circumstances have so altered as to justify the requirement of more specially skilled witnesses, or at least of developing such, which may be available when required by progress of civilization. In all large, thickly populated centres there is a need of a division of labor to ensure perfect efficiency. In the medical world we need some who will devote themselves specially to different branches of medical and surgical practice.

Thoroughness can only be attained by such a division. We have long ago entrusted chemical examination in forensic matters to experts in chemistry. Why should we not have experts in medical jurisprudence as well. I should as soon trust ordinary medical practitioners to conduct chemical examinations in toxicological cases, as I would in other branches of forensic medicine.

So long as circumstances did not permit atten-

tion to be limited to particular branches of medical science, we had to rely upon the material we possessed, but assuredly, perfection in any of them can only be attained by directing our energies and study to some one or other of them.

As to the coroners jury, I hardly feel enough respect for it to give it serious attention. To suppose that a dozen men gathered up promiscuously from the streets, ignorant, as we know them by experience to be, and utterly unable to form a rational opinion as to the cause of death, could in any way advance the ends of justice, is to my mind egregiously absurd. The coroner's jury is always, if not a hindrance, at least a nullity, more frequently the former. In my opinion we might well dispense with the coroner's jury—if not indeed with all other juries.

You will naturally ask, What substitute do you propose, or what change do you think advisable to render coroner's inquests more satisfactory. I honestly confess that I have no matured scheme to lay before you. The matter requires consultation and prolonged investigation. Briefly, however, I may indicate the leading modifications which seem to me desirable.

1. Abolish the antiquated absurdity of coroner's jury.
2. Divest the coroner of all legal or judicial functions. Confine his duties entirely to the investigation of the case as a medical man.
3. In any case of difficulty, let him have the aid of one or more associated coroners.
4. Require more exactness in recording all the circumstances and conditions attendant on the death of deceased.
5. Entrust the post mortem examination to those specially qualified to conduct them, or at least to those who have had frequent opportunities of conducting them, and not to one chosen at hazard, or because of his accidental association with the case.
6. Give the medical expert ample opportunity to mature his opinion, by comparison, reading and reflection.
7. And finally, require the coroner or associated coroners to present to a proper legal officer a reasoned opinion as to the cause of death, based upon a consideration of all the facts elicited in the course of the enquiry.

## ANTISEPTIC TREATMENT OF WOUNDS OF THE HAND.\*

BY DR. OLMSTEAD, HAMILTON, ONT.

*Mr. President and Gentlemen,—*

The subject to which I have the honor of asking your attention, viz.: The aseptic and antiseptic treatment of injuries of the hand, is one which, at first glance, appears to be of rather trivial character, but I think you will all agree that it is one of very great practical importance both to the general practitioner and public at large. We all meet with such injuries almost daily in our practice, while but few are called on to remove renal calculi, cystic ovaries, or brain tumors; and though we have not the opportunity of transplanting a cornea, yet it is not uncommon for us to have fingers almost entirely removed by machinery, which it is in our power to replace and save.

Prof. Agnew says, "The importance of the hand as a prehensile, tactile and defensive mechanism is so great, that in no other part of the body does there exist so much necessity for conservative surgery." Now the frequency with which fractures of the phalanges are treated by amputation is shown by Hamilton's figures, viz., 12 in 30, *i.e.*, 40 per cent., but I feel confident from my observation of hospital cases during the past eighteen months that a great many more can be saved than usually are. However, when it is found absolutely necessary to amputate, as much of the finger should be saved as possible, and we should always aim to get as useful a hand for our patient as circumstances will allow. Now it is as important to practice aseptic or antiseptic surgery in this class of injuries as it is in the major operations, and you all are aware of the necessity there. Here also should we perfect ourselves in the technique of asepticism, for, as is well said by Gerster, of New York, "It is wicked to attempt to learn the first lessons of aseptic surgery in laparotomy, when, possibly, the surgeon's experience is bought with the life of his trusting patient." Of course we necessarily have to modify our means of asepticism in emergencies, but never should we deviate from this principle.

\* Read before the Ontario Med. Association, June, 1888.



we not do more to assist our strongest ally by at least asking her to help in the repair of her most admirable production? Any butcher can hew away a mutilated limb, but only the patient student and lover of nature can and will use his best endeavors to carry out her plainly expressed wishes of repair.

### COMPOUND FRACTURES OF THE LEG— WITH A CASE.

BY H. E. DUNLOP, M.D., Ph. G.,  
House Surgeon to Alpena Hospital, Mich.

These are injuries upon which much has been written. They have commanded the attention of eminent surgeons of all countries and have taxed the skill and ingenuity of many acute observers to institute a plan of treatment which would give the surgeon satisfaction, and his patient the best possible result. When we consider the dangers, more or less serious, with which these fractures are fraught and the responsibility which the practitioner incurs in assuming the charge of such cases, he knowing the difficulties with which he has to contend to insure the happiest issue, it is not surprising that so much work has been done in this sphere of surgery. A number of cases of this class, one of which I will detail later on, have come under my observation in the last few years; and the plan of treatment pursued having been attended with uniformly good results, may not be uninteresting to many of your readers, especially those in country practice. There is no *one* line of treating these injuries which can be rigidly adhered to, but in the main it can be, making modifications where judgment would suggest a variation to suit the particular case. There is not the least doubt that many legs, which formerly would have been amputated, in the light of modern conservatism, and its hand-maid "antiseptis," can be, and are saved. In these, as in other breaks, proper coaptation of the bones should be obtained. All foreign bodies should be removed. If a nerve has insinuated itself between the ends of the bone, remove it. If an artery of importance has been wounded, secure it with a ligature, then cleanse the wound thoroughly with some antiseptic solution, as bichloride of mercury (1 in 2000). Now the bones can be nicely placed in position by extension and counter-extension. This being done

it should be put in a fracture box, previously arranged, filled with bran, so packed as to insure the desired pressure on the different portions of the limb. The foot is then bandaged snugly to the foot-pieces and a roller applied just below the knee and about the box to insure perfect quiet. The wounds, if extensive, should be drained and under any circumstances receive vigorous antiseptis, there always being danger of death from septi-cæmia in these injuries. A good dressing is to dust the wound with iodoform and cover with bichloride of mercury gauze. Pressure on the heel is oftentimes a very troublesome and painful complication; Prof. Williston Wright, of New York (University Medical College), advocates a very simple and efficient means for its relief as follows: "A piece of adhesive plaster, say 18 inches long by 2 inches wide, is cut in half and stuck together in such a manner that the sticky surfaces oppose each other. Then cut an ellipse, sufficiently large to admit of the heel, out of the portion you wish to apply to the leg. Now fit the heel to the slit, stick the plaster to the leg and the remaining portion can be brought up over the foot-piece and pressure controlled at will." The fracture box, it seems to me, has two chief advantages in the first stages, viz.: (i) One is enabled to examine the wound each day and cleanse it if necessary. (ii) If there be any displacement it is readily discovered and is easily remedied by making appropriate pressure with the bran (a clean linen towel should in every instance be placed between the bran and leg). Tight bandaging is mentioned only to be condemned. The leg may remain in this dressing until union is firm and the wounds are healed. Many surgeons, however, after all swelling is gone and union has nicely commenced, prefer the use of an immovable dressing. I have tried that plan with good results. It will always be found prudent to leave apertures in the bandage corresponding to the wounds in the limb, for the escape of discharges and the cleansing of the parts, thus lessening chances of sepsis. The bandage should be kept on four or five weeks and if union is not satisfactory should be readjusted. Plaster of Paris when properly applied makes a neat and admirable dressing. Pasteboard is convenient and serves a good purpose in many instances. Starch is highly lauded by some, but I must confess my experience with it has not been such as to warrant its con-

tinued use. I claim no priority to this mode of handling compound fractures, as some of the ideas are old, but I had hoped to add my quota to the settling of mooted points in connection with their treatment, and my issues having been good, there is no reason why others cannot have like success with judicious management, instead of resorting to more complicated and newer means. I append the account of a case which will show more explicitly the good results following such a course.

John K., American, æt. 20, unmarried, laborer. He was working in the lumber camps driving a team. One day while taking a load of logs (2000 feet) on the ice-road to the landing, he became cold, jumped off and ran in front of the team to keep warm; he slipped and fell, and before he could regain his feet, the fore and hind runners passed over his right leg. He was brought to the hospital and found to be suffering from a compound and comminuted fracture of the tibia and fibula, complicated with denudation of the periosteum of about an inch of the tibia, and other wounds below the seat of fracture. The wounds over the breaks were extensive, and the tissues almost moribund. The leg was well cleansed of all foreign substances and thoroughly irrigated with carbolyzed water. It was then put in a fracture box, the pieces of bone coaptated and secured as nearly as possible in that position by extension. In spite of this, however, the fragments of the fibula showed a constant tendency to sag downwards and outwards. To overcome this I let union take place to a certain degree in that position, then, with a little force applied, the bone was easily put in a good position. The wounds were healing kindly by granulation, and after five weeks were in good condition. But two of the fragments of the tibia failed to exhibit union; after waiting some time it was decided to rub the ends together. Accordingly this was done, the patient being under ether, and the leg immediately put in a pasteboard splint. Shortly after this operation (about 6 p.m.) the patient had a severe chill, followed by a temperature of 103° and a pulse of 120, small and wiry. I suspected sepsis, had hot bricks placed to his feet, covered up very warmly, and administered quin. sulph. gr. xx; ext. ergotæ fl. ℥ xx; et. sp. vini. gal. ʒss. Next morning he awakened much refreshed, with pulse and temperature normal. The pasteboard was left on for three weeks.

When removed, union had fairly begun and the wounds looked well, union being good in the fibula. A plaster of paris splint was now put on and allowed to remain for four weeks. On its removal, union had improved, but not being sufficiently advanced I readjusted the splint. The wound above the obstinate seat of union remained partly open, which I attributed and found to be due to necrosed bone. Several sequestra separated. The wound healed, leaving a good straight leg with very little shortening, the man having taken his wonted position in the lumber woods.

---

### Correspondence.

---

#### ATRESIA OF VAGINA.

To the Editor of the CANADA LANCET.

SIR,—Thinking the following may be of interest to your readers, I send it to you for publication. On Feb. 3rd last a stout, well developed, healthy looking child, one year old, was brought to my office exhibiting atresia of vagina, due to incomplete development. The labia majora and minora were completely adherent, the orifice of the urethra being prominent in front and about the size of a small quill. Held on the lap of an attendant I, without using an anæsthetic, separated the labia and vaginal walls to the extent of an inch by means of the fingers, and ordered oiled lint to be kept in place by means of suitable bandage; the parts to be dressed daily and fresh lint inserted. I heard no more of the case till June 30th, when on examination I found her completely cured, the vagina being patulous and other organs normal. A simple procedure performed at this age, causing little pain and little shock to the system, prevented the necessity of a more serious operation twelve or fourteen years hence.

Yours, etc.,

A. R. HANKS.

Oil Springs, Ont.,  
August 10th, 1888.

---

#### OUR NEW YORK LETTER.

From our Own Correspondent.

NEW YORK, Aug. 20th.

STATE EMIGRANT HOSPITAL.

One of the most interesting questions to the American people to-day is that of emigration. A



great many people think there is altogether too large an emigration of an undesirable class, and that greater restrictions should be placed on the emigrant being allowed to land. Certain it is that, practically, there are but few restrictions, and but a very small per cent. are sent back to their own country. Paupers, criminals, insane, pregnant unmarried females, and persons likely to become a burden on this country, are supposed to be sent back, but only a percentage of these are, owing to the difficulty in detecting them. I will say nothing further of that, but devote the remainder of this letter to showing how the sick and destitute emigrant is treated when he lands here. First of all, the steamship companies pay a tax of 50c. *per capita* on all foreigners they land, they in turn receiving this from the emigrant in selling him his ticket. This fund is used in maintaining Castle Garden and the State Emigrant Hospital and Refuge. So that the emigrant supports these institutions, and does not become a charge upon the country. Emigrants entering the port of New York, go to Castle Garden, where they are either allowed to land, or are detained on account of sickness, or for the purpose of being sent back. The "detained" are sent to the Hospital and Refuge on Ward's Island, where those sick are treated, and those to be returned are kept until the ship on which they came over, sails back. Emigrants having landed, and being in this country less than a year, are sent to this hospital if they become sick during the year after their landing.

It will be seen that the field from which the State Emigrant Hospital draws its patients is a large one—the whole world. There were represented, in the wards of the hospital last year, twenty-nine nationalities. There were 2,705 patients treated last year, of whom the largest number were German, Irish, Italian, then Russian, English, Swedish, and more or less of each of the other nationalities. Not over twenty-five per cent. can speak English. When I first came here in May, I expected to be very much handicapped in arriving at a diagnosis, on account of this difficulty in speaking to the patients, but have since learned to appreciate the fact that the patient being unable to describe his symptoms is not an unmitigated evil, as he is, at the same time, prevented from misrepresenting or magnifying them. It simply makes a person pay more attention to physical

signs, and look more closely for positive symptoms, than depending too much on the patient's own description.

With a little knowledge of German, and occasionally the aid of an interpreter, one gets along very well. The class of diseases is as varied as are the patients themselves, but there is, of course, a very large preponderance of acute over chronic cases.

The main hospital is a large, red brick building, and is an ideal hospital, both in the way in which it is built, and in the way in which it is conducted, there being no hospital in New York which is cleaner and better kept. There are ten wards of thirty beds each, the wards being entirely isolated from one another. During the summer months the male patients are removed from the main building to four wards, entirely separate from the main building, and built for this purpose. This allows a thorough disinfection of the hospital every summer. In another large building, of ten wards, and beds for 100 patients, the contagious and infectious diseases are quarantined. There are usually from forty to sixty patients in quarantine. A large proportion of measles that come here is complicated by broncho-pneumonia, and a great many by diphtheria. This is accounted for by the fact that the patients take sick on board ship, are exposed to the weather, and to contagious diseases on the vessel, have been poorly fed and clad, and, by the time they reach here, a large number are pretty sure to get up broncho-pneumonia, and are fortunate if diphtheria does not still further complicate the measles.

In the Insane Asylum there are forty patients. Last year the 2,705 patients were distributed into medical wards, 1,122, surgical 579, children 257, quarantine 427, obstetrical 131, insane 188. The mortality rate (exclusive of insane) of hospital proper was 5.2 per cent., which is unusually low, as low if not lower than that of any other hospital in the city. This is particularly good when the class of patients, and the large number of acute cases are taken into consideration. Doubtless the situation of the hospital on Ward's Island, where there is plenty of fresh air, and where the hygienic surroundings are good, has much to do with it. There is a resident staff of four physicians, and a Consulting Board of seven. There are in addition to the hospital, other buildings for the destitute and de-

tained people, and altogether accommodation for over 1,500 persons, and which can be made use of should an emergency arise or an epidemic break out. Two years ago there were 2,000 people here, some patients, others quarantined on account of small-pox on the vessels they came over on. Small-pox is now taken to the small-pox hospital on North Brothers' Island.

In another letter I will give in detail the management of obstetrical cases, and the lying-in-ward.

CANUCK.

### Selected Articles.

#### ON THE TREATMENT OF HABITUAL CONSTIPATION IN INFANTS.

Sluggishness of the bowels in infants is a common source of trouble in the nursery, and the derangement is one which it is not always found easy to overcome. Occasionally aperients in such a case give only passing relief. The bowels, indeed, are unloaded for the time, but when the action of the aperient is at an end, they are left no less sluggish than before. Habitual constipation is very common in infants who have been brought up by hand; and on inquiry, the trouble will often be found to date from the time at which bottle feeding was begun. Still, infants at the breast are not exempt from this annoying derangement. A deficiency of sugar in the breast-milk, or, as is sometimes seen, a milk the curd of which makes a firmer clot than is common in human milk, will often cause habitual torpor of the bowels which resists treatment with some obstinacy.

It is, no doubt, to improper, or at any rate inappropriate, feeding that the bowel trouble is usually to be referred. An excess of starch in the diet, or any food which overtaxes the child's digestive power and thus burdens the alimentary canal with a large undigested residue, may set up the costive habit. By such means a mild catarrh of the intestinal mucous membrane is excited and maintained. There is excess of mucus, and the faecal masses, rendered slimy by the secretion, afford no sufficient resistance to the contractions of the muscular coat of the intestine, so that this slips ineffectually over their surface.

Another cause of constipation is dryness of the stools. Even in the youngest infants the evacuations may sometimes be seen to consist of little round hard balls, often the size of sheep droppings, which are passed with difficulty every second or third day. This form of costiveness is generally due to insufficiency of fluid taken. The food is made too thick, or the needs of the system in the

matter of water are in some way overlooked. But whether the constipation be due originally to excess of mucus or deficiency of fluid, it cannot continue long without affecting injuriously the peristaltic movement of the bowels. As the colon grows accustomed to be over-loaded, the intestinal contents can no longer exert a sufficiently stimulating influence upon the lining membrane, and the muscular contractions begin to flag. If the infant be poorly fed and badly nourished, this languor of muscular contraction may be aggravated by actual weakness of the muscular walls; and as under these conditions the bowel is apt to be over-distended by accumulation of its faecal contents, the expulsive force at the disposal of the patient is seriously impaired. Constipation, resulting from the above causes, is often made more obstinate by the infant's own efforts to delay relief. A baby whose motions are habitually costive knows well the suffering which undue distension of the sphincter will entail, and often yields to the desire to go to stool only when it is no longer possible for him to resist it. The pain is sometimes aggravated by the formation of little fissures about the anus, and the violent contraction of the sphincter set up by the presence of those fissures forms an additional impediment to free evacuation.

There is another form of constipation in infants which we should be always vigilant to detect. This is the torpidity of the bowels induced by opium. In well-to-do families the use of soothing syrups and other narcotic preparations is now less common than was at one time the case; but now and then we find a baby drugged for reasons of her own by an unscrupulous nurse, and showing the earlier symptoms of narcotic poisoning. So long as the sedative continues to be given the bowels are costive, the child often vomits, his relish for food in great part disappears, and he lies with pupils firmly contracted in a dull, heavy state from which he cannot easily be roused. In young babies the use of opium seems to lessen the action of the kidneys, the urine is scanty, and on examination of the surface of the body the healthy elasticity of the skin will be found to be seriously impaired. When pinched up between the finger and thumb the skin lies in loose folds on the abdomen or only slowly recovers its smoothness. If this inelasticity of skin be noticed in a baby whose pupils are closely contracted, and who seems habitually heavy and drowsy, with little relish for his food, it is well to remember that these symptoms may possibly be due to the action of a narcotic.

An infant whose bowels are habitually costive is not necessarily injured by the want of a daily relief. Often the child seems perfectly well in health, and, except for occasional local discomfort when he gets rid of an unusually large or hard mass, may appear to suffer no inconvenience at

all. In other cases there is flatulent distension or frequent colicky pain, the child sleeps badly, has a furred tongue, and cares little for his food; the motions are often light colored from undigested curd, and are passed with violent straining efforts, during which the bowel may prolapse or the navel start. This straining is a not uncommon cause of hernia.

In remedying this condition attention to the feeding and clothing of the baby is of little less moment than the use of drugs. When the infant is at the breast a teaspoonful of syrup given three or four times a day before a meal will often quickly restore the normal regularity of the bowels. If the stools are habitually dry and hard, we should see that the child takes a sufficiency of liquid with his food. In addition, it is useful now and then to make him drink some plain filtered water. In the case of a baby in arms, the possibility that the child may be thirsty and not hungry seems rarely to be entertained; but in warm weather, when the skin is acting freely, the suffering amongst young babies from want of water must often be acute. At such times the urine is apt to be scanty and high-colored, and may deposit a streak of uric acid on the diaper. When fluid is supplied, the secretion both from the bowels and the kidneys quickly becomes more healthy; and a desert-spoonful of some natural saline aperient water, given at night, aids the return of their natural consistence to the stools.

The form of constipation which is due to mild intestinal catarrh is common enough in young babies. This is owing, no doubt, in great measure to over-abundant feeding with starchy matters, or to the giving of cow's milk without taking due precautions to ensure a fine division of the curd. Still it cannot be denied that we sometimes find the same derangement in infants whose diet is regulated with proper care and judgment. In them the intestinal catarrh is frequently the consequence of exposure, for the sudden withdrawal of all protection from the lower limbs and belly which the process known as "short-coating" too commonly involves is a fruitful cause of chill. In children so denuded, the feet and even the legs as high as the knees may be quite clammy to the touch. Under such conditions the susceptibility of the patient to alternations of temperature must be extreme, and the bowels are, no doubt, often kept in a state of continued catarrh from rapidly recurring impressions of cold.

Where the constipation is due to this cause our first care must be to protect the infant's sensitive body so as to put a stop to the series of catarrhs. To do this it will not be sufficient to swathe the belly in flannel. The legs and thighs must also be covered, for a lengthened experience of these cases has convinced me that so long as a square inch of surface is left bare the protection of the child is incomplete.

We should next see that the infant's dietary is regulated with due regard to his powers of digestion. Excess of starch must be corrected, and it is best to have recourse to one of the malted foods. Mellin's food is especially valuable in cases where there is this tendency to constipation, as is in many children the food has a very gentle laxative effect; but as Mellin's food contains no unconverted starch, and can do nothing to prevent the formation of a dense clot when the curd of milk coagulates in the child's stomach, it is advisable, when giving it with milk, to ensure a fine division of the curd by the addition of some thickening material such as barley water. A child of six months old will usually digest well a good dessert-spoonful of Mellin's food, dissolved in milk, diluted with a third part of barley water. A certain variety in the diet is of importance in all cases where the digestive power of the infant is temporarily impaired. Therefore, it is advisable to order an additional food to be given alternately with the Mellin and milk. Benger's "self-digesting food" is useful for this purpose, and rarely disagrees. It must be given, like the Mellin, with cow's milk, but without the barley water, for the pancreatine it contains has a digestive action upon the curd, and removes the tendency of the latter to firm coagulation. In addition to the above, if the child has reached the age of ten months, he may take a meal of veal broth or beef-tea once in the day, and with this it is advisable to give some vegetable, such as broccoli or asparagus, thoroughly well boiled. At this age, too, the milk for the morning meal may be thickened with a teaspoonful of fine oatmeal, and sweetened with a teaspoonful of malt extract. In the case of many infants suffering from habitual constipation, the appetite is very poor, and great difficulty is found in persuading them to take a sufficient quantity of nourishment. This indifference to food is almost invariably associated with coldness of the extremities, and usually disappears when measures are taken to supply necessary warmth to the feet and legs.

In all cases where an infant's bowels are habitually costive, it is of the first importance to enter thoroughly into these questions of clothing and diet. In addition, care should be taken that the bowels are regularly stimulated by manipulations from without. The sluggishness of peristaltic action which forms a part of every case of habitual constipation may be very materially quickened by judiciously applied frictions. The nurse should be directed to rub the child's belly every morning after the bath. She should use the palm of the hand and ball of the thumb, and, pressing gently down upon the right side of the abdomen, carry the hand slowly round in a circular direction following the course of the colon. The frictions may be continued for five minutes. In obstinate cases the child may be laid down upon the bed, and the

bowels gently kneaded with the thumbs placed side by side; but in this case, too, the movements should follow the course of the larger bowel.

In addition to the above treatment, more special measures have often to be employed. These may be divided into two classes: the class of suppositories and injections, and that of remedies given by the mouth.

The class of suppositories and injections aims at producing an immediate evacuation of the bowel, and in no way tends to promote more regular action in the future. These remedies are, therefore, useful in clearing the way for further treatment, but there their value ends. A suppository of Castile soap introduced into the rectum is a time-honoured method of inciting an evacuation in the child. Another old-fashioned plan has lately been revived, which consists in the injection of forty or sixty drops of pure glycerine into the lower bowel. In each case energetic peristaltic action of the alimentary canal is induced, and the bowel is thoroughly emptied of its contents. Of these applications the action of the glycerine is very rapid, and in a few minutes the effect of the injection is seen. The soap suppository acts more slowly.

Injections of soap and water, or other liquid, have an entirely mechanical action in relieving the patient. To be effectual such injections must be large, consisting of at least half a pint of fluid and should be thrown very slowly into the bowel. Still, although of service when given only occasionally, the frequent use of large injections is not to be recommended; indeed, this method of treatment is distinctly hurtful in cases where the costiveness has become a habit. Even in young babies great dilatation of the bowel and serious weakening of its muscular coat have often followed the daily use of the enema pump.

For the permanent cure of habitual constipation remedies given by the mouth are greatly to be preferred, but, at the same time, strongly acting purgatives are worse than useless. Our aim should be to find the smallest dose which will awaken a normal degree of energy of peristaltic action, and to give this dose regularly so as to induce a habit of daily evacuation. The daily dose is most efficacious when combined with a remedy which tends to give tone to the muscular coat of the bowel. For this purpose a useful draught is composed of half a drop of tincture of nux vomica combined with ten drops of tincture of belladonna and twenty of infusion of senna, made up to a fluid drachm with infusion of calumba. This draught should be given at first three times a day before food, but soon two doses in the day will be sufficient, and it is rarely long before one dose given at bedtime has a sufficiently laxative effect. Our object is not to excite watery evacuations, but to induce as faithful imitation as possible of a normal action of the bowels. The liquid extract of cascara is

useful in many cases, especially if combined with tincture of belladonna. Twenty, thirty, or more drops of cascara extract with ten of the belladonna tincture, may be given with a few drops of glycerine in a little water every night. In the west of England a remedy held in high esteem consists of half a grain of sulphur colored red with cochineal. That this apparently insignificant dose is often efficacious when given regularly every night I can testify from my own experience.

In cases where the motions are drier than natural, as if from imperfect secretion of the intestinal glands, the addition of liquid to the diet, already recommended, may be supplemented by the administration of some saline aperient two or three times a day. This treatment is made more effectual when the saline is combined with small doses of nux vomica and quinine. For a baby of six months old, five to ten grains of sulphate of soda may be given with one quarter of a grain of quinine, half a drop of tincture of nux vomica, and a minim of aromatic sulphuric acid, in a teaspoonful of water three times a day before food. As in all cases where the remedy prescribed has been chosen with judgment and given in appropriate quantity, the continued administration of this draught, so far from rendering the bowel dependent upon the medicine, stimulates it to act spontaneously, so that the dose has soon to be given less frequently, and in no long time can be discontinued altogether.

By means such as the above the most obstinate case of constipation in the infant can be cured with little difficulty, but to be successful the treatment must not be restricted to mere drug-giving. The food of the child must be regulated with care, his clothing must be inquired into, and his general management passed under review. Where this is done, drugs given in comparatively small doses will act with sufficient energy, and will soon restore their normal regularity to the bowels.—*Brit. Med. Jour.*

#### RECENT ADVANCES IN THE PHYSIOLOGY AND PATHOLOGY OF INFANT DIGESTION.

Recent investigations undertaken by two French physicians, Drs. Hayem and Lesage, of the stools of children suffering from green diarrhoea, revealed the presence of large quantities of a short, spore-forming bacillus, which, cultivated on potato or meat peptone gelatine, gave origin to a spinach-green pigment. The bacillus grows freely in neutral or alkaline media; lactic, hydrochloric or citric acids arrest its development. The addition of a few drops of lactic acid to the gelatine prevents the development of the microbe. The injection of a cubic centimetre of the pure cultivation of

the bacillus into the veins of young rabbits, caused green colored stools that contained the characteristic green color bacteria. Lesage declares the green diarrhoea of dyspeptic children to be a contagious bacillary disease. Assuming the clinical and bacteriological facts to be correctly stated, one point stands prominently out, and in fact, dominates the rest. It is that, before these microbes can develop in the intestinal tracts of children, and give rise to their green-colored diarrhoea stools, there must have been an alkaline reaction at some portion of the tract, for it has been shown that they cannot grow in any part where the reaction is acid.

The bearing of what has been stated on treatment, both prophylactic and remedial, is self-evident. In the first place food must be given, at least when the disposition to dyspepsia shows itself, in a perfectly sterile form, and in the second, remedial treatment will naturally fall into a disinfectant groove. The author recommends the Soxhlet milk-cooking process as admirably answering all the requirements as regards prophylaxis. This is shortly as follows: Bottles are used that contain just the quantity required for one meal, so that none is left over when once the bottle has been opened. The bottles are provided with a well fitting india-rubber cap, in the centre of which is fitted a solid glass rod. When the feeding time arrives this rod is exchanged for a glass tube to which the teat is attached. The sterilising takes place in a water bath, by continued boiling for forty minutes.

As regards therapeutics, mechanical flushing is placed in the front rank. As the author remarks, the bodily removal of fermenting and decomposing intestinal contents by washing out of the stomach and large intestine is a more efficient therapeutical process than internal administration of any antiseptics, concerning which—with the solitary exception of calomel—it is not certain whether they can be given in doses large enough to be effective. That washing out of the stomach after Kussmaul's method is practicable and useful in children, is shown by the writings of such practitioners as Lorey, Friedlander, Epstein, Biedert, Ranke, Thomas, Escherich, Hirschsprung, and Ehring, all of whom have reported favorably of it. The apparatus recommended for the purpose by Epstein is a sort of douche, with tubing of suitable size, a Nélaton catheter, Nos. 8 or 10 serving as œsophageal tube. Washing out the stomach is indicated, according to our author, in both acute and chronic dyspepsia, in dyspeptic intestinal catarrh, and in Brechdurchfall (vomiting and purging). Regarding the last-named affection, it is to be noted that from a therapeutical point of view it is of the greatest importance to empty the stomach of the remnants of food and the poisonous products of decomposition

that are generally the cause of the disease. The immediate and visible effects of the washing out are the immediate cessation of the vomiting, and an increased tolerance of fluid food, which, as Epstein recommends, should consist exclusively of white-of-egg water until the diarrhoea is stopped. The washing out has to be repeated once or twice a day until the cure is complete—washing out of the large intestine, again using Nélaton's catheter, for the intestinal tube has already gained too firm a footing in Germany to require any further recommendation for German readers.

The stomach and large intestine have now, we will suppose, been washed out and thoroughly disinfected, but the small intestine still remains in an unsanitary condition. What is to be done with it? It cannot well be washed out, and the only way out of the difficulty is, if possible, to give only such food as is not subject to fermentation. Hirschler has ascertained by experiment, as has already been pointed out, that in the small intestine it is principally the saccharolytic kinds of bacteria that are active. Escherich therefore pleads for the absolute exclusion of sugar from the dietary of children whilst under treatment for affections of the small intestine. A diet consisting of albumen and peptones he believes to be an unailing means of avoiding the noxious fermentation processes. We may be permitted to point out that the dietary now recommended by Escherich, as the latest outcome of physiological investigation, is singularly like that recommended by the father of modern medicine, the British Sydenham, 200 years ago, who enjoined an exclusive dietary of weak chicken broth in summer diarrhoea.—*Med. Press and Circular.*

#### SIMPLE AND RAPID STAINING OF THE TUBERCLE BACILLI, FOR THE GENERAL PRACTITIONER

Although the causal relation of the tubercle bacilli to pulmonary phthisis may be questioned by some, no one, we think, can deny the diagnostic importance of their presence in the sputum.

The ability to recognize them enables the physician to diagnose the character of pulmonary disturbances earlier than he can possibly do it either by physical signs or any other symptoms. If the technique of the staining of the tubercle bacilli can be reduced to a simple form, so simple that no special technical training is necessary, then I believe that this most important aid to diagnosis would be as constantly employed by the practitioner as the chemical and microscopical examination of the urine in suspected cases of Bright's disease.

The methods at present generally adopted in the laboratories—the Koch-Ehrlich method—is a

complicated process requiring much practice and judgment, especially in the decolorization of nitric acid; it is not consequently adapted to the general practitioner's use, and will yield reliable results only in the hands of experts.

The belief that any technique which is simple and rapid, and reduces the staining of the tubercle bacilli to a mechanical basis, would be of use to the general practitioner is my reason for presenting the following method, which I have used for some time with uniformly satisfactory results.

While working with Professor Koch last spring, I found that in his personal examinations he made use of a solution of fuchsine known as Ziehl's solution, and hardly ever had recourse to a double staining.

To an expert, this gives without doubt the quickest staining possible, but because of the weakness of the solution, if made according to Ziehl's formula with the ordinary fuchsine purchased in this country, and of the lack of a contrast color, it does not yield satisfactory results to others. Making use of the principle which Ziehl has incorporated in his solution, viz., that carbolic acid can be substituted for aniline oil, I first stain the bacilli with a very strong solution of carbolic fuchsine, and then make the contrast staining by what is known as Fraenkel's solution, which combines the decolorizing and dyeing in one process.

This furnishes a specific staining for the tubercle bacilli—a deep-red color; the other elements in the sputum, the putrefactive bacteria, the pus-cells, the epithelium, taking the second color—blue.

The advantages of the method which I propose are these:

1. Simplicity; one solution is poured on the sputum and then the other, with no judgment necessary as to the amount of staining or to the decoloration; this makes the process simply a mechanical one.

2. Quickness and precision; the whole process occupying but two minutes.

3. The great intensity of color with which the tubercle bacilli are stained.

4. The solutions keep indefinitely, especially the carbolic solution, which cannot decompose like the aniline water solution of fuchsine; they are therefore always ready for use.

*The Method of Preparing the Solutions.*—First: The Fuchsine Solution. 1. Pour into a small bottle of alcohol, say a four ounce bottle, enough fuchsine to form a well-marked layer over the bottom of the bottle, or, in other words, more than enough for a saturated solution. 2. Let it stand for twenty-four hours, shaking the bottle from time to time. 3. Into a four-ounce bottle, containing a five per cent. aqueous solution of carbolic acid, pour enough of the first solution to produce a distinct precipitation of the fuchsine, say, about

ten or fifteen cubic centimetres—the exact amount is not important. 4. Shake a few times and set aside for twenty-four hours. This is the carbolic solution of fuchsine to be used.

Second: The Methylene-blue Solution. Put into a four-ounce bottle,

Alcohol . . . . .	30 parts.
Distilled water . . . . .	50 “
Nitric acid . . . . .	20 “

and add methylene-blue until the solution is more than saturated.

*The Method of Staining the Sputum.*—1. Prepare two cover-glasses in the ordinary way, by placing a small portion of the suspected sputum on one cover-glass and, by means of the other, pressing it out between them into a thin layer; on sliding the cover-glasses apart, a thin film of sputum will be left on each cover-glass. Allow the cover-glass to dry, and then, holding them firmly with a pair of forceps, prepared side uppermost, pass them rapidly three times through the flame of a spirit-lamp. 2. Hold cover glass as before, and pour on it a few drops of the fuchsine solution. Then warm the cover-glass over a spirit-lamp until steam rises, being careful not to allow the fluid to boil; now let the solution on the cover-glass cool. 3. Pour off the fuchsine solution. 4. Pour on the cover-glass the methylene-blue solution, and after half a minute or so, the exact time is not important—5. Wash off the stain carefully with running water (a wash-bottle is convenient). 6. Dry the surface of the cover-glass which does not contain the sputum. 7. Mount on a slide in water and examine.

A little practice will enable one to carry out this simple technique with great rapidity; the only difficulty is in preparing the solution at first, but, as they will keep for months and are always ready for use, this is not of much moment. One great advantage to the practitioner will be the doing away with all dishes, acids, etc. The two bottles always stand ready, and when necessary the sputum can be examined while the patient is in your office. To emphasize the quickness of the process, the whole formula can be stated in four lines.

1. Pour your fuchsine solution on prepared cover-glass.

2. Heat and then allow to cool.

3. Pour off solution and pour on methylene-blue solution

4. Pour, wash this off, dry, and mount in water.

—H. P. Loomis, M.D., in *Med. Rec.*

## THE CHIAN TURPENTINE TREATMENT OF CANCER.

Chian turpentine, the internal administration of which as a remedy for cancer has been recently recommended anew by Professor John Clay, obstetric surgeon to the Queen's Hospital, Birming-

ham, England, is a product of the *Pistacia terebinthus*, a tree which in its native island of Scio, in the Mediterranean, grows to the height of thirty or forty feet. The gum is obtained from incisions into the bark, and the many impurities which it contains are composed of sand, leaves, straw, and particles of bark and fruit. As Professor Clay insists that its efficiency depends upon the genuineness of the drug, it is well to carefully consider the following description from Flückiger and Hanbury's "Pharmacographia.":

"Chian turpentine, as found in commerce and believed to be genuine, is a soft solid, becoming brittle by exposure to the air; viewed in mass, it appears opaque and of a dull brown hue. If pressed while warm between two slips of glass, it is seen to be transparent, of a yellowish brown, and much contaminated by various impurities in a state of fine division. It has an agreeable, mild terebinthinous odor, and very little taste. The whitish powder with which old Chian turpentine becomes covered shows no trace of crystalline structures when examined under the microscope."

It is believed that Strassburg and Venice turpentine and Canada balsam are often substituted for it, which can usually be easily detected by applying the tests as to taste, odor, and appearance given above. The turpentine, as used by Clay in the first reported case (*Lancet*, March 27, 1880), was given in the form of a pill, containing three grains, combined with two grains of flowers of sulphur. Two of these pills were given every four hours for many weeks, and some cases for nearly a year. It was found that in some instances the turpentine in the pill form was not well digested, and the latest recommendation of Professor Clay is to administer it in an emulsion made as follows:

One ounce of the Chian turpentine is to be dissolved in two ounces of pure sulphuric ether. This solution has been termed the turpentine essence, and the emulsion is made by adding one ounce of this essence to a mucilage of acacia (one ounce and a half of powdered gum arabic and water to nine ounces), making a ten-ounce mixture, a teaspoonful of which contains about three grains of the drug. A dessertspoonful, it will be observed, contains the same amount of turpentine as the two pills which were previously recommended. In some cases resorcin has been added in doses of a grain. This emulsion is not of a disagreeable taste, as nearly all my patients who are under the treatment testify. Tonics have been used when indicated. In some instances local applications have been made, in others this internal remedy alone has been employed. When it has been taken for about three months it should be omitted three days in every fortnight. The sulphur is often given in a separate pill, especially in cancer of the uterus and rectum. I have given this description

of the plan and exhibited the preparations in order that we may have an accurate knowledge of what this China turpentine treatment really is.

We are all familiar with the statements which Professor Clay has repeatedly made concerning its efficacy. He has seen a number of complete cures, not only of uterine cancer in advanced stages, but also of cancer of the rectum and surface epitheliomata. In cancer of the breast he reports marked improvement of symptoms and complete arrest of the new growth. No report has yet been published, as far as I can learn, stating the precise changes in the tumor, but he maintains that the primary action is upon the periphery of the growth. The plan has been tested in the London Cancer Hospital, and, after a tolerably thorough trial, condemned by Dr. Marsden and Mr. Purcell. Another trial has recently been made, however, and one of the surgeons of the same hospital declares the Chian turpentine to be a very useful remedy in many cases.

In the *Lancet* for November 22, 1887, the editor says there can be no doubt that Professor Clay's report of cures are trustworthy, and that it can hardly be possible, with a man of his large experience, that they were all cases of mistaken diagnosis. He advised a continued trial of the remedy. The drift of pathological research is now strong in the direction of a specific origin of the disease, to which theory Sir James Paget expressed a qualified preference in his recent "Morton Lecture." To cure by internal treatment may, in the next decade, become as possible in cancer cases as it has long since become in syphilis.

My own experience is still too limited to be of much value. Several patients in my service at the Skin and Cancer Hospital have been under the treatment of varying periods—from one to six and eight months. All take the remedy well, by giving them a brief rest occasionally. A cancer of the uterus has been greatly benefited; pain has decreased, hæmorrhage has ceased, and granulations have become healthy. A large epithelioma of the face has decidedly changed in character. In some no effect whatever has yet been noted. We shall watch the cases with great interest, and give a full report to the profession.—*Dr. Daniel Lewis, in N.Y. Med. Jour.*

---

#### THE TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN BY APPLICATION OF ICE.

Having now treated many cases of severe broncho-pneumonia in children and infants by means of ice-bags, it seems desirable, owing to the success attending such treatment to urge the profession to consider its more general adoption. The cause of the broncho-pneumonia does not, in my ex-

perience, influence the employment of the ice bag. It may be used with much success even in cases of broncho-pneumonia secondary to tracheotomy, but still more favorably in cases of influenza and measles. The smaller the child the more marked are its effects. In very small infants under one year of age the ice-bag may be placed on the head, the hair having previously been thinned and shortened if necessary. The treatment to be successful must be carried out with a will and systematically. As a general rule, the rectal temperature affords the best guide to the application of cold, and those acquainted with broncho-pneumonia well know the highly marked remittent or almost intermittent character of those affections. Ice-bags have the drawback that they often give rise to a little wetting of the child, but this has not, in my experience, proved injurious to the patient. Leiter's tubes have been tried, and have some advantages, being especially valuable when an intelligent nurse is in attendance. The condensation of moisture caused by the cold is of course inevitable, but this wetting may be rendered harmless by covering the ice-bag or Leiter's tubing with a layer of Hartmann's wood wool or the compressed moss sphagnum. In severe cases, where a rapid effect is required, two ice-bags have been placed on the head, and one over the chief seat of consolidation in the lungs. With a little management it is not difficult to keep these in place; certainly not when the neuromuscular prostration is marked, as it almost always is in severe cases. The chief merits of this treatment consist in the maintenance of the strength, not only of the heart, but also of the respiratory centres and of the nervous and muscular systems. Although otitis media occasionally occurred, yet this has not been more frequent than in cases treated without cold. Albuminuria is not rendered worse by the cold, nor have any cases of hæmaturia been observed. The urine has, at some trouble been specially collected and tested in small infants. The duration of the disease is, on the whole, shortened. Convalescence is almost invariably rendered more rapid, doubtless because of the conservation of the child's energy.

It is superfluous to assert that ice does not merely act by stealing heat; its action is almost exclusively sedative. Physiologists would aver that it increased inhibition, and in that way made wrong right; because disease simply lowers resistance in the vital processes, and curative measures raise it. Ice influences different organs differently, and this is most noticeable in the various parts of the nervous system. Its action on the cortex of the brain is, perhaps, most evident in the production of sleep, restless movements rapidly subsiding if the cold be efficiently applied; probably, therefore, the whole system of motor centres and sensory centres is soothed, because morbid sensations and morbid motions tend to cease. On the

heart and circulation the influence is also decided, but this influence is probably exercised directly and indirectly; for not only does the cold directly quiet the heart and steady the circulation, but the calming of the nervous system also acts indirectly in the same direction. The respiratory centres are similarly beneficially affected. The heart-regulating apparatus manifests most clearly the same beneficent action, and the temperature chart shows a similar harmonious effect. It is curious to observe the almost immediate cooling of the whole surface of the body soon after the application of ice to any part, this cooling effect being perhaps best marked when the ice is applied to the head; the hands, previously red and hot, become cool and slightly blue. The change is decidedly favorable, notwithstanding the supervention of the signs of feeble circulation in the exposed parts of the skin. Vomiting and diarrhœa, alone or in combination, may require treatment in the cases under consideration; the cold method does not increase diarrhœa, and it certainly tends to stave off vomiting. The employment of cold does not obviate the necessity of using stimulants, either of the ordinary sort or such as act more especially on the heart and respiration. But cold renders them less necessary, and when they are required smaller doses are sufficient. There is, indeed, a saving of expenditure all round: the cost of the illness is lessened, and the illness costs the child less expenditure of reserve strength.—Angel Money, M.D. in *Lancet*.

ECLAMPSIA, WITH ALBUMINURIA. — Dr. J. H. Bennett, in the *Jour. Amer. Med. Assn.*—Mrs. H., aged thirty-five, multipara, was taken with convulsions at end of eighth month of pregnancy. At 4 o'clock in the morning of Sept. 28, I was called and found patient in a comatose state; face and hands, and, in fact, the whole body, œdematous to an uncommon extent. Being naturally plethoric, sixteen ounces of blood were taken from the arm, followed by ten grs. of calomel combined with  $\frac{1}{4}$  gr. of elaterium. This procedure and treatment had a very happy effect in controlling the alarming symptoms. Elaterium was continued in  $\frac{1}{2}$  gr. doses administered every three hours, with sixty grs. of cream of tartar, until thoroughly watery stools were secured, which reduced the œdematous condition almost entirely.

Believing that urea decomposing in the blood causes the phenomena of eclampsia, benzoic acid was administered (after the thorough watery evacuations were brought about) in eight gr. doses every three hours until the patient became conscious, after which the same treatment was continued, with the addition of wine of colchicum and guaiacum. As soon as the patient was able to do so, the knee and chest position was adopted and maintained at times when her strength would



allow of its use, thereby relieving in a mechanical way the pressure caused by the weight of the gravid uterus upon the renal circulation. The urine was frequently treated for albumen, and for the first few days the quantity was enormous, the test-tube showing that two-thirds to three-fourths of its contents was albuminous on reaching the boiling point. The bowels were kept well open with occasional doses of cream of tartar and elaterium, with a view of reducing the work of the kidneys. Her diet during this time was a generous and nourishing one. Labor commenced in about thirty days from the time she was taken with convulsions, which terminated very pleasantly in every particular to both mother and child in about two hours from its beginning. Considering the unfavorable circumstance of not being able to see my patient until taken with convulsions, the happy results of treatment adopted, and the short and easy labor, leaving mother and child in excellent condition, it impresses me as being worthy of more than ordinary consideration. The only addition to the treatment was an occasional dose of bromide of potash and hydrate of chloral to secure rest at night. An experience of nearly forty years in the practice of medicine, and the successful treatment of puerperal convulsions when this method was followed; varying, of course, according to condition of patient and indications observed, leads me firmly to believe in its efficacy. There are five important indications to meet. *First*, to relieve the congested brain and venous system by bloodletting; *second*, to relieve the œdematous condition usually present, by administering drastic cathartics; *third*, to neutralize the carbonate of ammonia present in the blood by use of benzoic acid; *fourth*, to eliminate from the system urea, by the use of colchicum and guaiacum, thereby preventing its decomposition; *fifth*, knee and chest position, where it can be done, to relieve in a mechanical way the renal circulation.

**TETANUS SUCCESSFULLY TREATED WITH STROPHANTHUS.**—William W—, aged twenty-three, ballast man at the Penarth Docks, came under my care on Feb. 18th, 1888, suffering from severe burning pains between the shoulders, extending down the spine. Abdomen rigid; spasms of body, chest, arms, thighs, and legs; jaws locked; countenance anxious; face and mouth contracted; pulse quick and wiry; temperature (108°). He was in appearance a well-developed man; height 5ft. 8in. He stated that about three weeks previously he had the nail of the little finger of the left hand torn when at work, from which he suffered severe pain, and believes that it was frost-bitten while following his employment (the cause of his illness). Being constipated, I gave him a full dose of white mixture, which he had great difficulty in taking on account of the locked state

of his jaw. I also prescribed a mixture containing large doses of bromide of potash and hyoscyamus, to be taken every hour for some days; and ordered liniments and poultices to be applied to the spine, abdomen, legs, and feet. The urine was dark and scanty, without any deposit. Beef-tea, mutton broth, milk-and-water, and lemonade were given often, as only very small quantities could be taken at a time. No improvement taking place, I was determined to give strophanthus a trial, and for this purpose employed tabloids containing two minims in each; one was given every three hours, it being with difficulty placed in his mouth, and cold water was taken after each tabloid. About the second day after commencing the strophanthus I was pleased to find him decidedly improved. I could open his mouth sufficiently to introduce the mouth of a feeding cup. The spasms of the body, abdomen, and extremities became less frequent, the pulse quiet, and the temperature lower. I then continued the tabloids, gave another aperient, and ordered him, in addition to the beef-tea, broth, etc., corn-flour, custards, bread-and-milk, and bread-and-butter, which he commenced to take regularly, and which he had not been able to do for some considerable time previously. The urine was copious and clear. All the symptoms gradually became less. The strophanthus was now given only twice a day, and was soon discontinued. In a fortnight afterwards the man was able to walk and to take his usual food, the jaws being competent to perform their wonted work. He is at the present time quite restored to health, and is following his employment.—W. J. Clapp, M. R. C. S., etc, in *Lancet*.

**ABORTIVE TREATMENT OF HAY FEVER.**—Dr. Carl Genth, of Langen Schwabach, makes a promising suggestion in connection with the therapeutics of hay fever. For the past ten years, a young medical man of his acquaintance has suffered so severely from hay fever, from the beginning of May to the end of June, that his practice has been seriously interfered with. He has tried all kinds of remedies without benefit. Quinine in large quantities alone produced favourable results, but not before symptoms of poisoning presented themselves, including urticaria on each side of the spine, following the course of the chief nerve-branches down the arms and legs, and finally covering the whole body. In many cases of hay fever Dr. Genth found that the first symptom of the disease was acute conjunctivitis and that the symptoms referable to the mucous membrane of the nose, asthma, etc., set in later. This premonitory symptom may precede the final outbreak by a fortnight, and perhaps disappear with a change of weather. Upon this observation he builds his therapeutic plan. Since the first phenomena of hay fever manifest themselves in the eye, it is probable that

the cause of the hay fever first attacks the conjunctiva; that under favourable circumstances (heat) it multiplies there; and that it then diffuses itself over the mucous membrane of the respiratory organs, perhaps through the medium of the lacrimal canal. The condition must therefore be attacked by local treatment, directed to the eyes at the earliest possible date. Dr. Genth chose instillation and bathing of the conjunctiva with sublimate solution, of the strength of 1 in 3,000. The bathing began fourteen days before the appearance of the hay fever, whenever the patient returned home after open-air exercise. He was besides required to keep as cool as possible, and to wear pale blue spectacles. The result of the treatment was that he remained free from his trouble for a length of time. At the end of June slight irritation of the conjunctiva reappeared, which however, could not be compared in intensity with former attacks, and involved no complication. The bathing had not been preformed with sufficient energy. Although the sublimate solution came in contact with the mucous membranes of the nose or throat but slightly, or perhaps not at all, neither of these organs was attacked, which must have happened if the virus of the hay fever passed into the body through the nose and mouth. In such an exceptional case, it would be simple enough to apply the solution by a nose douche, by garglings, or perhaps even by cautious inhalation.—*Br. Med. Jour.*

**ANTIPYRIN IN NOCTURNAL EMISSIONS.**—According to the Vienna correspondent of the *British Medical Journal*, Dr. Thör, of Bucharest, has given some particulars as to the effect of antipyrin in cases of nocturnal emissions. Lupulin and camphor have been abandoned in such cases. Curschmann states that the sedative effect of lupulin on the genital organs, in spite of all recommendations, was not proved. As to camphor, it has, according to his opinion, no better effect. Fürbringer (*Krankheiten der Harn- und Geschlechtsorgane*) is of the same opinion. Zeissl still recommends it, as do Purgsz and other writers. The effect of nuxvomica, arsenic, and atropine is also often uncertain. Among all the remedies hitherto employed, bromide of potassium or bromide of sodium was the most useful. Diday recommends it to the exclusion of every other drug. Bromide of potassium, from two to five grammes in a glass of water, taken just before going to bed, will, according to his experience, exert a prompt effect and check the pollutions. The prolonged use of the preparations of bromide, however, as is well known, produced an acne-like eruption, and the use of the remedy had, for this reason, often to be discontinued. Dr. Thör states that he has found antipyrin an excellent substitute for the bromides. He gives it in doses of from eight to fifteen grains, to be taken by the patient a short time before going to bed.

In seven cases it had proved very successful, and checked the pollutions. No disagreeable after-effects were observed. In "neuro-asthenia sexualis," in the sense of Beard, antipyrin could also be used with good results; but the dose had in these cases to be sometimes increased from fifteen to thirty grains a day.—*Med. Rec.*

**HOW OFTEN SHALL WE RE-VACCINATE?**—This is a very difficult question to answer. Some authors hold that one good primary vaccination followed by one good re-vaccination after puberty, quite meets the necessity of the case, and that successive re-vaccinations are worse than useless. Dr. Seaton says: "We cannot draw from the local phenomena of re-vaccination any inferences whatever as to the state in which the re-vaccinated persons were, as to liability to small-pox. . . . Jenner showed that the natural cow-pox might be induced again and again in persons who, being protected against variola by their first attack of cow-pox, could not be variolated either by inoculation or by exposure, as well as that cow-pox might be made to take on those who had had small-pox." While this supports the view that one good re-vaccination would suffice for the time being, the very element of uncertainty proven by the statement of Jenner himself, raises a doubt as to the period over which this protection would remain active and real; for if we cannot draw any conclusions as to the condition of exposedness or non-exposedness to small-pox from the phenomena of re-vaccination, the only test left is that of an attack of small-pox; and while the percentage of deaths from this disease has been shown to be so low in the case of re-vaccinated persons, we may well infer that a periodical re-vaccination would result in a yet lower death-rate. At all events, it would be in the line of prudence to perform this operation thoroughly, say once in ten years. In this connection, it would be well if the State were to pass a law making vaccination and re-vaccination compulsory; requiring the first to be done at a certain age of the infant (say six months), and the latter every ten years thereafter, up to the age of fifty or sixty years, a record of such vaccinations and re-vaccinations to be filed for reference at the office of the respective boards of health.—Dr. Morgan, in the *Sacramento Med. Times*.

**THE TREATMENT OF THE MORPHINE HABIT.**—Most of the disturbances following the withdrawal of morphine appear to be due to inanition from impaired digestive activity, anorexia, vomiting, profuse diarrhoea and obstinate insomnia. If the digestive disorders are prevented or lessened, the danger of the withdrawal of the drug is removed. From personal observation, Kaczorowski (*Medycyna*, 1887, Nos. 28 and 29) recommends the following: After the sudden withdrawal of mor-

phine, opium is to be administered: Tinct. opii, 30 parts; tinct. iodi, 2 parts; twenty drops to be taken every two hours, day and night. The opiate partially takes the place of the withdrawn morphine, and the iodine, as an antiferment, maintains the appetite and makes possible normal and efficient digestion; vomiting and diarrhoea are rare; the symptoms of deprivation are mild and harmless. The dose is gradually reduced to nothing, and the cure is soon complete. Confinement is not necessary, as the compulsory cure thus forcibly effected is not permanent. Constant observation is indispensable, but the psychical influence is not less important. Well-conducted hospitals are best adapted to carry out the treatment, especially in the hands of a patient and reliable female nurse. To prevent the diffusion of the morphine habit, it is necessary that physicians personally make any necessary hypodermatic injections, and that they abstain therefrom in their own persons.—*Centralbl. für klin. Medizin.*—*Med. News.*

**JABORANDI IN LABOR.**—Having for years noted the fact that parturition does not progress favorably till *diaphoresis* occurs, I have for some months past induced this condition, in the early stage of labor, by giving fl. ext. jaborandi (*green*—the brown has proved worthless in my hands). When called to a case, I order a warm brick to be applied to the feet—which are always cold, and then to give one-third of a teaspoonful of fl. ext. jaborandi in half a wine-glassful of water, and repeat the dose every half hour until perspiration occurs. It is very seldom that more than two doses are required. The first effect of this medicine on the patient is soothing, she becomes more quiet, and bears her pain with resignation. Upon being questioned the patient often states that her pains do not hurt her as they did. On examination, after diaphoresis occurs, the os will be found dilating rapidly; the soft parts to be in a favorable condition; and in a short time the labor will be satisfactorily terminated. Should the patient appear weak from the sweating, I wipe her face and neck with a dry towel, and give her a teaspoonful of whiskey, or half as much of aromatic spirits of ammonia. Since using the above remedy, I have no occasion to use ether, chloroform, or the forceps.—*Med. and Surg. Rep.*

**THE TREATMENT OF TONSILLITIS BY SALICYLATE OF SODIUM.**—Mr. Charles Graham (in the *Practitioner*, May, 1888) confirms the testimony of Mr. Hillaby, already given to the readers of the *Gazette*, as to the value of salicylate of sodium in the treatment of tonsillitis. Mr. Graham states that he has treated more than one hundred cases of it, and in the great majority speedy resolution has taken place; in most of these cases which went on to

suppuration, the remedy had either not been given early enough or the doses not large enough or given with sufficient frequency. In incipient cases, especially those occurring in gouty or rheumatic persons, the drug acts like a charm. He gives to an adult from 10 to 20 grains every two hours, or 10 grains every hour until relief is afforded, and then the dose is gradually reduced. All astringent gargles are avoided and the patient directed to use hot milk, or, when the breath is very fetid, warm gargles of permanganate of potassium or hyposulphite of sodium. In cases where the patient has had several attacks of the disease small doses do no good at all, and even larger ones sometimes fail. Mr. Graham likewise states that bicarbonate of sodium, in doses of from 10 to 20 grains every two or three hours, appears equal to the salicylate of sodium in subduing the inflammatory action and preventing suppuration, besides being free from the tendency of salicylate of sodium to produce tinnitus, vertigo and deafness.—*Therap. Gaz.*

**THE PREVENTION OF PUERPERAL FEVER.**—Dr. Goodell writes to the *Medical Standard*, that he succeeded at the Preston Retreat in stamping out puerperal fever from its wards by the following procedure: Previous to the birth of a child the vagina was cleansed by a quart of (1 to 2000) mercury bichloride solution. After complete delivery the vagina was again cleansed in the same way. A suppository containing twenty grains of iodoform was slipped into the vagina. A pad of sublimated cotton kept in place by a T bandage, covered the vulva. His hands and those of his assistant were carefully cleansed by soap, warm water and the nail brush and dipped into a (1 to 1000) sublimate solution before each examination. After the introduction of this plan into the Retreat, not only did puerperal fever cease to appear, but ophthalmia neonatorum vanished. Every year, he says, he is called in consultation to see about a dozen women die from puerperal fever, whose lives, he is sure, might have been saved had the foregoing treatment been adopted.—*Med. News.*

**REMEDY FOR COCCYODYNIA AND PRURITUS ANI.**—I have, for reasons I do not now care to speak of, regarded this disease as purely neurotic. I have treated it with the Faradic current. One treatment produces immediate relief; a few treatments cure it. Three cells are sufficient; time, five minutes; the frequency of application depends upon the return of pain. The anode is placed over the sacrum and the cathode in the vagina or rectum, or over the sphincter ani muscle. This treatment, so far as I know, is original with myself. Much has been written of late concerning the treatment of pruritus ani. I desire to add my own suggestion. The best remedy I have ever

found is the galvanic current; the quantity required need not exceed five milliamperes; the time of application, five minutes. The relief is immediate, and the application, once or twice daily, is quickly curative. The anode is placed over the perineum, or base of the scrotum, and the cathode against the spinchter ani, or, if required, within its grasp, bringing all the pruritic surfaces between the poles. I claim to be the first, so far as I know, to suggest this remedy for the treatment of this disease. I will, ere long, have more to say of it. —*Med. and Surg. Rep.*

**GLYCERIN SUPPOSITORIES FOR HABITUAL CONSTIPATION.**—Boas, in the *Deutsche medicin. Wochenschr.*, states that in a large number of cases he has had good results from the use of glycerin enemata as a purgative; but in some cases, particularly those with hemorrhoids, or in the individuals with an irritable rectal mucous membrane, which readily bleeds, the use of the syringe is no slight objection, so that the injections must be intermitted or entirely refrained from. The use of the syringe is also inconvenient. For these reasons he has had prepared suppositories consisting of capsules containing 16 minims of pure glycerin, which has been used in twenty cases, with the best results. The suppositories have been found to retain their form and efficacy for many weeks. Fifteen to twenty minutes after using one there is a desire to go to stool, but without tenesmus or other discomfort; soon followed, as a rule, by a copious evacuation. The employment of glycerin per rectum seems specially indicated when, with the constipation, there exists gastric disorder. —*Med. Prog.*

**OXIDE OF ZINC IN INFANTILE DIARRHŒA.**—M. Dupré stated at the Société Médicale de Reims that oxide of zinc is by far the most effectual remedy in infantile diarrhœa. It should be prepared as follows:

- R.—Sublimized oxide of zinc, . . . gr. 55
- Bicarbonate of soda, . . . gr. 25
- Tincture of krameria, . . . 20 drops.
- Plain syrup, . . . . . 30 “

A teaspoonful of this preparation is given every half hour until vomiting and diarrhœa have ceased. The first teaspoonful stops the vomiting, and the third or fourth the diarrhœa. In the few cases in which this treatment fails in entirely checking the disease, it gives great relief and prevents complications. From 1884, two hundred and thirty-four cases, all of which occurred during the months of July, August, and September, were treated by oxide of zinc, and among these only eight deaths were registered, the death-rate being thus only 4.7 per 100.—*Br. Med. Jour.*

**TUBERCULOSIS (Luton).—**

- 1. R.—Neutral acetate of copper, . . . gr.  $\frac{1}{2}$ .  
Crystallized phosphate of soda, gr.  $\frac{3}{8}$ .  
Powdered licorice,  
Glycerin, . . . . . āā q. s.  
To make one pill.
- 2. R.—Neutral acetate of copper, . . . gr.  $\frac{5}{8}$ .  
Crystallized phosphate of soda, gr. 8.  
Mucilage,  
Water, . . . . . āā  $\frac{5}{2}$ .  
Sig.—One tablespoonful three times a day.  
—*Revue Générale de Clinique.*

**CEREBRAL ANÆMIA.**—(Dujardin-Beaumetz).—

- 1. After eating, take a teaspoonful of iodide of iron in weak mineral water. 2. In the evening, take a large tablespoonful of the following solution:
- R.—Bromide of potassium, . . . grs. 150.  
Bromide of sodium, . . . . . grs. 150.  
Bromide of ammonium, . . . grs. 150.  
Distilled water, . . . . .  $\frac{3}{4}$  11.
- 3. Take every week two sulphur baths, and, if the season permits, a cold douche, followed by a hot douche on the feet.—*Gaz. Méd. de Nantes.*

**PROFUSE PURULENT EXPECTORATION.**—

- R.—Ammoniac, . . . . . grs. 112 $\frac{1}{2}$ .  
Aceti. scillæ, . . . . . grs. 225.  
Aquæ fœniculi fl, . . . . .  $\frac{3}{8}$  6.  
Ext. glycyrrhizæ pur., . . . grs. 150.—M.  
Sig.—Teaspoonful every half hour.  
—*Med. Brief.*

**PATHOGENY OF PARALYSIS AGITANS.**—Many arguments in favor of the view that paralysis agitans is really an organic disease of the spinal cord are adduced by M. Teissier in the *Lyon Medical*, No. 28. Jacquod maintained that the muscular tone derived from the nervous energy of the spinal cord was lost, while Grasset held a hypothesis, not easily understood, based on the assumption of a want of power of sustaining a fixed position. A diffuse sclerosis of the lateral columns has been found, in some cases extending up to the vesicular column of Clarke, and into the intermedio-lateral tract. One case of spinal pachymeningitis during life showed characteristic tremors, retropulsion, and psychic troubles. In this instance, fibrous invasions from the thickened meninges were detected here and there in the white columns of the spinal cord. The main conclusion to be drawn, if M. Teissier's observations are exact, seems to be that paralysis agitans is, like chorea, a symptom, and not a disease in itself.—*Lancet.*

**PAINLESS DESTRUCTION OF NÆVI.**—A. B., aged two years, suffering from a nœvus the size of a

shilling, behind the right ear, was, on May 13th, 1887, treated in the following manner for its removal. Having first painted the healthy skin around the circumference of the nævus, for about half an inch, with a coating of collodion flexile, a thick layer of a four per cent. solution of corrosive sublimate was applied on collodion over the nævus. On the twenty-fifth, when the collodion was removed, the nævus had entirely disappeared, and nothing remained but a small scab. Dr. Boing was the first to suggest this method of treatment, and my object in publishing this case is to draw attention to so simple, satisfactory and painless a method of treatment.—*Brit. Med. Jour.*

**LEAD AND LEAD POISONING.**—The soluble lead salts when applied to raw or abraded surfaces combine with the albumen and cover the part with an impenetrable coating, which serves to exclude the air and promote healing. They also constrict the bloodvessels and act as sedatives, allaying inflammation. The lead salts are essentially unirritating and never excite congestion. Lead may be absorbed by the skin in sufficient quantity to produce the constitutional symptoms of the drug. Lead salts act as astringents to the mucous membrane of the mouth, and are partly converted into albuminates. In the stomach the same process is continued, but large doses act as irritants and excite vomiting. Probably most of the drug is absorbed by the mucous membrane of the stomach in the form of albuminate. Any portion which escapes absorption acts in the intestines as an astringent and is then converted into sulphide of lead, an insoluble and inert compound.

When lead is absorbed in small quantities for a length of time it produces a train of symptoms to which the term "plumbism" is applied. From the manifold uses of this metal, lead poisoning is a common occurrence. The modes in which it may be introduced in the system are as follows:

1. *Occupations.*—(a) *House painters* often suffer from lead poisoning from want of care in washing the hands before taking food. In grinding the carbonate, which is largely used as a basis for paints, the fine particles are often inhaled in sufficient quantity to produce lead poisoning. Sleeping in freshly painted rooms has been known to produce it.

(b) *Compositors* often suffer from handling the type, type-metal containing lead. (c) *Barmen* suffer from handling and cleaning pewter pots. (d) *Card players* suffer from the lead glaze on cards, especially if they moisten the fingers in the mouth in dealing.

2. *Articles of Drink.*—(a) *Water.*—Drinking water often becomes contaminated with the lead dissolved from lead pipes and the lining of cisterns. Pure water and water containing carbonate of lime, or sulphate of lime, has little or no action

on lead. Carbonic acid indeed acts as a protective by covering the lead with a fine insoluble film of the carbonate. Water containing much oxygen, nitrites, nitrates, chlorides, and especially organic matter, acts quickly on lead. Even a very small quantity—as little as 1-50 gr. in a gallon may suffice to produce lead poisoning. Water containing 1-20 gr. to the gallon should be rejected as unsafe.

(b) *Wine* is sometimes sweetened with acetate of lead, and has produced lead poisoning. Bottles are sometimes cleaned with shot, and if these are accidentally left in the bottle the wine may become contaminated. (c) *Spirits.*—Rum stored in leaden tanks on board ship has caused lead poisoning in sailors. (d) *Cider* made in glazed earthenware vessels may prove injurious. (e) *Lemonade* and *soda-water* may produce lead poisoning when patent syphon tops are used. (f) *Beer* is often contaminated by the lead pipes, and people who take the first glass in the morning are especially sufferers. (g) *Tea* packed in lead is equally liable to produce lead poisoning.

3. *Articles of Food.*—(a) *Farinaceous foods* wrapped in lead are unsafe. (b) *Pickles*, when the jars or bottles are capped with leaden tops, are very injurious. (c) *Loaf sugar* sometimes contains lead from the moulds in which the sugar is set, being painted with white lead, a portion being mechanically taken up. (d) *Snuff.*—Snuff may be adulterated with red lead, or may be unsafe from having been wrapped in leaden covers.

4. *Medicines.*—Lead given medicinally has been known to excite chronic lead poisoning, but it is of comparatively rare occurrence from this cause, and the acetate is often given in five-grain doses, three times a day for weeks, or even months, to check diarrhœa or hæmorrhage, without producing bad effects.

5. *Articles of Apparel.*—(a) Lead in the lining of hats has produced symptoms of lead poisoning. (b) *Brussels lace* is often whitened with preparation of lead.

6. *Hair Dyes and Cosmetics.*—(a) *Hair dyes* are a constant source of lead poisoning. (b) *Cosmetics* containing lead have proved injurious to actors, actresses, and professional beauties.

In some cases of well-marked lead poisoning the source of introduction of the poison may not be discovered even after the most careful investigation.

*Symptoms.*—(a) *Blue Line on the Gums.*—The blue line is observed at the edge of the gums where they join the teeth. It is one of the first symptoms to appear, and the slowest to disappear. It is always most marked opposite the incisors. It is absent when there are no teeth, and is most marked in people who fail to clean their teeth. Sometimes it extends to the whole of the gums, and even to the contiguous portions of the cheek. It is produced by the sulphuretted hydrogen de-

veloped from the tartar of the teeth, penetrating the gums and forming a black sulphide with the lead.

(b) *Colic. Lead Colic. Painter's Colic.*—This is a tearing pain, usually referred to the region of the umbilicus. The abdominal walls are retracted and rigid, and the pain is usually relieved by pressure, but not always. It is probably due to irregular contraction of the involuntary muscular tissue of the intestines. It is often accompanied by obstinate constipation and impairment of digestion.

(c) *Cramps.*—There are often cramps in the calves of the legs, sometimes in the penis and scrotum, or in woman in the uterus. There may be pain in the joints, especially of the extremities, often simulating rheumatism and aggravated by cold and wet weather.

(d) *Lead Paralysis or "Wrist Drop."*—Usually of the extensors of the forearm, especially those muscles supplied by the posterior interosseus branch of the musculospiral nerve. The supinator longus which is supplied by a branch of the musculospiral nerve before it divides into the posterior interosseus and the radial escapes. This affords a point of diagnosis between paralysis from lead poisoning and paralysis from disease of the musculospiral nerve. If this muscle is not paralyzed, it shows that the disease is not limited to the posterior interosseus nerve, and that the disease is probably not due to lead poisoning. The condition of the supinator longus is tested in this way: "Extend the paralyzed forearm on the table, with the radius upward, then press down the wrist, and tell the patient to rise it from the table. The supinator longus, if not paralyzed, becomes hard, contracted, and stands out firmly." In lead paralysis the muscles of the ball of the thumb waste, and in severe cases the deltoid and even the muscles of the neck and trunk are similarly affected. General paralysis may occur. As a rule, there is only loss of motor power, but there may be loss of sensation. The muscles postmortem are found to be grayish-red in color, or whitish and tough, with considerable increase in the interstitial connective tissue. The origin of the disease is probably in the spinal cord, and is due to hyperæmia and proliferation of the neuroglia, with consequent contraction, causing degeneration of the cellular elements.

(e) *Abortion.*—Lead is a prolific cause of abortion, and women working in lead frequently suffer in this way. The father may cause abortion even when the woman is not a lead worker. (f) *Gout.*—Lead in people predisposed to this disease may produce an attack by checking the elimination of the urates from the blood by the kidneys.

*Treatment of Chronic Lead Poisoning.*—(a) Blue pill. Saline draught. (b) A mixture of sulphate of magnesia, sulphate of iron, dilute sulphuric acid, spirits of chloroform and peppermint water,

three times a day for four days. Tincture of belladonna may be added if there is much colic. (c) A course of iodide of potassium to eliminate the drug. (d) Good diet, cod-liver oil, extract of malt, pancreatic emulsion, Parrish's chemical food, Fellows' syrup of hypophosphites. (e) Warm baths, Turkish baths, shampooing, massage. (f) Electricity, the faradic or continuous current being employed. (g) Hypodermic injections of strychnine.—From a lecture delivered by Dr. William Murrell at the Westminster Hospital, London.—*Med. Reg.*

WHAT A DOCTOR SHOULD CARRY WITH HIM.—We have received the following humorous letter from an esteemed subscriber in a northern New England State:

"I am a country practitioner, and thought I would ask your advice in regard to what you think necessary for a country doctor to carry with him when he goes to see a patient. When I first commenced practice, I carried but a small pair of pill-bags filled with what I then thought to be the essentials of medicine, having, of course, my lancet in my waistcoat pocket. I have been reading your valuable journal with interest, and as fast as I have become convinced of the necessity of using any article of medicine or instrument in my practice, have added it or them to my *armamentarium*. I now carry a medicine chest with a full assortment of medicines. I, of course, carry a stethoscope, as the unassisted ear is not considered quite modest in the examination of pregnant women. I am convinced of the propriety of having my obstetric forceps always within reach, and so carry them. Being frequently applied to to extract teeth, I must carry my tooth extracting instrument with me. As in some cases it is desirable to have the bowels moved as soon as practicable, and as syringes are rarely found in private families in the West, I carry two, one for adults and a smaller one for children.

"Being convinced from some articles published in your paper of the benefit of galvanism in certain cases, I carry a magnetic machine with me. I seldom use general blood-letting, but carry a patent cupping apparatus that it may be within reach when needed. My pocket-case of surgical instruments I carry in my medical chest, also my speculum, an assortment of pessaries and a vaginal syringe. I wish you would send me by return mail, three thermometers, one for the anus, one for the arm-pit, and one for the vagina; and if there is anything else you think necessary, should be obliged if you would indicate it. I formerly rode in a one-horse buggy, but have lately found it necessary to put two horses on, and have it in contemplation to trade my buggy for one with a large bed."

"RUSTIBUS, M.D."

[We sympathize with our country friend, but

he must keep up with "advance of science"; he can't expect to do business now-a-days with a lancet in one vest pocket and a paper of calomel and jalap in the other. We see he still absolutely needs a dozen or two indispensable articles, including a gynæcological chair and an operating table; but, as our terms are strictly cash in advance, we want to hear from him again.—Ed.]—*Mass. Med. Jour.*

**DEAFNESS TREATED BY PILOCARPINE.**—Pilocarpine would appear, according to Corrado Corradi, to be very serviceable in the treatment of deafness, due to labyrinthine derangements, whether associated or not with disease of the middle ear. Large doses may be required. In one case two centigrammes of pilocarpine were injected twenty-four times. Moos has injected from five to eight drops of a 2 per cent. solution in cases of deafness resulting from diphtheria. Considerable improvement of hearing resulted even in cases in which deafness had existed for three weeks. Care is required lest the pilocarpine should increase the debility of post-diphtheritic cases.—*Lancet.*

**RESORCIN IN CHRONIC ECZEMA**—A favorable report is made (*Therap. Gaz.*) by M. Schmitz, of the treatment of two obstinate cases of chronic eczema by means of applications of resorcin. The remedy was employed as a solution in glycerin—a half ounce of the former to four ounces of the latter. The patients were young children, the disease chronic, and more or less general. The affected parts were painted twice daily with the above solution, improvement thereafter being steady and continuous.—*Am. Jour. Med. Sciences.*

**RESORCIN IN CANCER.**—Resorcin has been used with excellent results in the treatment of cancerous growths on the face, in the form of an ointment containing equal quantities of resorcin and vaseline. This mixture is applied first; an ointment containing 20 grammes of resorcin, and 30 grammes of vaseline is then applied. The ointment forms eschars on the surface of the growth. These eschars fall off when pure or iodoform vaseline is applied; fleshy granulations subsequently appear, and healthy cicatrization rapidly follows.—*Brit. Med. Jour.*

**CANCER OF THE BLOOD.**—It has often been maintained more or less explicitly that the blood, although a liquid, is to all intents and purposes a tissue. Proceeding upon this doctrine, M. Bard (*Lyon Médicale*) broaches the theory that leucocythæmia is in reality cancer of the blood, and explains the absence of a definite tumor by the obedience to the neoplasm law of the preservation of the essential attributes, including the liquid state, of its parent tissue.—*Lancet.*

**PERTUSSIS.**—Dr. Edward Wendt presents the following conclusions regarding pertussis:

1. There is constantly associated with whooping-cough a special microorganism, discovered by Afanasieff.
2. This microbe is a small bacillus, having properties that distinguish it from all other known bacteria.
3. The "bacillus pertussis" (*bacillus tussis convulsivæ Afanasieff*) can be readily demonstrated in the sputum of patients having the disease.
4. While its etiological significance appears established, it does not possess much diagnostic importance, since it is found only after the clinical features of the disease are already well marked.
5. The treatment of pertussis has not yet been materially advanced by this discovery.
6. Antiseptics locally applied do not appear to shorten the duration of the disease.
7. Hygiene and judicious alimentation are, in the present state of our knowledge, of, at least, equal importance with medicinal treatment.
8. Antipyrin and the bromides are reliable symptomatic drugs, and are devoid of danger.
9. A specific has not yet been found.
10. Abortive forms of pertussis may occur, but no plan of treatment now known can claim to have abortive efficacy.—*Med. Reg.*

**A BEQUEST TO THE NEW YORK ACADEMY OF MEDICINE.**—The will of the late Dr. Wesley M. Carpenter contains the following clauses:

"First. The sum of five thousand dollars to the New York Academy of Medicine, with which to found a lectureship, to be known as 'The Carpenter Lectureship.' This sum shall be paid to the trustees of said New York Academy of Medicine, who shall expend the interest thereon, annually, for one medical lecture. The lecturer shall be selected and the time at which the lecture shall be delivered shall be determined by a majority of the Council of the Academy, and the Academy shall publish the lecture in pamphlet form immediately after its delivery.

"If the Academy will not accept this gift and guarantee my executor that the above stipulations will be carried out faithfully, the proposed donation shall remain to be disposed of in my estate."—*New York Medical Journal.*

**A MEDICAL COLLEGE IN KANSAS.**—There is talk of organizing a medical college at Topeka, in connection with the University of Kansas. The peculiarity of Kansas doctors just now, says one of them, is, that they do not propagate their species—they have no machine for manufacturing pure-bred Kansas doctors. Furthermore, we are told that Kansas doctors do not want such a machine, unless it is amply endowed by the State and made independent of students' fees.—*Medical Record.*

# THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science  
Criticism and News.**

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.*

*Advertisements inserted on the most liberal terms. All Letters and Remittances to be addressed to DR. C. SHEARD, 320 Jarvis St., Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHER, 23 Rue Richer, Paris.

TORONTO, SEPTEMBER, 1888.

*The LANCET has the largest circulation of any  
Medical Journal in Canada.*

## NEWSPAPER PUFFS OF SURGICAL OPERATIONS.

The *Lancet* calls attention to a case reported, as follows: "It is of great importance that there should be no recurrence of such an event (a description in a lay paper of an operation for stone), and the editor of the paper in question only did his duty in inserting the apology of his reporter and will, we trust, in future take more care that the privacy of private practice and the modesty of professional feeling are duly respected. It will be a bad day for the profession, and not a good one for the public, when members of the profession allow themselves to be puffed by indiscreet friends." The Dr. here was not at all to blame, and received an apology from the writer of the report of the operation. The opinion thus expressed in the *Lancet* is slightly at variance with that of a local newspaper of this Province, which we subjoin. The paragraph is entitled "Mock Modesty," and reads:

"Among the unwritten laws of the medical profession is a rule that none of its members shall advertise in the newspapers. This is mock modesty. If a physician, as a healer of man's physical ailments, has confidence in his art, it is manifestly in the interests of sufferers that his skill be made known. How this shall best be done, whether by direct or indirect advertisement, is a question of business. Like the merchant's wares, the physician's art is for sale. Like the merchant, the physician hangs out a sign indicating his place of business; but the doctor, while glad to have his patients extol his skill, hesitates, on account of a

musty tradition of his profession, to emulate the merchant, who has found direct announcement through the newspapers the best possible method of attracting the public custom, which, if he would be successful, the M.D., no less than the merchant, must needs win. To assume that because a licensed physician chooses to advertise he is an empiric, would be as unwarranted as the assumption that because through failure to advertise he gained no patients, he has no knowledge of the healing art. Some M.D.'s in our community are far too prudish."

Exhibition of ignorance is sad under any circumstances, but infinitely pitiable is the spectacle presented here. The writer knows nothing of the question he is attempting to settle, or rather which he has, to his own satisfaction settled; has perhaps no business to meddle with said question at all, and yet, lacking sufficient modesty to content himself with expressing an *opinion*, he takes the responsibility of dictating to the whole medical profession as to its ethics. There is such a thing as compound ignorance. A person is said to possess this compound article when, "he is ignorant and does not know it." There are some men who would not hesitate to criticize the work of Galileo, though unable to distinguish Orion in the heavens. These are the cranks aggressive, a good example of which genus is found in the editor of an evening paper which lately electrified the world by stating that Boulanger was "in danger of suffocation by *hæmateria of the vocal cords*." They are more objectionable than their brethren of negative qualities, who do not push their opinion unless asked, as was the case with the North Briton, who, when asked if he could play the violin, replied, "Næ doot I could, but I never tried."

## TAX ON MEDICAL SUPPLIES.

The following from the *Medical Record* is well worthy of the careful perusal of the profession of this country. The medical profession is doing all in its power to check disease, and protect the health and lives of the public. Its members are expending their energies and their substance, in investigating the cause of disease, and the best methods of prevention and cure, and yet are made to pay through the nose for all instruments of precision with which to carry on such investigations, as well as for all necessary supplies to carry on



their daily work. The removal of the tax on such supplies should be agitated by the whole profession. "In a speech on tariff reform delivered by Hon. Ashbel P. Fitch, of New York, a letter was read from a New York pathologist, in which he said, among other things: 'For my microscope I sent to Jena, where are made the best instruments for my work. At the factory it cost \$94; to get it out of the custom-house 40 per cent. more. Later I sent for an oil immersion lens, and paid \$80 at the factory, 40 per cent more at the custom-house. Hermann Katsch, of Berlin, makes an instrument called a microtome, for cutting infinitely thin sections or shavings from the surface of a piece of an organ of the body, hardened in alcohol. Herr Katsch is the only man in the world who makes this particular variety of the instrument. To prepare a section thin enough for careful study under the high powers of the microscope this mechanism is necessary. To get this microtome from the custom-house I had to wait two weeks and pay a duty of 40 per cent. on its factory price.' The celebrated Dr. Koch, of Berlin, published a report of the cholera commission, conducted under the auspices of the Government. At most, twenty men in this country could require this work, and they must needs pay 25 per cent. duty to get it from the custom-house after paying its publisher's price and freight. What use could this report be to these scientists? To aid them in maturing methods of recognizing the disease when it appeared on shipboard in our harbors; to devise means to suppress it; to protect the country. It was to the expert work of one such scientist that the city of New York must give its gratitude, that a certain steamship just developing cholera among its steerage passengers was detained at quarantine and the city escaped overwhelming infection. For Koch's report he paid 25 per cent. duty, and never received anything from the city or Government. When we look up from our laboratory tables, microscopes, microtomes, and alcohol—taxed to suffocation—and read in the papers of the United States Treasury filled to suffocation, we reflect that our scientific work takes much time, brings no money return, increases our outgoes, and has not even the encouragement of the Government nor laity." We, in Canada, cannot, unfortunately, boast of an overflowing treasury, but in all other counts this argument tells strongly for us.

## PHYSIOLOGICAL ALBUMINURIA.

The question as to whether albumen may not at times be found in the urine of perfectly healthy persons, has lately received a good deal of attention, and much careful observation has been directed to its settlement. Some competent observers have come to the conclusion that it is possible for such a condition of affairs to exist. Even if this be so, the name, physiological albuminuria, is certainly badly chosen. The whole idea seems essentially unscientific, as is well shown in the following extract from a letter to the *Lancet*, by Dr. George Johnson. He arranges cases of albuminuria connected with pregnancy thus:

1. Women known to be suffering from chronic Bright's disease may become pregnant, and some of them may pass through the different stages of pregnancy and parturition without serious complication.

2. In the advanced stages of pregnancy, especially in primiparæ, the urine sometimes becomes scanty and highly albuminous. With this there is more or less general œdema, headache, and not rarely convulsions. After delivery the urine soon becomes copious, and within two or three days it may be found quite free from albumen. In this class of cases the pressure of the gravid uterus on the vena cava affords the most probable explanation of the symptoms.

3. In a third class of cases the albuminuria may come on at an early period of pregnancy, and evidence of acute desquamative nephritis is afforded by the presence of epithelial and blood casts in the urine.

4. There is yet a fourth class of cases in which albuminuria appears for the first time *soon after delivery*, and is best explained by the theory of septic absorption from the interior of the uterus. In these cases, too, we find epithelial casts and other evidence of acute nephritis.

After referring to the absolute necessity of a correct understanding of the cause of the albuminuria, as regards prognosis and treatment, and stating that perfect recovery after acute desquamative nephritis is the rule rather than the exception, the writer goes on to say:

"I once more repeat my protest against the term 'physiological albuminuria.' The most delicate test finds no albumen in unquestionably normal urine; the term 'physiological' is, therefore, inappropriate and misleading. The fact that albuminuria may occur as a transient condition unattended by symptoms of disordered health, and

apart from evidence of structural changes in the kidney, does not make the condition physiological. We know that pulmonary hæmorrhage may occur unassociated with evidence of structural disease of the lungs and heart, yet no one would make light of a persistent or recurring hæmorrhage of this kind and speak of it as a 'physiological hæmoptysis.' Such a term, however, would not, in my opinion, be more inappropriate than the analogous expression, 'physiological albuminuria.'

#### PROFESSIONAL DISTINCTION.

It has recently been urged by the *British Medical Journal*, and is now being advocated by many of our American contemporaries, that the physician, in addition to his generally fine appearance and courteous manner, ought to wear some badge or mark, whereby he can readily be distinguished from others. And it has been recommended that some uniform dress, or color upon the dress, be adopted to distinguish the doctor, the world over, and according to such regulators of medical department, the olive hue "shall be the badge of all our tribe." Well, olive is a good color, but in order to be effective the suggestion must be thoroughly carried out. Do not limit it to an olive button, nor an *olive* branch; let us dress in olive; let us wear an olive shirt, an olive collar and an olive tie; let us sleep in an olive night-shirt; let us die our hair and skin of an olive tint; and as many of the profession from long thinking on this subject have lost their hair, let them dye their bald pate of an olive hue. If one should require a horse let him choose one of olive color; use olive harness and paint his buggy olive. Now as the olive fruit varies much in tint in various parts, according to age and ripeness, so must our dress vary in accordance; thus the newly-fledged M.D. might have one leg of his trowsers, as far up as the knee, of olive; the one who is of five years' standing might have his trowser's leg olive as far as the waist band, and so on. So also might the specialist be designated by painting his particular specialty, of a very dark olive; thus the oculist could have one eye of a very deep olive; the rhinologist, his nose; the aurist, his ears; the gynæcologist could have a deeply tinted ovary painted in the palm of each hand. Then as the stamens of the olive are but two and the stigma bifid, so must the doctor be governed in this res-

pect in accordance with the plan here prescribed, and limit his family to two. He might name his daughter *Olivia*, his son *Oliver*. Also in his walks about the street he might hum airs from the opera *Olivette*; when he meets his brother he should treat as usual, and the drink should be *olive oil*. If he be religiously inclined he shall each morning read the sermon delivered by our Lord on the *Mount of Olives*. We do not altogether approve of this sign; it would be a hard sign for the homœopaths, as the olive branch borne in the mouth of the dove was a sign that the waters of the earth were abating, and from a pretty extensive knowledge of the tendency to *apathy* among many of the profession, especially in the matter of remitting their subscriptions, we would be inclined to prefer the homely old Canadian thistle.

#### INFECTIOUS DISEASES SPREAD BY DOMESTIC ANIMALS.

The question of the spread of infectious diseases by domestic animals is one worthy the attention of our sanitarians especially, and to a very considerable degree, the profession generally. We remember reading not long ago of the ordinary barn-door fowl swallowing the sputal of a phthisical patient, who was in the habit of going to the door to cough. The fowls apparently soon learned to recognize the sound of the cough as a call to food, and would run and pick up the expectorated matter. The result of such feeding might be easily shown to be dangerous to other persons using the fowls for food. Chicken diphtheria is well recognized, but just what relation exists between it and the disease of man is not yet, so far as we know, specifically made out. Dr. Renshaw (*Br. Med. Jour.*) succeeded in inoculating cats with diphtheria from the human subject, and it has been shown by various observers that this disease is not uncommon in other domestic animals. The possible spread of this scourge by means of cats is well illustrated by the following case, given by Dr. Bruce Low in the *Sanitary Rec.* :

"A little boy was taken ill with what turned out ultimately to be fatal diphtheria. On the first day of his illness he was sick, and the cat, which was in the room at the time, licked the vomit on the floor. In a few days (the child meanwhile having died) the animal was noticed to be ill, and her sufferings being so severe and so

similar to those of the dead boy, the owner destroyed her. During the early part of its illness this cat had been let out in the back yard as usual. A few days later, the cat of a neighbor who lived a few doors further off was noticed to be ill. It had also been let out in the back yard at night. This second animal, which, however, recovered, was the pet and playfellow of four little girls, who, grieved at the illness of their favorite, nursed it with great care. All four girls developed diphtheria, their mother being convinced that they got it from the cat; and, indeed, no other known source of contact with infection could be discovered. It is easy to imagine cats catching an infectious illness like diphtheria, when we remember how often milk and other unused food from the sick-room is given to the cat, or by some people thrown out in the back yard for the benefit of the neighbors' cats, if they have none of their own. It is a frequent occurrence to see children carrying cats in their arms and even kissing them. It is obvious that if the cats were ill with diphtheria the children under such circumstances would almost inevitably contract the disease."

SALICYLATE OF SODIUM IN POLYURIA.—Dr. Randall reports (*Med. News*) an interesting case of recovery from this disease under the administration of the above drug. The patient was a girl of eleven years, "big for her age, but pale, flabby, and complaining much of cold hands and feet, who had been obliged for weeks to rise repeatedly during the night to void her urine, which was found to measure nine and a half pints in twenty-four hours, and to contain no sugar. Valerian, ergot, and tannic acid were given in succession, or combination, but they did no good. The thirst was difficult to appease, the quantity of urine was as great as before, and the child was weaker and further reduced in weight to seventy-nine pounds. The patient was now given eight grains of salicylate of sodium in aqueous solution after each meal. In ten days there was an appreciable amendment: she had more appetite, she felt stronger. The treatment from this time forward consisted of nothing else than the salicylate of sodium; no restriction being imposed upon the diet. The amount of urine diminished slowly and steadily, until, in November, the daily discharge was two and a half pints. Her color returned; there was no longer complaint of lassitude and of inability to breathe easily. The weight increased to eighty-seven pounds, and recovery became complete."

ALIMENTARY FOR GOUTY PATIENTS.—Just what to order and what to interdict in the way of food to gouty patients is often a matter of worry to the physician in charge. The following is by Dujardin Beaumetz in *Rev. Internationale des Sci. Med.*:—Gouty patients may eat all kinds of meat, especially white meats. Use in moderation, eggs, fish, mollusks, crustaceans, and fatty foods. Vegetables should constitute a large part of their diet, excepting gooseberries and spinach, which contain large proportions of oxalic acid. Use with care, nourishing nitrogenous vegetables, such as cabbage and cauliflower; starchy grains, such as peas, and beans. For bread, potatoes should be substituted. Fruits are all admissible, and raisins may mitigate the condition of the feet. As a beverage, water, and particularly water which is slightly alkaline, to dilute light Bordeaux wines and slightly alcoholic white wines. No champagne, gaseous water, strong beer, or alcoholic beverages are allowed. Coffee should be drunk very weak. No tea is allowed, as it contains a large proportion of oxalic acid. The bowels should be kept in proper condition by the use of mineral purgatives. Lotions of the body, massage, and exercise in all forms are advised.

IODOFORM AND TUBERCLES. — The idea that phthisis is curable by iodoform has never taken a great hold upon the profession, but the question of its specific utility in that disease may now be considered set at rest. The *Lancet* says that "iodoform, though an excellent antiseptic and bactericide for some purposes, is, according to Rovsing, of Copenhagen, useless as a destructive agent of tubercle bacilli. He has found that the growth of tubercle is in no way retarded by the presence of a very considerable quantity of iodoform. He has more than once inoculated the two eyes of a rabbit with pure and iodoformed tubercle respectively, and has invariably found that the morbid process was communicated to the eye containing the iodoformed tubercle some time before the other was affected, the irritation produced by the iodoform in the tissues appearing to cause them to form a more suitable soil for the development of tubercle than those of the other eye, which were not similarly exposed to irritation."

NEW WAY OF PRESERVING THE DEAD.—The *Philadelphia Ledger*, says: "A Pittsburg physi-

cian, named Cooper, has just applied for a patent on a process to preserve human bodies by compression. By a curious combination of steel presses and hot rollers, he excludes all the moisture and reduces a full grown body to a very small size, 12 by 15 inches, rendering it as hard and imperishable as marble. He has made several experiments with perfect success. The doctor and others who have investigated the process think it will supersede cremation, as bodies thus preserved are not only not offensive, but can be made to assume various ornamental shapes and be kept in the parlor or elsewhere as constant reminders of the departed. The doctor has on his centre-table the remains of a child pressed into the form of a cross. It resembles the purest marble, is highly ornamental, and is perfectly odorless. The inventor proposes to place a large number of specimens on exhibition in a few days. A company will be formed to push the invention."

**RELATION BETWEEN ERYSIPELAS AND PUERPERAL FEVER.**—M. Doyen (*Rev. Med.*) said he had investigated the report showing a connection between erysipelas and puerperal fever. From this investigation of clinical and experimental facts he draws the following conclusions :

1. The puerperal streptococcus, which is the microbe characteristic of puerperal fever, nearly always gives rabbits erysipelas and a small abscess; in a woman it sometimes produces erysipelas, cellulitis, or purulent pleurisy.
2. The streptococcus of erysipelas nearly always gives rabbits erysipelas, and at times even cellulitis, or peritonitis to man.
3. The streptococcus of pus at times gives erysipelas to rabbits. The three streptococci, which are identical in cultures appear to be one, of which the manifestations may vary. Doyen has never seen the streptococcus in his studies of the microbes of the vagina, and he believes that this microbe, when it is met with in the cavity of the uterus, has been imported there directly by the hands or the instruments of the operator.

**TO REMOVE WARTS, CORNS, ETC.**—The *Albany Medical Annals* says: The thickened epidermis is slightly moistened with an antiseptic solution (boracic or salicylic acid) and then covered with a fairly thick layer of pure crystallized salicylic acid. Over this is placed moist borated lint in four layers, a piece of gutta-percha fabric, and a bandage. In the case of small warts and callosities the dressing is allowed to remain for five days. On

removal it will be found that the thickened tissue is somewhat shrunken and has separated from the subjacent parts, which are covered with perfectly normal skin, presenting no traces of injury or bleeding. The author has never seen any caustic effects from this application on the surrounding and subjacent tissues. If the callosity is of any considerable thickness, as is often seen on the sole of the foot, the dressing should be left in place for ten days or renewed after five days. The great advantage of this application is that the effects of the salicylic acid are localized to the thickened area.

**GEOGRAPHICAL DISTRIBUTION OF CANCER.**—Dr. Haviland, writing in the *Lancet* on the above subject, says:—"There is abundant evidence to show that cancer does not thrive in high, dry localities, where the soil is kept sweet by the absence of floods and the nature of the rocks; but that it does prevail and become very fatal where vegetation is killed and decomposed, and where afterward a rank herbage springs up, composed of sour grass and bitter plants, which scour and otherwise disease cattle and sheep that feed upon them.

**UNG. HYD. NIT. IN BOILS AND FELONS**—Boils and felons may be often aborted (*Wiener Therap. Gaz.*) by the free use of nitrate of mercury ointment, if suppuration have not commenced. It does not cause pain, but after about twelve hours, a drawing sensation is felt, after which all sensation ceases. The writer covers the entire finger with a coating of the ointment about  $\frac{1}{8}$  inch thick and covers with strong sticking plaster. The dressing is allowed to remain on for six hours, after which no further treatment is necessary.

**SUBSTITUTE FOR COD LIVER OIL DURING THE SUMMER.**—Every one knows how difficult it is to keep patients up to the mark with their Cod Liver Oil in summer. The *Med. Press and Circular* recommends the following as a substitute—Chloride of sodium, ʒij; bromide of sodium, ʒj.; iodide of potassium, ʒss.; water, ʒiv. A teaspoonful morning and evening in milk.

**DISINFECTION OF APARTMENTS.**—It has been shown that the ordinary disinfection of rooms, *Deutsche Med. Woch.*, by chlorine gas is inefficient, certain infectious organisms being uninjured by it.

The best method of disinfection, from the standpoint of efficiency, convenience, and cheapness, for bedding, clothing, and rooms of the sick, is steam of corrosive sublimate solution one per cent; walls and furniture should be washed with this solution, or one composed of equal parts of corrosive sublimate 1 to 100, and carbolic acid five per cent. Disinfection by this method does not expose a subsequent occupant of the room to danger.

ORCHITIS AND EPIDIDYMITIS. — Dr. Lowndes (*Lancet*) treats the above according to the method of Fourneaux Jordan, which consists in painting the testicle with a solution of nitrate of silver, two drachms to the ounce; at the same time strict rest is enforced. The pain is soon subdued, and the testicle returns to its normal size in a few days. Sometimes a second painting is necessary. Dr. Lowndes has treated 399 cases in this manner.

*Rev. de Therap.* gives the following simple treatment of *itch* :

R—Animal fat. . . . . 125 grammes ;  
Benzine . . . . . 30 “

Three or four frictions with the above ointment, followed by an alkaline bath.

The same authority gives the formula of Chauvin and Joriserine for *tuberculous hæmoptysis* :

R—Iodoform, . . . . . gr.  $\frac{3}{4}$   
Extract of gentian or of liquorice, q. s. M. ft. pil.  
S. Three to five pills per diem.

Or better :

R—Iodoform, . . . . . gr.  $\frac{3}{4}$   
Tannic acid, . . . . . gr.  $1\frac{1}{2}$   
Excipient, . . . . . gr.  $1\frac{1}{2}$  M.

In an interesting work the authors form the following conclusion : Iodoform is a powerful and rapid hæmostatic remedy. Relapses are rare. Iodoform has relieved where ergot has failed.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION meets at St. Louis, September, 11, 12, 13. The programme includes many papers and discussions of importance. The first day will be given to the discussion of abdominal surgery, the second to infant feeding and some obstetric subject. The third day will be taken up with volunteer papers and some neurological subject. The society cordi-

ally invites all members of the profession to be present.

NEW DODGE IN ADVERTISING. — We take the following from the *Med. Record* :—

The following curious items appeared in the *Cincinnati Enquirer*, under the head of Births :

“FLAMIN—Saturday, the 9th inst., at 8:15 a. m., to the wife of D. W. Flamin, of College Hill, a ten-pound boy. Thanks to Dr. Wallingford, of Cincinnati.

“GALLION—June 5th, to Mrs. Nona Gallion, of Liberty Street, a nine-pound girl. Thanks to Dr. Wallingford.”

One would suppose that Messrs. Flamin and Gallion would claim some thanks.

GENERAL ANTIDOTE FOR POISONS.—The following is given by the *Am. Jour. of Pharmacy* as a general formula :—Equal parts of calcined magnesia, wood charcoal, and hydrated oxide of iron, with a sufficient quantity of water. It is, as a harmless and simple remedy, applicable in such cases when the nature of the poison is unknown. As an antidote for iodoform, Behring recommends a twenty per cent. solution of bicarbonate of sodium.

THE ÆTIOLOGY OF AORTIC ANEURISM.—Karl Malmsten (*Berlin. Klin. Woch.*) has collected information regarding all the cases of the above affection occurring in Sweden during the last fifty years. His analysis goes to show that in 80 per cent. of all cases, the cause was syphilis, and in 20 per cent. senile degenerative change in the artery. Traumatism and microbic diseases thus appear rarely to lead to aortic aneurism.

ANTINEURALGIC FORMULA.—The *Pharm. Rec.* gives the following formula :

R Menthol . . . . . gr. xii.  
Cocaine . . . . . gr. iv.  
Chloral . . . . . gr. ii.  
Vaseline . . . . . gr. lxxv.

M.—Ft. ung. Sig.—Apply to the painful parts and cover with muslin. It is said to be especially useful in periopital pains and in ophthalmic hemi-crania.

CARBUNCLE.—Mr. Quintin McLennan, of Glasgow, writes the *Br. Med. Jour.* that he is decidedly in favor of sulphide of calcium with carbo-

nate of iron, generous diet, and local cleanliness, with linseed meal poulticing as occasion demands, in the treatment of carbuncle. He thinks the method of resorting to the knife in every case is to be deprecated.

SCROFULOUS NECK AND ITS TREATMENT.—Dr. Gibb (*Glasgow Med. Jour.*) gives the following as his conclusions from his study of the above subject :

1. In scrofulous disease of the cervical glands, we have a tubercular process of a mild type, seldom leading to generalized infection, but perhaps occasionally doing so; frequently concerned in predisposing to, or even directly occasioning phthisis pulmonalis; and in the majority of cases, deteriorating the general health.

2. Tubercular disease of the cervical glands is too often allowed to go on to a disastrous extent without any active steps being taken to arrest its course, largely from a prevalent, indifferent and helpless feeling on the part of the medical profession.

3. Slight cases, being, of course, offered every possible advantage in the matter of constitutional treatment, should be carefully watched, and if, after the lapse of months, or it may be a year or two, we find the disease spreading, it is wise to extirpate the affected glands while they are yet movable. In such cases the operation will be easy, and little or no deformity need result.

4. Surgical interference is demanded whenever a sinus, resulting from a degenerated gland, exists, whenever pus can be detected in connection with a gland, and whenever there are enlarged glands accessible to surgery in a patient in whom a caseous or suppurating gland has already been discovered.

CERVICAL LACERATIONS.—Dr. Emil Næggerath formulates, even still more distinctly than before, his position regarding the lacerated cervix. He says :

1. Women with uterine disease conceive more easily if the cervix is lacerated than if it is intact. They abort less often in the first condition than in the second.

2. The position of the uterus is not influenced by cervical laceration.

3. The uterine axis is not lengthened by cervical laceration.

4. Erosions and ulcerations are equally frequent in lacerated and in intact cervixes.

5. Erosions of the lips are never the direct result of cervical laceration.

6. Disease of the tissues of the cervix are not more frequent in lacerated than in uninjured cervixes.

7. Cervical tears have no influence on the development of uterine disease, either as to intensity or frequency.

In his concluding remarks he recommends that lacerations and tears be left alone.

CHRONIC DIARRHŒA.—M. C. L. writes as follows to the *Medical News* :

Many years ago I suffered severely from that trouble; I considered it incurable. Being in Paris, one of the best physicians there assured me it could be cured by a diet of cacahout, and it was. Afterward here I found one could not get the acorn meal that forms the active part, but knowing that its usefulness must depend on the tannin it contains, I tried substituting it as follows :

Powdered chocolate, pure, . . . . .	$\frac{1}{4}$ lb.
Rice flour, . . . . .	$\frac{1}{2}$ "
Powdered sugar, . . . . .	$\frac{1}{2}$ "
Tannin, . . . . .	$\frac{1}{4}$ oz. (120 grs.)

The tannin, or the rest, separately, have little effect. Together they restore the tone of the alimentary canal and nourish as well as cure.

One thing is *essential*, that is long cooking, not less than half an hour. If simply boiled a few minutes, the harsh taste of tannin is very strong; with a good half hour's cooking, it disappears *wholly*—it is impossible to distinguish the medicine from ordinary broma. I think this has something to do with its curative powers and with the ease of digestion by the most irritable stomach. The remedy is too valuable not to be more widely known.

The amount to be taken is a teacupful morning and evening at meals.

NEW YORK TRAINING SCHOOL FOR MALE NURSES. Mr. D. O. Mills transferred, June 28th, a building erected at his expense, to the proper authorities. It will accommodate fifty pupils in training in connection with Bellevue Hospital, on the grounds of which it is situated. It will also be used as the pathological museum of that hospital.

#### A TRIBUTE TO SIR MORRELL MACKENZIE.—

At a meeting of workmen of Potsdam and Charlottenburg, says the *Med. Reg.*, held on Ascension Day, while they were enjoying an excursion, a resolution was adopted and forwarded to Dr. Mackenzie, thanking him for his loving devotion at the sick-bed of the Emperor, and assuring him that the value of his services could not be "diminished by any shameless persecution." Dr. Mackenzie was delighted with this tribute.

**WASP'S NESTS.**—The nests of these pests are said to take fire spontaneously. This may be due to the chemical action of the wax upon the material of which the nests are composed. This may account for the origin of fires in buildings and stacks which would be otherwise unaccountable.

**FOR HEADACHE.**—Stephen Mackenzie says that half grain doses of *cannabis indica*, morning and evening is the most efficient remedy he knows for persistent headache. *Santonin* in doses of ten grains two or three nights in succession is said to correct amenorrhœa.

**MR. SAVORY** has been elected for the fourth time as President of the College of Surgeons of England, with Messrs. Hulke and Heath, Vice-Presidents.

**DR. G. STERLING RYERSON**, of this city, has resumed his practice, after a three months' sojourn at some of the most noted hospitals of Europe.

---

### Books and Pamphlets.

---

**PTOMAINES AND LEUCOMAINES**; or the Putrefactive and Physiological Alkaloids. By C. Vaughan, Ph.D., M.D., Professor of Hygiene, etc., in the University of Michigan; and Frederick G. Ncwy, M.S., Instructor in Physiological Chemistry in the University of Michigan. Philadelphia: Lea Brothers & Co. Toronto: W. J. Gage & Co. 1888. pp. 316.

The study of the basic substances formed during the putrefaction of organic substances, and those produced by normal changes in the tissues of the living organism, is of recent date. Little was known of this portion of the field of chemistry up till ten or fifteen years ago, so that a knowledge of such chemical processes is but rare, except among those whose avocation or specialty requires

them to keep continually on the alert for new things in science. The number of investigators who have given their whole time and attention to this department of chemistry is large, and great progress has been made in it, and much light thrown upon physio-chemical processes occurring within and without the body, which have heretofore been considered problems in medical science. The writers of this book have carefully collected and arranged all the facts known concerning ptomaines and leucomaines up to the present year (1888). The book is very readable, and we bespeak for it a ready sale. To the physician, especially, it will carry light regarding the physiological alkaloids, while the surgeon will find concisely, yet comprehensively treated, in its pages all that is known concerning the putrefactive alkaloids. We heartily recommend the work to every practitioner, knowing that his money and time will be spent in acquiring a knowledge of what is contained in its pages.

**A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES**; including Diagnosis, Prognosis and Treatment. By Robert W. Taylor, A.M., M.D., Surgeon to the Charity Hospital, New York, etc., etc. Illustrated with one hundred and ninety-two figures, and fifty-eight colored plates; as also by numerous engravings through the text. Philadelphia: Lea Bros. & Co. Toronto: Carveth & Co. 1888.

We have received the first two parts of this work and have been highly pleased with both the plates and engravings, and the letter press. The work so far as published should prove invaluable as a guide to the practitioner. The diagnosis of the various diseases of the skin, which are the *bête noir* of nearly ever medical man, except the specialist, has been amplified and perfected. *Ætiology* has been thoroughly investigated, and treatment simplified. The work of the artist is deserving of all commendation, presenting the various forms and stages of the diseases under consideration with extreme fidelity. Numerous formulæ scattered through the text will be of great value to the general practitioner.

The work is to be completed in eight folio parts, containing 192 figures, 65 engravings and about 400 pages of text. It is sold by subscription only. Two parts to be issued every two months. Price, per part, \$2.50.