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THE CURATIVE EFFECT OF EXPLORATORY LAPAROTOMY.*

BY FRANCIS J. SHEPHERD, M.D., C.M.,

Professor of Anatomy McGill University, Surgeon to the Montreal General Hospital.

It has been known for years that in certain cases the mere performance of abdominal incision has some remarkable effects on growths and other conditions of the abdomen. This has been widely recognized especially in cases of tuberculosis of the peritoneum. In 1889, Mr. Lawson Tait (*Edinburgh Medical Jour.*), drew attention to the fact that certain diseases of the abdomen seem to yield to surgical treatment applied to them by accident, and that he had more than once seen tumours, often of large size, disappear after a mere exploratory incision. These cases he reported at the time, but his statements were not believed. The cases in which he had seen tumours disappear in this way were chiefly in connection with the liver, spleen and head of the pancreas. From the number of cases of this kind observed by him, Mr. Tait is satisfied that the disappearance is not a mere coincidence, but that the opening of the peritoneal cavity has a direct influence in setting up the process of absorption of the tumour. Every one knows that after the smallest wound of the peritoneum, an intense thirst is set up which lasts for some days, and that this thirst is not set up after

* Read before the Montreal Medico-Chirurgical Society, January 12th, 1894.

opening any other serous cavity, or in wounds of the abdomen where there is no injury of the peritoneum. Mr. Tait relates a number of remarkable cases in this paper. One case particularly deserves mention. A lady, æt. 54, had an abdominal section performed for supposed gall stones or possibly cancer of the liver. The liver was found covered with large hard nodules, one of which closely imitated the lump which had led to the diagnosis of distended gall bladder. The case had so much the appearance of malignant disease, that no hopes were given of her recovery. Contrary to expectation, however, the patient completely recovered, and was alive and well several years after. A number of other cases are also given. In no less than three out of four cases of greatly enlarged spleen, the tumour disappeared without more being done than opening the abdomen and examining the growth, and in one case of tumour of head of pancreas, with great emaciation, exploratory incision resulted in entire disappearance of the tumour in five or six weeks, and complete restoration to former health. In the case of supposed cancerous nodules of the liver, the evidence would have been much stronger had Mr. Tait excised a portion for microscopic examination. It is hard to believe that there was malignancy in any of the cases, but the fact remains that the gross clinical appearances were those of malignancy, and that the observers were skilled in recognizing the normal appearance of the organs. It is possible that some of the lesions may have been due to syphilis. In 1891, Dr. J. White, of Philadelphia, published in the *Annals of Surgery* an interesting and exhaus tive paper on the "Curative Effects of Operation *per se*," and came to the conclusion that epilepsy, certain abdominal tumours, peritoneal effusions, and also tubercle were benefited by these operations, and thought one of the possible factors was anæsthesia, also psychical influence, relief of tension and reflex action may enter into the therapeutics of these cases. He does not think accident or coincidence explains them.

Pierre Delbet (*Bull. de la Societé Alchemique de Paris*, Oct. and Nov., 1892) reports the case of a child, æt. 2½ years, whose health had been failing for some months. On examina-

tion a large smooth, firm tumour was found on the right side of the abdomen, extending from the costal cartilages to the iliac fossa. The diagnosis of sarcoma or carcinoma of liver was made. An exploratory operation was performed, and the tumour was found to be an enlarged right lobe of the liver, pale in colour, with violaceous marblings. Enlarged glands were found in the hepatic omentum. Punctures were made but revealed nothing. The result was immediate and surprising; in three days the child regained appetite and cheerfulness, the liver rapidly decreased in size and returned to normal in two months. The character of the enlarged liver was revealed later, when syphilitic gummata appeared on forehead and scalp.

Dr. Wm. White, in the elaborate article in the *Annals of Surgery*, referred to above, cites many cases where exploratory abdominal incision relieved symptoms of pain, vomiting, &c., and also some cases of tumour, which shrank away after operation, although at the time the operator considered them malignant and gave a hopeless prognosis.

Prof. Von Mosetig, of Vienna, in 1888, showed a case where he had performed exploratory laparotomy some time before for a tumour which filled the whole pelvis; it was quite fixed, and removal was not attempted, so the wound was closed. To his surprise, when examined 14 days later, he found the tumour had shrunk to half its former size, and it continued to diminish, so that when shown to the Imperial Society of Physicians at Vienna, it was no larger than a man's fist. He thought the disappearance might be due to the intense hyperæmia observed during the operation; in the same way sometimes sarcomata may disappear under the influence of severe erysipelas. Cases also occur where, for a time, in malignant cases great improvement takes places as the result of exploration, but these cases always relapse and the patient soon succumbs.

In this connection I shall now relate a case of which I had personal experience. It is as follows:—

In October, 1891, I was consulted by Mrs. B., a nurse, æt. 28, spare in habit and of a sanguine temperament, for a tumour she had recently felt in the neighbourhood of the umbilicus.

She had always been healthy had been married and was the mother of one child æt. 8 years. Never had any miscarriage and no history of syphilis. No tuberculosis in family, never had any jaundice nor had she ever had anything like severe colic. For some time has not been feeling well and not up to her work ; has frequent elevations of temperature and occasional sweats ; her appetite good and there are no symptoms pointing to any affection of the stomach, no vomiting or dyspeptic symptoms.

Notes of Examination.—On examining her in the recumbent position a tumour the size of an orange is felt to the right and a little above the umbilicus. This tumour is smooth, very tender to the touch and moves with the respirations. It can be pushed to the left side, under left costal cartilage, and to the right apparently under the edge of the liver. In fact the tumour is very freely movable. Occasionally the tumour is very painful and it is always tender to the touch. I did not examine her again until Dec. 20th, as she had in the meantime gone about her nursing duties in the hospital, but these she soon found too much for her and she was compelled to take to her bed. Her temperature was carefully registered and she was closely observed. Her temperature was always 101° at night and 100° in the morning. Every other day she had a severe sweat. She said she felt more comfortable up than in bed, for then she had her corsets on, and these when tightly laced, kept the movable tumor in its place. On examining her waist a well marked line of constriction was seen to pass immediately above the tumour when it was in its normal position. It was thought that the tumour was caused by a lacing lobe of the liver, with probably an enlarged gall bladder beneath. Not getting any better, and being anxious to have something done, she consented to an exploratory incision.

Operation, Dec. 23rd, 1891.—An incision was made in the median line above the umbilicus, and the left lobe of the liver was immediately come down upon. On examination a portion of this lobe was seen to be quite abnormal in appearance and very definitely marked off from the healthy part by a distinct

line. This abnormal portion of the liver commenced at the great fissure where the round ligament entered, and extended upwards to a furrow, corresponding to a lacing furrow, and to the left it reached to the edge of the left lobe, where the lateral ligament leaves the liver. This portion was thick, somewhat puckered on its surface as if from cicatricial contraction. It was of a deeper color than the rest of the liver. A needle entered into the cicatrical part with difficulty, but in other parts no resistance was offered to the entrance of the needle. On holding the lobe between the finger and thumb well marked nodules, like masses of new growths, were felt. Adherent to this part of the liver were some portions of omentum. On removing these, the liver bled freely and hæmorrhage could only be stopped by application of the cautery, indeed this abnormal portion differed from the ordinary cirrhotic lacing lobe in that it was exceedingly vascular. There was some intention of removing this diseased portion of the liver, but it was decided not to do so, because the pedicle was so broad and the parts were so vascular, so the wound was closed.

The patient after operation had some pain for 24 hours and distension, but went on to an uneventful recovery. After the exploratory incision she had no more tenderness, and after the first day no more pain. Her sweating ceased and her temperature became absolutely normal. On examining her a few weeks after operation the tumour could still be felt, but it was immovable. She soon returned to her work and complained no more, in fact she was perfectly cured, and when last heard from, some short time ago, she was in perfect health and able to perform all her duties as superintendent of a hospital. The tumour disappeared within a year of the operation—or at least could not be felt.

Thinking the case might be of specific origin, I put her on Potassium Iodide for some time, which may have had something to do with the disappearance of the tumour.

No doubt the benefit derived from simple incision, without any other procedure, is due in many cases to the moral effect of the operation itself, or expectation, as in metallic therapy,

and this accounts for the marvellous cures reported as following the application of the new and extraordinary methods of treatment, such as faith cure, visits to shrines, laying on of hands, &c. Many of the diseases thus healed being those of the imagination are cured by imagination. Again, certain operations on the eye have relieved nervous symptoms and trephining the skull without further procedure has temporarily cured epilepsy. This would explain the disappearance of pain and tenderness after exploratory incision, but not the disappearance of tumours or alterations in temperature, so other causes must be looked for, such as those suggested by Dr. White, viz., relief of tension, reflex action, &c, or perhaps some causes working in ways mysterious, and of which we know nothing, but to which we give such names as *altered nutrition*, *trophic disturbance*, *nervous influence*, &c., &c. No doubt these cases in time will receive suitable explanation, but at present we are in the dark as regards them. In many cases such symptoms as pain and tenderness with general discomfort may be due to adhesions which at the time of the operation are released ; for instance in the case I reported above, the omentum was adherent to the liver, and its release may have banished the pain and tenderness. In many cases of nephralgia exploratory incision has caused relief. I myself have had several such cases, but in every case the kidney was more than usually movable, and now I think the explanation is generally accepted that in cases of nephralgia, where no calculus is found, the cause of the pain is due to twisting of the ureter of a more than usually movable kidney, and that operation tends to fix the kidney in place.

No doubt many of you here will be able to add to the cases I have narrated, and perhaps some of you may be able to explain them more satisfactorily than the reader of the paper.

CHRONIC INTERMITTENT LEUCHÆMIA (?) IN A CHILD.

By F. G. FINLEY, M.B., (Lon.) and M.D., (McGill).
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AND
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We venture to bring forward the present case not because we feel absolutely convinced as to the correctness of the diagnosis (though at the same time it is difficult to see what other diagnosis satisfies all the details of the case), but because it seems to us that the uncommon clinical history and the appearances discovered at the autopsy are worthy of being placed upon record. For the very full report of the case we are indebted to Dr. Mackenzie, house physician of the Montreal General Hospital.

S. D., a deaf mute, but nevertheless a bright and intelligent looking girl of eleven years of age, was born and lived till she was seven year old in California. The mother, who is a robust woman, has had four children and no miscarriages, the father is alive and has some pulmonary affection.

The third day after birth a large swelling formed under the left ear and advanced forward to the cheek. This was poulticed and discharged a large quantity of pus. She was a sickly infant and suffered much from colic. At eleven months old she had an attack of whooping cough; when she was two years of age it was noticed that she could not hear. At four she suffered from measles, and at the onset of this attack occurred the first hæmorrhage, three cupfulls of blood being vomited. Next morning there was a slighter hæmatemesis, and after this her condition was very weakly. When she was seven years old she vomited up a tea cupful of blood without any premonitory symptoms, and without serious disturbance to her health. At eight she suffered a double rupture, for which she afterwards wore a truss. For the past five years her general health, if not robust, has been fair; she has been able to drive the cattle on the farm, has had a good appetite, and has not suffered either from diarrhœa or from hæmorrhoids.

Recently she was admitted to the Mackay Institute and there learned to articulate a few words.

Upon December 30th last, she gave evidence of feeling unwell and spat up some mucus stained with blood; later in the day, while in the housekeeper's arms, she brought up a large quantity of blood, estimated at about two quarts; she became very faint. Saline enemata were given with good effect and she was confined to bed until January 1st, when she was admitted to the General Hospital under Dr. Finley.

Here her condition was found to be one of marked anæmia; the

* Read before the Montreal Medico-Chirurgical Society.

temperature was normal, the pulse 120, small and regular, the tongue large and fissured along the median line, with small fissures branching off.

Upon examination of the abdomen, some fulness was noticed in the left hypochondrium, and an oval tumour was made out, extending from the costal margin to just below and to the right of the umbilicus, while to the left it extended back to the line drawn upwards from the middle of the crest of the ilium. It could be palpated bimanually and was movable. The dulness extended upwards, merging apparently into an area of thoracic dulness, whose upper margin was 2 inches above the nipple.

The liver dulness was diminished, being 3½ inches across in the right mammary line.

The heart lay in normal position; both apex and pulmonary systolic murmurs were present, soft in character.

The blood was pale and scanty, the amount of haemoglobin was reduced to 38 per cent., the red corpuscles reduced to 2,240,000, the white increased to 1200, and in some specimens of blood examined by Dr. Finley, the proportion of white to red had risen to 1 to 80. No change in the character of the corpuscles was noticed.

The urine was normal, though small in quantity (16 ozs. in 24 hours). The stools were normal, one mass was of dark blood-stained colour and with it came a little blood-stained fluid. The larynx was normal, the drum of the left ear concave.

The patient's condition improved in hospital; upon the 5th she was bright and cheerful and seemed to have gained in strength. At half-past five she had her supper of bread and milk. This seemed to bring on nausea, and after a few minutes she vomited with scarce an effort 20 ozs. of bright blood, which rapidly clotted. She was immediately given ice to suck, an ice bag was placed upon the epigastrium and ergotin was injected subcutaneously. Ten minutes later a smaller quantity of blood was vomited. A stool passed at the time of the first haemorrhage was normal and bloodless. Saline enemata were now given. At 6.20 a third haemorrhage occurred, followed by three more; altogether 48 ozs. of blood was brought up from the stomach. The patient suffered from great epigastric pain and gradually sank, dying at 1.35 a.m. on the 6th.

We have entered into all these details in order to throw as much light as possible upon the condition found at the autopsy. This was performed eleven hours after death.

Autopsy.—The body was found fairly well developed and of large proportions for the age of the girl (eleven years). There was no excessive fat: the abdomen was sunken. The organs in the thoracic cavity were very pale, there was a little clear fluid in both peritoneal and pleural cavities. The blood present in all the cavities was fluid and presented a peculiarly pale, diluted appearance. The heart was normal, the lungs rather sodden and œdematous.

Upon opening the abdominal cavity, the small intestines and other organs showed extreme pallor. The large intestines were distended and filled with almost clear fluid (the result of saline enemata given shortly before death). The liver was wholly retracted behind the ribs

save that below the ensiform cartilage the left lobe showed for the extent of three-quarters of an inch. The spleen, which was of a dull pale bluish colour with well rounded edges, extended forward and downward to within an inch of the umbilicus.

The result of the examination of the various organs was as follows: The spleen measured 20 x 8 x 3.5 cm. and weighed 410 grms. The surface showed a reticulated fibrous condition. The splenic vessels at the hilus were large, but not abnormally thick; there was no local evidence of interference with the circulation of the organs. Upon section the trabeculæ were distinct and prominent; the pulp was relatively scanty and pale, while the Malpighian bodies were not prominent. The microscopic examination bore out these naked eye characters, the most noticeable feature being the general intestitial fibrosis more marked in some regions than in others, although everywhere the trabeculæ were enlarged.

The liver was small, with sharp irregular edges, and weighed only 610 grm.—one half as much again as the enlarged speen. The organ was very pale and had a distinctly cirrhotic appearance. On section, however, much of the fibroid change appeared to be superficial, and while the organ was firm and cut firmly, but few bands of fibrous tissue could be made out passing from the surface deep into the substance. Here and there were small isolated fibroid patches in the liver tissue. The gall bladder was small and covered by an unusual layer of fat, more than 0.5 c.m. in thickness. The ducts were pervious. Microscopically the main characteristic of sections of the organ was its leuchæmic appearance; the capillaries throughout were large and easily recognizable, though there was not the slightest indication of central atrophy of the cells, of nutmeg liver; contrariwise, it was difficult to recognize the individual lobules. The capillaries contained an undue number of leucocytes, in fact, certain of them were completely injected with these corpuscles. In addition the organ was markedly cirrhotic, but the cirrhosis was not of the common type. There was not anything approaching to a framework of increased fibrous tissue, but here and there were isolated patches of fibrous overgrowth, many perilobular, while some were within the lobules. The growth was of various periods; some of the patches were of well formed fibrous tissue, but there were occasional areas of recent cirrhosis with small cell infiltration.

Certain capillaries in the heart muscle showed also this injection with leucocytes: otherwise the heart muscle was normal, save that it showed, where the fibres were cut transversely, peculiarly well marked vacuolation. This vacuolation is frequently to be noticed in the cardiac muscle fibres of children, and it is questionable whether it should be regarded as a pathological condition.

Beyond their pallor, the kidneys, which weighed each 90 grms., presented nothing calling for remark, either macro-or microscopically, nor was there anything noticeable in the other abdominal and pelvic organs with the exception of the intestines.

The stomach contained 8 ozs. of clotted blood. There was no ulceration or evidence of localised or general inflammation. Careful examination, both by the naked eye and by the microscope failed

to reveal any ruptured vessel or cause for the hæmorrhage, which would seem, therefore, to have been of capillary origin.

The jejunum showed blood-stained hæmorrhagic patches in its mucous membrane, which varied in length from two feet to seven or eight inches, and were separated from one another by areas of apparently normal intestine. The ileum was similarly affected, but to a less degree. In neither could any special hæmorrhagic point, or ruptured vessel be discovered. The cæcum was normal, the appendix thickened, its mucous membrane reddened and apparently inflamed; the follicles were slightly enlarged. The large intestine and rectum were normal.

There was no noticeable enlargement of the mesenteric or other lymph glands. The marrow of the sternum was red, but not increased in extent. It had not the dirty reddish grey color characteristic of leuchæmia. It may be added that the brain was not examined.

Two conditions might possibly explain the clinical and other conditions of this case: cirrhosis of the liver and leuchæmia. But there is much that can be brought against the former possibility. While enlargement of the spleen is frequently associated with cirrhosis, that enlargement is only moderate, and does not approach to the extent discovered in this case. Again cirrhosis fits in ill with the history of hæmatemesis, manifesting itself at irregular intervals over a period of seven years; and while the liver was undoubtedly cirrhotic, the fibroid change was not of either the ordinary or congenital syphilitic type.

On the other hand much may be said in favor of leuchæmia. The spleen was distinctly of the leuchæmic type; its large size and fibroid condition are both characteristic of splenic leuchæmia. The injection of the capillaries in liver and heart are in favour of this diagnosis: the hæmorrhages from the stomach and intestines also support it. The absence of any marked swelling of the lymphatic glands or of greyish red softening of the sternal marrow is not against it. Still there are difficulties in connection with this view of the case. Leuchæmia in children generally runs a rapid course, and if this be a case of the disease, we are almost bound to assume that it has had a duration of four, if not of seven years, the first hæmorrhage, of a type similar to the last, having occurred when the child was four years old. Again while the proportions of white to red corpuscles, as determined by Dr. Finley, had become increased from the normal of 1 in 300 to 1 in 80, it cannot be said that this is a very great increase, especially when the facts are taken into account that correspondingly

there was, through the antecedent great hæmorrhage, a diminution of the red corpuscles to less than half the normal number, and that one expects to find a post-hæmorrhagic increase of the white corpuscles.

Nevertheless, in certain cases of leuchæmia, the number of leucocytes present in the blood is capable of great variation from time to time, and taking into account the very typical spleen and the condition of the liver, I am inclined to consider that this must be regarded as a case of chronic, or it may be termed intermittent leuchæmia, in which it has happened that the observations upon the blood have been made at a time when there has been a relatively small increase in the number of white corpuscles. The state of the liver appears to me to sustain this view. Apart from the capillaries with their injection of leucocytes, the curious cirrhotic condition of this organ, with its isolated areas of fibroid change, some old and well developed, some comparatively recent, some external to the lobules, some within the lobules—all this is what might be expected to result from capillary emboli produced from time to time in the organ by masses of leucocytes.

INFECTIOUS PNEUMONIA.*

By G. Gordon Campbell, B.Sc., M.D.,
Asst. Physician Montreal General Hospital.

My object in presenting this report to the Society is not because there is anything of special interest in the three cases of pneumonia in themselves, but from the apparent dependance of two upon the third for their origin.

Briefly, the history of the three is as follows :—

Case I.—On Sunday, November 19th, Mrs. D., aged 30, was seized with a severe rigor followed by high fever and sharp pains in the right side. I saw her on the 22nd, two days after the onset, and made out the usual signs of pneumonic consolidation of the base of the right lung, and over the dull area well marked pleuritic friction sounds. Temperature 104°, P. 130, R. 36, and a small amount of rusty expectoration. The pyrexia lasted ten days, falling to normal in the course of 48 hours, the termination being accompanied by a profuse diarrhœa. The whole lung ultimately became involved in the pneumonic process, and the resolution is not yet complete 4 weeks after the fall of the temperature.

Case II.—Solomon D., the six year old son of No. 1, was seized with a slight chill on the afternoon of Dec. 21st, just 48 hours after his mother. I saw him the following day and found the early physical signs of pneumonia in the left base. Temp. 103.8°, P. 150, R. 40. Here also in two days the whole lung was involved, but the general condition remained good throughout, although the respirations for 24 hours were 64 per minute. The fever lasted 7 days, coming down to normal the morning of the 29th. Resolution was prompt and complete.

Case III.—Charley D., aged 4, a brother of the last, was seized with the early symptoms on the evening of the 24th, 5 days after his mother and 3 after his brother. This boy had been under my care with bronchitis from the 4th to the 9th of the same month (November). On making my first visit to the above two cases on the 22nd, he was crying with pain in the head and neck, and I examined his chest and found

* Read before the Medico-Chirurgical Society, December 29th, 1893.

evidence of a general bronchitis, with a temp. of 100°, R. 28 ; the two following days he was improved, but, as before mentioned, on the evening of the 24th he became rapidly worse, and by the 26th I made out all the usual physical signs of lobar pneumonia, extending from the base of the right lung to an inch above the nipple in front. The fever here was not so high as in the other two cases and fell to normal on the fifth day, remaining down one week, then an evening rise was noticed, and he developed an empyæma, which has been treated in the surgical wards of the General Hospital.

In the first case the cause was considered to be a very rapid fall in temperature, accompanied by a very high wind, to which the patient had been exposed while insufficiently clad. The second case occurred two days later, and he had been in good health up to the time of the onset and consequently exposed to the same aërial conditions as his mother. It is to the third case, however, that the most interest attaches, for he had not been outside the house door for three weeks previously, and on my first visit I had examined his lungs and found nothing but a rekindling of the general bronchitis, for which I had already been treating him, and it was not until two days later that the pneumonia developed. The whole family sleep in the one room, the youngest boy in the same bed with his mother, and consequently there was every facility for infection, provided such is possible, and I think in this particular instance we are forced to the conclusion that Case No. III was contracted from the other two, and in all probability No. II. from No. I.

That pneumonia is due to a specific micro-organism is now generally admitted, but cases which can be definitely shown to depend directly upon others are not numerous enough to allow one to neglect putting them on record.

SCIATICA AS A COMPLICATION OF CARCINOMA.

By Robt. C. Kirkpatrick, M.D., Asst. Surg. Mont. Gen. Hosp.

We have all met with cases of carcinoma in or about the pelvis, in which there was, as a prominent symptom, pain down the course of the sciatic nerve. These, however, are not the cases I mean when I speak of sciatica complicating carcinoma. Such cases can be explained, either by direct pressure of the tumour upon the nerve or by invasion of the nerve by the contiguous cancer. In the cases I wish to bring before you to-night the cancer was situated at a distance from the nerve, and, in two in which autopsies were performed, no tumour of any kind was found in the abdomen or pelvis.

The cases are three in number, and the histories are briefly as follows :—

Case I.—Mrs. H., aged 36, came under my care in May, 1892, suffering from a severe sciatica on the left side. At that time there was inability to move the leg on account of the pain, and the affected thigh was one inch less than the other in circumference. There was marked tenderness down the course of the nerve from its point of exit nearly to the knee. She also complained of a swelling in the right breast. Twelve years previously a crochet needle had been run into the breast, and a year ago this tumour appeared as a small nodule at the site of the old injury. It had increased until, when I saw her, it was the size of a lemon, and extended from the nipple upwards and inwards toward the sternum. The nipple was very slightly retracted. The growth was hard, not movable over the subjacent tissues and the skin over it was reddened. There was also present a thickening and enlargement of the joint between the first two pieces of the sternum, a symptom which has been pointed out by Snow as of frequent occurrence. The tumour was removed by the usual operation, and proved to be a scirrhus carcinoma. The axillary glands were not enlarged. A vaginal examination was refused, but no abdominal tenderness or tumour could be made out externally. The patient shortly afterwards left the city and was lost sight of.

* Read before the Montreal Clinical Society, November 11th, 1893.

Case II.—A. G., aged 41, entered Montreal General Hospital January 10th, 1885, complaining of inability to move left leg without great pain. She had a large ulcerating carcinoma of left breast, on account of which she had been in the hospital before. While leaving hospital the last time this pain had come on and remained ever since. She died February 10th, 1885, and at the autopsy no secondary deposits were found anywhere in body.

Case III.—W. S., aged 60, was admitted to Montreal General Hospital, February 4th, 1886, complaining of cough, shortness of breath and pain in the chest, coming on about four months previously and gradually increasing. The physical signs were dullness over the lower part of front and side of right chest, with diminished respiration and coarse friction sounds. He was weak and kept to his bed. In April he developed sciatica in his left leg, and about a fortnight later in the right leg. He died May 24th, 1880, and at the autopsy was found a primary carcinoma of the right pleura, with secondary deposits in the lungs, liver, kidneys, and left supra renal capusule. There was no enlargement of the retroperitoneal glands, nor any apparent deposit about the nerve.

In these two latter cases there was unfortunately no examination made of the nerve microscopically, therefore the cause of the pain is left to conjecture.

It is to be observed in all three cases the absence of any of the usual causes of sciatica, exposure to cold, rheumatism, pelvic or abdominal tumours or disease of the spine, and the pain came on before the patient had become much debilitated.

In the first case, the pain came on when the patient was getting into bed, and came on so suddenly that she thought that something had broken or got out of place. The second patient had been confined to bed for some time and presumably had improved in health, for she was going down stairs preparatory to leaving the hospital when the pain came, slightly at first and gradually becoming more severe, until she was unable to move the limb. The third case had been in bed for two months when the pain appeared, and possibly asthenia may have been a causative factor here.

The only suggestion I can make as to the cause of the pain is that secondary deposits took place within the nerve itself, probably about some of the arterioles, and by the irritation and pressure produced by their presence, set up more or less neuritis, or the same condition may have been produced by some of the products of the cancer circulating in the blood. All these cases proved most rebellious to treatment, local and general. The affection was so severe that the patients were confined to bed and were obliged to remain at rest. The complication is comparatively rare, but it seems to be more than a mere coincidence that this nerve was picked out in all the cases, and I have no doubt more cases would be found were an inquiry instituted with that end in view.

An interesting point in the history of the second case, is that during her first stay in the hospital she had an attack of erysipelas, after which the carcinomatous ulcer healed to a great extent.

ANEURISM OF THE ASCENDING AORTA WITH EROSION OF THE RIBS.*

By E. P. Williams, M.D., Montreal.
(From the Molson Pathological Laboratory, McGill College.)

G. B., æt. 56, was for many years foreman on some dredging operations, and occasionally acted as diver. Previously, at the age of twenty-one, he had malarial fever, and at twenty-five an attack of acute rheumatism. Since then he has had several acute attacks and constant chronic rheumatism. He comes of a healthy long-lived family, and has healthy children of his own.

During the summer of 1892 he suffered from anorexia and insomnia, and on the first of November he suddenly felt a sharp pain in the right mammary region, "like shoving in a red hot iron and drawing it out again."

The pain was paroxysmal and severe for five days, then the attacks occurred about every third or second day.

On Jan. 1, 1893, he noticed for the first time a small tumour in the right mammary region which, from time to time, would swell up and "lift"; the skin over it would become red and tender and then the paroxysms of pain began at the tumour, back, right shoulder and arm. After three or four hours the ribs seemed to "lift" and the pain would cease.

Upon examination at the Montreal General Hospital under Dr. Wilkins, a prominent pulsating tumour was found projecting forwards about 5 cm., and covered by reddened, œdematous skin. The most prominent part was firm but above, the tumour was soft and compressible.

The ribs were not felt under the tumour. Dulness extended slightly beyond its outline.

Pulsation was synchronous with the heart beat, a sharp systolic rise followed by a quick fall; a slight systolic blow after the first sound was heard over the swelling, while the second sound is heard distinctly.

Tracheal tugging could be obtained.

The apex beat was at the fifth left interspace and almost imperceptible. The sounds were normal, the aortic slightly

* Shown before the Montreal Medico-Chirurgical Society, Jan. 12th, 1894.

accentuated. Pulse 72, of low tension; the radials were slightly thickened and pulsated equally. Respirations 20. Eyes normal.

After leaving the hospital the patient returned to his home. Dr. H. P. Shaw, who attended him, states that the pain became almost intolerable, only relieved by chloroform. Dyspnœa was severe and almost constant. The tumour was tense and heavy, requiring support by bandaging.

The temperature ranged from 101° to 104°.

On November 10th, after several attacks of syncope, he became unconscious and died comatose two days later.

At the autopsy, three hours after death, a firm clot was found in the aorta extending from the aortic ring as far as and into the great vessels of the neck, and projecting through the orifice of the aneurism. The sac was filled with soft clot. Both lungs were gangrenous.

The heart appears to be of average size with normal cavities and valves. The aorta is dilated, measuring at the ring 3 in. in circumference; one inch further, 6½ in., and an inch beyond the left subclavian, 4¼ in. It is rough and shows irregular nodules of atheroma, some breaking down, some undergoing calcification.

The great vessels of the neck are also atheromatous, measuring:—Innominate, 2 in.; L. carotid, 1¼ in.; L. subclavian, 1¾ in. in circumference.

Three inches from the aortic ring in the anterior wall of the aorta is a circular, thick edged orifice, 4½ in. in circumference, communicating with an aneurismal sac of large size.

In the course of its growth, the sac probably became firmly attached to the wall of the thorax, and then gradually eroded through the ribs and intercostal structures to form a false aneurism covered by the skin.

The posterior wall consists of the remains of the dilated arterial coat, which is firmly united to the inner thoracic wall in a circular manner, the diameter being 5¾ in. from the mid-sternum to the right axilla, and from the second to the fifth ribs.

Outside the thorax, the dilatation extends further in all

directions, being about $8\frac{1}{2}$ in. in diameter, as far to the left as the left costal cartilages, and from the upper border of the first rib to the lower border of the sixth.

The anterior wall is formed by the skin which is thin and vascular, especially over the central portion.

Into the sac project the rough ends of the eroded and broken 3rd, 4th and 5th ribs, and the edge of the sternum, which is rough and eroded between the 3rd and 4th costal cartilages. There are also bits of semi-detached bone and adherent portions of more or less organized clot.

STATISTICS OF THE CORONER'S COURT FOR THE DISTRICT OF MONTREAL, 1893.

By WYATT JOHNSTON, M.D., and GEORGE VILLENEUVE, M.D., Montreal.

The number of deaths investigated during the year was 386. Calculated from the census of 1891, the population of the judicial district of Montreal is rather more than 350,000, of which about 280,000 is urban, making a yearly rate of about 1.1 inquests per 1,000 inhabitants of the district.

In 184 of the 386 cases we were summoned to testify as experts. In the remaining 202 cases the information is obtained from the very complete public records of inquests kept by Coroner McMahon. Of these there were 36 cases in which no medical testimony was taken. In the remaining 166 cases, the medical evidence was given by other physicians, who in 60 cases had either not seen the deceased professionally during life or only at a time remote from the death. In 88 of the cases the evidence was taken before the coroner alone, without a jury.

We give the following details which seem of interest.

Of the bodies, 276 were males and 109 females. In one case, that of a newborn child, the sex is not stated.

CLASSIFICATION BY AGES.

Age...	New-born.	Under 1 yr.	1 to 5 years	5 to 10 yrs.	10 to 20 yrs.	20 to 30 yrs.	30 to 40 yrs.	40 to 50 yrs.	50 to 60 yrs.	60 to 70 yrs.	70 to 80 yrs.	80 to 90 yrs.	90 to 100 yr.	Unknown.	Total.
Cases.	14	11	23	14	25	55	46	58	44	34	17	15	3	27	386
Per ct.	3·6	2·8	5·9	3·6	6·5	14·3	11·9	15·1	11·4	8·8	4·4	3·9	0·8	7·0	100·0

CLASSIFICATION BY MONTHS.

Month.....	Jan.	Feb.	March.	April.	May.	June.	July.	August	Sept.	Oct.	Nov.	Dec.	Total.
Cases.....	23	35	35	28	36	44	33	40	27	41	26	18	386
Per centage	5·9	9·1	9·1	7·2	9·3	11·4	8·5	10·4	7·1	10·6	6·7	4·7	100·0

NUMBER OF AUTOPSIES HELD, WITH THEIR PROPORTION TO THE NUMBER OF INQUESTS IN EACH MONTH.

Month.....	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Total.
Autopsies..	3	2	1	6	4	10	5	9	5	8	2	1	56
Percentage	13·1	5·4	2·8	21·4	11·1	22·7	15·1	22·5	18·1	19·5	7·7	5·5	14·5

CLASSIFICATION BY VERDICTS AND CAUSES OF DEATH

I.—HOMICIDES.

Firearms	1
Blows and falls	4
Criminal negligence	4
Infanticide	3
Total	12

II.—SUICIDES.

Firearms	5
Cutting throat	3
Hanging	2
Drowning	1
Jumping from height	1
Railways	2
Poisoning	9
Total	23

III.—ACCIDENTS.

Firearms	4	Drowning	41
Machinery	3	Choking by food	3
Elevators	3	Overlaying	3
Railways	23	Illuminating gas	7
Street railways	8	Administration of chloroform	2
Horse and carriage	14	Poisoning	11
Tobogganing	1	Exposure	2
Burns, scalds, burning buildings	22	Sunstroke	1
Explosions	3	Other causes	1
Falls from height	11	Total	174
Falling bodies	11		

IV.—NATURAL AND UNKNOWN CAUSES.

Circulatory System (40)—	Heart disease	39
	Aortic aneurism	1
Respiratory System (35)—	Pneumonia	15
	Phthisis and hæmoptysis	17
	Bronchitis	1
	Pulmonary embolism	1
	Other diseases	1
Digestive System (12)—	Diarrhœa	5
	Peritonitis	2
	Other diseases	5

Nervous System (18)—Apoplexy		10
	Congestion of brain	2
	Other diseases	6
Genito-Urinary System (5)—Chronic nephritis		1
	Urethral fever	2
	Puerperal fever	2
Developmental Diseases—Stillborn		5
Infectious Diseases—Typhoid		1
	Diphtheria	1
General Diseases (10)—Purpura and scurvy		2
	Senile debility	4
	Infantile debility	4
	Other diseases	2
Habits and Occupations—Intemperance		5
Unknown causes		45
	Total	177

SUMMARY OF THE PRINCIPAL GROUPS OF CAUSES OF DEATH, GIVING THE PERCENTAGE WHICH THEY FORM OF THE TOTAL INQUESTS AND ALSO THEIR FREQUENCY, PER 10,000 LIVING.

Verdicts.	Number.	Per cent.	Per 10,000 living.
Homicide	12	3·11	0·34
Suicide	23	5·96	0·65
Accidents	174	45·07	4·95
Natural and unknown causes	177	45·86	....
Total	386	100·0	....

Deaths from Homicide.

A few remarks upon these different groups may not be out of place.

We have no case of conviction for murder or manslaughter to record. Of 12 verdicts of homicide, 3 were for infanticide by persons unknown. In none of these was the guilt brought home to an individual. Of the 9 remaining cases: in one the violence took place in Ontario and therefore has no bearing upon the criminality of this district; two charges, both for manslaughter, are still before the courts; one case was discharged by the police magistrate; in 5 cases the grand juries found no bill, and the only one which came before the Court of Queen's Bench was dismissed by the judge without calling for the defence. In none of the cases was there any evidence of malice.

The results of the incriminating verdicts of coroner's juries here appear to be of a surprisingly mild and harmless character. In a number of cases of accidental death, verdicts of "negligence not criminal" were found.

Deaths from Suicide.

SEX AND SOCIAL CONDITION.

MALES.		FEMALES.	
Married	12	Married	1
Unmarried	4	Unmarried	2
Not stated	2	Widows	2
	18		5
Total	23		

SUICIDE: CLASSIFICATION BY AGE.

Age	Below 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	Above 60.	Total.
Number	1	4	4	8	4	2	23

SUICIDE: CLASSIFICATION BY MONTHS.

Month	Jan.	Feb.	March.	April.	May.	June.	July.	August	Sept.	Oct.	Nov.	Dec.
Number	0	0	2	2	4	4	1	3	1	2	2	2

The occupations of the male victims were as follows:—Lawyers, 1; farmers, 1; merchants and clerks, 4; workmen and servants, 12.

The apparent causes were as follows:—Business trouble, 1; family trouble, 1; unknown, 1; physicial disease and suffering, 2; love, jealousy, or dissipation, 4; drink, 5; mental disease, 9.

It is reassuring to note that the frequency of suicide, viz., 0·65 per 10,000, in Montreal, is low in comparison with most other large American cities, the rate per 10,000 living in 1891, having been as follows: Baltimore, 0·56; Philadelphia, 0·76; Boston, 1·11; New York, 1·57; Chicago, 1·87; St. Louis,

2·16; San Francisco, 2·66. In Paris, the annual rate of suicide is about 3·78 per 10,000.

Of 9 cases where poison was the means employed, 7 were by Paris green; and one from rough-on-rats. Some means should be taken to restrict the too ready sale of such deadly commodities. The suicides by firearms, cutting throat and hanging, were all in males.

Accidental Deaths.

The commonest causes of accident, in order of frequency, were:—

Drowning	41, or 23·5	per cent.
Railways	23, or 13·2	"
Burns, scalds and fires	22, or 12·6	"
Horses and carriages	14, or 8·2	"
Falls from height	11, or 6·3	"
Falling bodies	11, or 6·3	"
Poisoning	11, or 6·3	"
Street railway	8, or 4·4	"
Illuminating gas	7, or 4.1	"

Drowning.—The number of drowning accidents is sufficiently high to attract attention. Of the 41 cases, the accidental nature of the drowning was well established in 32 cases only, all that could be stated about the remaining 9 bodies being simply that they were found in the water.

Illuminating Gas.—The number of deaths from illuminating gas is also surprisingly large. The danger of gas depends upon the proportion of carbon monoxide it contains, and this again depends upon the mode in which the gas is prepared. It has always been asserted that the gas supply of Montreal contains a very small proportion of this dangerous ingredient, but the large number of deaths from this cause would seem to render the subject worthy of investigation by our health authorities.

The accidents happening in connection with public travel naturally have a great public interest.

Fatal Railway Accidents.—The victims were trespassers in 10 cases; employees (brakesmen or switchmen) in 6 cases; travellers in 4. In 4 cases the accidents occurred at level crossings.

Street Railways.—Of 8 fatal accidents during the past year, 5 occurred in connection with electric cars and 3 with horse

cars. Two of the victims were employees; 1 was a child playing upon an empty car on a siding; 3 were persons crossing the street, and 2 were passengers (one of whom got off the car, while in motion, on the wrong side and was struck by an approaching car on the other track; the other was killed while trying to pass from one car to another while in motion). None of the accidents were shown to be due to the use of the trolley system or the over head wire.

Elevators.—Three deaths which occurred from elevator accidents were all due to imprudence of the persons killed, none arising from any defect in the machinery.

In most of the accidental deaths the cause was clearly established by the evidence of eye witnesses, and the investigations were conducted chiefly with a view of deciding whether there had been criminal carelessness or not.

Deaths from Natural Causes.

In 130 cases definite natural causes were assigned, and in 47 the finding was either "natural causes," "unknown causes," or "unknown natural causes." The nature of the cause of death was almost always made out when autopsies were made out, and, therefore, the expression unknown means that, in most cases, no attempt was made to find out the cause of death. It has not seemed advisable to attach any importance to the relative frequency of the known and unknown causes shown in the tables, because, in a large number of cases, definite causes were assigned for the death without any proof at all being adduced that the alleged causes really existed.

There is no doubt that a large number of the deaths investigated during the year were, directly or indirectly, due to drink, but as the conclusions of the juries on this point appear to have been arrived at by intuition rather than by investigation and weighing of the evidence, definite statements on this head based on the verdicts would be misleading. We have, therefore, refrained from attempting to estimate the exact proportion of deaths due to intemperance.

Pathological Reports.

A RARE FORM OF SUB-DIAPHRAGMATIC ABSCESS.*

By Professor J. G. Adami, M.A., M.D.
(From the McGill Pathological Laboratory.)

It is not a little noticeable how silent are even the best and most modern text books upon the subject of sub-diaphragmatic abscess, with a silence that is out of proportion to its diagnostic and clinical interest, and it may be added to its relative frequency. Doubtless the fact that the subject cannot be treated under the heading of any one special organ, leads to its being neglected in well-ordered text books. so that information has still to be gathered from scattered papers. Thus it happens that although I am acquainted with a fair number of cases in which the original disturbance has originated in connection with the liver, kidney, spleen or stomach, I have been able to find none presenting the anatomical features of the case here recorded, though such must exist.†

The patient, L. F., sixty-five years old, was received into the General Hospital, under Dr. Molson, upon October 3rd, in a state of semi-collapse. All that could be ascertained as to his previous history was that for the past four or five days he had been suffering from pain in the epigastrium, thirst, restlessness and pains in the joints. He died within twenty-four hours, before time had been allowed for a full diagnosis. The pulse was almost imperceptible, there was a large area of cardiac dulness, the heart sounds could scarcely be heard, while no murmur could be detected. Over the region of the liver in front there was acute pain upon pressure. The respiratory sounds were tubular. A provisional diagnosis was made of pericarditis.

At the autopsy performed upon October 5th, the following were the more important conditions observed. The skin of the whole body had a slight yellowish tinge. The pleural cavities contained about eight ounces of clear serum. The lungs were

* Read in abstract before the Montreal Medico-Chirurgical Society, Nov. 3rd, 1893.

† Petri, Dissertation, Berlin, 1868, quotes a case of sub-diaphragmatic perforation of the œsophagus following upon cancer, but of the extent of the succeeding inflammation I cannot clearly learn, not having the original by me.

very œdematous, showed some slight signs of anthracosis, and in either apex were found evidences of an old and cicatrised tuberculous condition. The pericardial cavity was enormously distended, the fluid was milky with numerous flocculi floating therein. The heart was covered over with a layer of inflammatory lymph; and its cavities were filled with well-formed clots, firm and rather pale, together with some fluid blood. The lower and inner half of the parietal pericardium was thickened, and upon cutting into it, down upon the diaphragm an abscess cavity was exposed lying between diaphragm and pericardium. This was of irregular shape and contained a quantity of thick creamy pus. Upon inspecting the abdomen, a large abscess was found beneath the diaphragm, having in its centre the abdominal end of the œsophagus and the cardiac end of the stomach. This extended to the left edge and under the surface of the left lobe of the liver on the one side; on the other it almost touched the splenic flexure of the colon and the surface of the spleen. It was filled with a thinner greyish pus, and communicated through the diaphragm with the supra-diaphragmatic abscess. The cardiac orifice of the stomach was discovered to be greatly stenosed and ulcerated. Further inspection revealed that there was a ring of cancerous growth implicating the gastric mucous membrane, and forming a ring varying in breadth from 2 to 3 cm. around the cardiac orifice; the growth extended a short distance up the œsophagus. Microscopical examination showed the cancer to be primarily gastric —that is to say, it was of the nature of a columnar celled carcinoma. It infiltrated all the coats of the stomach.

No actual perforation of the stomach or œsophagus was to be discovered.

It would seem evident that the history of the case was one primarily of cancer of the cardiac orifice of the stomach leading to stenosis; ulceration of the cancer, and extension of the septic process through to the serous surface of the organ—or, it may have been, perforation above the stenosed area by a fish bone or other fine spicule, the passage closing behind the foreign body; suppuration around the termination of the œsophagus

leading to a sub-diaphragmatic abscess; extension of the process through the diaphragm; inflammation of some little standing of the outer layers of the parietal pericardium; extension through the pericardium; purulent pericarditis; death.

Judging from the condition of the sub-diaphragmatic abscess, and the want of well-defined boundary, this had of late been extending rapidly.

There is a possible alternative that the supra-diaphragmatic abscess with its more creamy pus was of the earlier origin, but this I think is improbable. The presence of the gastro-œsophageal carcinoma in such characteristic relationship to the surrounding sub-diaphragmatic abscess, renders the former the more likely course of events.

Reviews and Notices of Books.

Hand-book of Public Health and Demography. By EDWARD F. WILLOUGHBY, M.D. Macmillan & Co. London and New York, 1893. 8vo. pp. 509.

It is not usual to find the title of hand-book claimed for a volume which is small enough to put in one's pocket, as is the case with the present work. Possibly the fact that the author has already published a "Health Officers' Pocket-Book," may explain this apparent anomaly. The compact form is largely owing to a very careful condensation of the material, and if, as we suspect, the chief purpose of the book is to enable its readers to acquire sufficient information on sanitary matters to pass a competitive examination, it is excellently adapted for its purpose, and can be heartily recommended to those having such an object in view.

On the other hand, we doubt if, even after mastering the contents, the reader would understand how to set about any ordinary sanitary investigation, whereas a hand-book is supposed to be thorough and explicit on practical matters. In this work the subject of biological water analysis is summarily dealt with in less than two pages—possibly owing to the fact that no board of examiners asks questions on this subject. On theoretical points, the information is well arranged and for the most part accurate, although our theatre-goers would be surprised to learn that the Madison Square Theatre, Montreal, is the best ventilated in the world, the air being as pure after a performance as before.

An American Text-Book of Gynæcology, Medical and Surgical, for the use of Students and Practitioners. By Henry T. Byford, M.D., John M. Baldy, M.D., Edwin Cragin, M.D., J. H. Etheridge, M.D., William Goodell, M.D., Howard A. Kelly, M.D., Florian Krug, M.D., E. E. Montgomery, M.D., William R. Pryor, M.D., George M. Tuttle, M.D. Edited by J. M. BALDY, M.D. Royal 8vo. pp. 713, with 360 illustrations in text, and 37 coloured and half-tone plates. Price, $6.00.

This volume is the latest addition to the literature of gynæcology. It is written by American authors, and this should be a great recommendation, as America has led the

van in this subject, thanks to the methods of life of the average American woman. Following a recent custom the authors have not signed their articles, but the book is presented as the combined work of all. This, we think, is a mistake, for we cannot tell who is the author of any particular statement, and consequently the work lacks authoritativeness.

The student is supposed to come prepared for the study of this subject, by having already learned his anatomy, consequently the anatomical descriptions are omitted, in order that the book may not be too bulky. However, in this connection plates are introduced for reference which are quite sufficient to recall the main points to the student's mind.

The chapter on the technique of gynæcological operations is one that can be read with benefit by any surgeon, and we note with pleasure the simplicity of the arrangements. A complete operating room can be improvised without difficulty from the materials to be found in any well-appointed household. A chapter on the after-treatment in gynæcological operations adds much to the value of the book, for the information given is the result of that long and varied experience only obtainable by the few who are attached to large hospitals. The chapter on diseases of the urethra, bladder and ureters introduces the subject of catheterization of the ureters, which has lately come into prominence in the diagnosis of diseases of the urinary organs. Tuberculosis of the generative organs is considered in a separate chapter, including lupus of the external parts and tubercular peritonitis. The volume is fully illustrated, most of the illustrations being from photographs of cases. The type is large and clear, so that from all points it is a magnificent work, and should enjoy a large circulation.

Transactions of the American Ophthalmological Society. Twenty-ninth Annual Meeting, New London, Conn., 1893. Hartford, published by the Society. 142 pp.

The proceedings of the American Ophthalmological Society for 1893 are to hand, and consist of twenty-two papers, some of much interest.

Dr. C. S. Bull contributes an article on Gouty Retinitis and Chorio-Retinitis. The characteristic changes being arterio-and phlebo-sclerosis in the vessels of the retina and choroid, and a

yellowish granular exudation in the retina at the posterior pole of the eye, leaving generally the macula intact.

Knapp reports a unique case of traumatic dislocation of the iris under the unruptured conjunctiva, followed by sympathetic ophthalmia of the other eye a few weeks later. This is a nut to crack for the adherents of the microbic theory.

Dr. C. A. Oliver's paper on the relation of the patellar tendon reflex to some of the ocular reflexes found in general paralysis of the insane is very interesting, the parallelism with the pupillary reflex being especially so.

The only new apparatuses brought forward were a useful ocular mask by Dr. F. W. King, made of papier maché, to protect the eyes after operations, &c., and also a simple magnet for removing foreign bodies from the cornea, by Dr. W. B. Johnson.

The volume terminates with the report of a case of pulsating exophthalmos by Dr. R. A. Reeve, which was treated by ligation of both common carotids with only partial success.

"Nil Desperandum," Autobiographical Sketches and Personal Recollections, by GEO. T. ANGELL, President of the American Humane Education Society, the Massachusetts Society for the Prevention of Cruelty to Animals, and the Parent American Band of Mercy, 19 Milk street, Boston. Published for the use of his friends and all who care to read them. "The American Humane Education Society," 19 Milk street, Boston. Prices at the Society's Offices, paper 6 cents; cloth, 20 cents.

The title of the book is the motto adopted by the author in his youth. It contains a sketch of his life and of his work in connection with the suppression of cruelty to dumb animals. It is worth the while of those interested in this work to read the publication. The views are moderate, and the writer evidently believes more in the power of education than in the efficacy of legislation to obtain the desired results.

Babyhood—The Mother's Nursery Guide, devoted exclusively to the care of infants and young children, and the general interests of the nursery. A monthly journal, published by Babyhood Publishing Co., 5 Beekman street, New York. $1.00 a year.

With the December number of this bright little periodical

the tenth yearly volume commences. It is a publication devoted to the interests of the very small members of the family, and contains advice to mothers and nurses on all points relating to the comfort and well-being of their little charges. It contains original articles on various subjects, hints regarding the clothing, &c., of infants, correspondence from mothers, answers to questions and many other subjects of interest. The frontispiece of this number is a handsome engraving, entitled " A Study of Eskimo Babies—Mrs. Peary on the shores of Greenland," which adds greatly to the attractiveness of the magazine. The articles are all useful and relevant to the object of the journal, and we are sure it will be a welcome visitor in all households where there is a baby.

Retrospect of Canadian Medical Literature.

[The editors will be glad to receive any reprints, monographs, etc., by Canadian writers, on medical or allied subjects (including Canadian works published in other countries) for notice in this department of the JOURNAL.]

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The infancy of chloroform.—Hy. F. Jarvis, M.D., p. 225.

Case of universal alopœcia.—C. P. Bisset, p. 233.

(2.) Case of symphysiotomy.—W. B. Slater, p. 234.

(3.) Gunshot wound of brain.—J. J. Cameron, p. 237.

(4.) Catarrhal jaundice (editorial) p. 236.

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(5.) Puerperal septicæmia.—A. H. Wright, p. 1.

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(6.) Acute mania following trachelorrhaphy.—K. N. Fenwick, p. 13.

Intestinal tuberculosis.—W. M. Bernhart, p. 18.

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Diagnosis of disease of accessory sinuses of nose.—M. McFarland, p. 137.

Canada Lancet, Feb. 1894.

(8.) Diagnosis and treatment of flat-foot.—W. H. Bremner, p. 161.

(9.) Bromoform in treatment of whooping cough.—J. T. Duncan, p. 162.

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Epithelioma of external ear treated by chlorate of potash.—A. A. Foucher, p. 5.

Dominion Medical Monthly, Jan. 1894.

(7.) Inherited fragility of bones.—A. B. Atherton, p. 1.
Infantile spastic paralysis.—J. Ferguson, p. 3.
Case of uterine fibroid.—A. A. Macdonald, p. 6.
Treatment of pharyngeal syphilis.—M. McFarlane, p. 8.

(1.) *Hysterical Paresis.*—Dr. HALLIDAY (Stewiake, N. S.) reports an interesting case of hysterical paresis where an unmarried woman aged 45, who had been bed-ridden for 31 years, was completely cured. The treatment consisted chiefly in gaining the patient's confidence, though tonics, electricity and massage were also employed. There was a neurotic family history, one sister having died insane and another being somewhat hysterical.

(2.) *Symphysiotomy.*—Dr. SLATER (Halifax, N.S.) reports a case of symphysiotomy in a patient aged 24, who had been in labour nearly three days at the time of his first visit, and was in a state of extreme exhaustion The head was impacted at the brim and lay wedged between the pubis and a large bony outgrowth from the sacral promontory. It could neither be delivered by forceps nor pushed back so as to allow of version. Symphysiotomy was performed under chloroform, with antiseptic precautions, after emptying the bladder and pushing the urethra to the right side. The bones separated two inches, and the child was delivered by forceps without difficulty, within fifteen minutes of the time when the operation had been commenced. There was no hæmorrhage. Unfortunately the patient died forty hours after delivery from exhaustion, though apparently she would have recovered had the operation been done earlier. This is the first case of this operation recorded in the maritime provinces.

(3.) *Gunshot Wound of Brain.*—Dr. J. J. CAMERON (Antigonish, N. S.) publishes an interesting case of gunshot wound of the brain, in E. O., male, aged 48, school-teacher, who on Jan. 2nd, 1892, accidentally shot himself in the left forehead, while handling a 32-calibre revolver. The wound was sounded with a probe 2½ inches into the brain substance without feeling the bullet, about one-third of which was found near the mouth of the wound and removed some days later. A good deal of brain matter came from the wound. Consciousness

was never completely lost, and two days after the accident his mind was as active as ever, though the right side was paralysed for six weeks and he was somewhat emotional. His conversation was clear and precise, and his memory unimpared. Four months after the accident he took charge of a school and taught successfully for three months. In Sept., 1892, he again took charge of a school, but after teaching well for six weeks, became apathetic and gave up the work two weeks later. When seen on Nov. 6th, had suffered from severe pain in the head for some days, but was conscious and able to relate clearly the details of the accident. Until Nov. 24, when death occurred, his temperature ranged from 99° to 103. He retained consciousness till the day of his death. A post-mortem showed thickening of the dura about the site of the wound of entrance near which were some loose fragments of bone. From this point an abscess extended along the bullet track which could be traced by the inflammatory thickening and particles of lead to the left fissure of Rolando and from thence over the surface of the brain to the inner and posterior surface of the left occipital lobe close to the falx, where the flattened and irregular remnant of the bullet was found.

(4.) *Epidemic Catarrhal Jaundice.*—The *Maritime Medical News* refers editorially to an unusual prevalence of cases of catarrhal jaundice in Halifax during the months of October, November and December, 1893. The disease was most common in children though also met with in adults. In some instances three cases occurred in the same family. The onset was sharp with chills, pains in back and limbs, and vomiting and diarrhœa. Fever was rarely a noticeable feature. In some cases there was marked stupor for the first few days.

(5.) *Puerperal Septicæmia.*—Dr. A. H. WRIGHT (Toronto) reports a fatal case occurring in the Burnside Lying-in-Hospital, Toronto—the first since 1891. The patient, a prostitute aged 17, primipara, showed a rise of temperature 60 hours after confinement. The perineum had required stitching. She continued to nurse her child, which developed erysipelas in the right arm on the 6th day, and died on the 9th day. The mother showed cellulitis of both arms and the calf of the right leg. On incision the pus obtained showed streptococci. The uterine discharges were scanty and odourless, and the

uterus was well contracted throughout. The temperature was irregular. Death occurred on the 24th day after confinement. An autopsy by Dr. John Caven showed parenchymatous swelling of spleen, liver and kidneys, a small area of thrombophlebitis in the left broad ligament and diphtheritic endometritis over the placental site. The perineal laceration had not healed and extending from it was acute septic thrombophlebitis of the veins, in which were found great numbers of streptococci. In the child, the deep tissues of the affected arm and leg showed purulent cellulitis and contained streptococci. The viscera appeared sound. The infection of the child was attributed to infection during parturition. Two or three other children which were nursed by the patient all remained well.

(6.) *Acute Mania following Trachelorrhaphy.*—Dr. K. N. Fenwick (Kingston) reports three cases. In one case the patient had been at times insane during the previous year, in the other two there was no previous history of mental trouble. In all of the cases the symptoms of mania began to appear about a week or ten days after the operation and lasted a few weeks. The operation was done in each case for extensive laceration of the cervix. After subsidence of the mental symptoms, there was no recurrence of mania, the time elapsed since the operations being 2½ years, 2 years, and 7 months respectively

(7.) *Inherited Fragility of Bones.*—Dr. A. B. Atherton (Toronto) reports the case of F. D., a boy aged 13, who fractured (or separated) the right olecranon by falling on the floor. Within seven months he met a similar mishap four times, the olecranon being twice broken in the right arm and twice in the left. Union appeared to be rapid and complete on each occasion. The family history showed that his paternal grandfather had sustained at least three or four fractures, and his paternal grandmother frequently broke her limbs, being stated scarcely ever to have had her arm out of a sling. The patient's father had at least six fractures at different times. One paternal uncle fractured both bones of the leg by a fall on his office floor; another fractured his bones over and over again. Two sisters, older than the patient, had escaped fracture.

(8.) *Treatment of Flat-foot.*—W. H. Bremner (Toronto)

recommends for some cases the treatment followed by Whitman of New York, by which, under ether, the foot is forcibly placed in the equino-varus position and afterwards retained in this position in a plaster bandage. Subsequently a shoe is used having the inner side of the sole built up. The patient should each night and morning forcibly adduct and extend the foot, and should be taught to walk with the feet parallel.

(9.) *Treatment of Whooping Cough by Bromoform.*—Dr. J. T. DUNCAN (Toronto) recommends the use of glycerine as a solvent for bromoform. He comes to the conclusion that this remedy lessens the number and severity of the paroxysms and relieves the vomiting. In proper doses (about one minim for each year of the child's age) it appears to be a safe and harmless drug. It does not cut short the course of the disease.

Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, December 29th, 1893.

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

Drs. S. F. Wilson and G. H. Raymond were elected members of the Society.

Death Certification.—The Secretary, stated that in reply to Dr. Laberge's inquiry regarding the amendment of the city charter in the matter of death certification, the following resolution, framed by the council and adopted unanimously by the society, had been communicated to Dr. Laberge, medical health officer for Montreal:—

Resolved—1. That clause 17, title 15 of the charter of the city of Montreal be so amended that all certificates of death must be given by the attending physician, the city health officer, or the coroner's physician;

2. That all such certificates of death be registered with the city health officer, at the City Hall, within twenty-four hours of the death of the person;

3. That no body be buried or received for burial by the superintendents of cemeteries without a permit from the city health officer;

4. That such penalties be enforced as to ensure the carrying out of this law.

Specimens of diseased Uterine Appendages.—DR. MARTIN exhibited the following specimens for Drs. Alloway and Adami:

Ovarian Tumour Simulating a Parovarian Cyst.—K. D., aged 30, married, was operated on by Dr. Alloway at the Montreal General Hospital on August 16th, 1893, for the removal of a thin walled cyst, situated in the left broad ligament, and apparently monolocular. The tumour was removed, together with the left ovary and broad ligament. The appendages on the right side being found diseased, were also removed and ventrofixation performed. Recovery was good. Examination of the specimens by Dr. Adami showed that the tumour, though apparently monolocular, really contained several small accessory cysts. The left ovary was enlarged and the ovarian tissue was directly continuous with that of the main cyst, which was, therefore, evidently ovarian in origin. The right

ovary was enlarged and showed numerous dilated graafian follicles forming small cysts, all situated near the surface, and containing in most cases grumous blood-stained fluid. Both tubes were thickened, the right being dilated and containing inspissated purulent fluid. The case was of interest as showing a general tendency to cystic formation of the ovaries.

Hæmatoma of Left Fallopian Tube.—W. E., aged 34, married, had borne five children, and during the last eighteen months had aborted five times. Since the last abortion there had been a continuous bloody discharge from the vagina. The patient was extremely anæmic, and was too weak to walk. When examined, in the Montreal General Hospital, there was severe pain in the hypogastric and inguinal regions. A soft movable mass, the size of a fœtal head at the 6th month, was felt behind the uterus and to the left. The uterus was anteverted. On September 6th, 1893, the abdomen was opened in the middle line and a small elastic tumour attached to the left broad ligament found, which proved to be full of blood and clot. The left tube and ovary were ligated and removed with the tumour. Recovery was good. On examination by Dr. Adami, the tumour proved to be a hæmatoma of the fallopian tube. The external surface of the sac was roughened, inflamed and covered with organized lymph. The inner surface of the sac and contents were carefully examined for fœtal or placental structures, but with negative results. The hæmatoma was evidently of chronic growth and appeared to have developed as a consequence of chronic inflammation and ulceration of the tube.

Dr. Alloway, commenting on the cases, said: It was interesting to know that a cyst of the ovary could become so completely separated from that organ and so simulate a par-ovarian cyst. In the case of hæmatoma the tube was distended to the size of his wrist and was ruptured in removal. It so resembled a tubal pregnancy that he was surprised to find no evidence of a fœtus, but now believed the bleeding due simply to rupture of the blood vessels during tubal inflammation. There was a history of miscarriage six weeks before the operation.

Double Pyosalpynx with Intestinal Fistula.—Dr. Alloway also related a case where the appendages were removed from a woman suffering from severe vaginitis and pelvic peritonitis.

Blood and pus had passed by the bowel. Both tubes were greatly dilated, the left being fully two inches in diameter and filled with pus which escaped into the peritoneum during the operation. The pus was not fœtid and no bad results followed this accident. The right tube was thickened into a dense rigid cord, passing round the coils of intestine. Both tubes were extensively adherent to the intestine and the entire pelvic contents matted together. Between the fimbriated extremity of the right tube and the bowel was a fistulous opening of the diameter of a five cent piece, which was closed by the Lembert-Czerny method. Another opening was discovered in the bowel where the knuckle of the tube had become adherent. The uterus and omentum were utilized in closing this. The extensive hæmorrhage was arrested by pressure. The pelvis was not washed out. There was no rise of temperature for the first week, when there was a slight rise lasting for some days, and accompanied by tympanites. At the present date, nine weeks after operation, she appeared on the road of recovery. Nothing more than a local peritonitis appeared to have followed the operation, although some fæcal matter must have escaped into the peritoneal cavity. A glass, and later a rubber drainage tube was used. At first some pus, but no fæces passed through these. Starvation diet, with rectal injection to relieve tympanites were employed. Pyoctanin and peroxide of hydrogen were used as antiseptics.

Discussion.—In answer to Dr. Gordon Campbell: There was no evidence of fæces passed per vaginam. To Dr. Armstrong: The omentum was simply brought down, not sutured.

Cholecystotomy.—Dr. Armstrong exhibited a large solitary gall stone removed in September, 1893, from a woman aged 42. Ten years ago she had her first attack of severe pain, with jaundice, in Harrogate Hospital, England, when an operation was suggested but declined. Since then she had attacks of biliary colic with jaundice about every six months until the last two years, since when they occurred monthly, lasting two weeks at a time. Pain, severe in hypogastrium and right hypochondrium, requiring morphia. The gall bladder contained some pus, its walls were strong and readily sutured, and it was long enough to reach the abdominal wall. On palpation no stone could be felt in the common or cystic ducts. Recovery

uneventful, the only unfavourable point being the persistence of the sinus, although there was satisfactory evidence of sufficient bile in the stools. If the loss of bile proved injurious to health the only operation feasible would be that of establishing a communication between the gall bladder and the small intestine, as has been done in one case by McBurney.

In answer to Dr. Lafleur: She had no febrile attack while in hospital, but said herself that some of the previous attacks made her feverish.

Dr. F. W. Campbell wondered at the excessive pain in this case. Pain usually arose from small stones passing along the duct, and in his opinion comparatively small stones gave him the most pain. It was comforting to think that if serious symptoms of obstruction arose, surgeons could now afford permanent relief by operation.

Dr. Lockhart recalled an operation he had witnessed on a woman of about 50, when only two stones were found, one of which had two facets, having possibly been turned end for end. The other stone had three facets.

Dr. Jas. Bell thought the contraction of the gall bladder upon a large stone would easily account for the pain. With renal calculi very large stones often caused no pain, while intense agony was produced by very small ones. In one case a large gall stone was passed by the bowel which must have ulcerated through from the gall bladder.

Dr. Armstrong asked if Dr. Campbell's first attack was more painful than subsequent ones.

Dr. Campbell replied that such was not the case. He thought the pain, as a rule, was only produced when the stones entered the ducts.

Cases of Infection in Pneumonia.—Dr. Gordon Campbell communicated three cases of infective pneumonia in a family. (See page 652 of the Journal.)

Dr. F. W. Campbell stated that when the theory of the infective nature of pneumonia was first brought out 10 years ago he found that he and the late Dr. Howard were treating between them seven cases where the disease appeared to have been transmitted by direct infection.

Dr. Morrow had recently had a fatal case of pneumonia in an old man, who was being nursed by his sister. At his second

visit the sister was noticed to be breathing fast. She became very ill and died suddenly a few hours later.

DR. JAS. BELL had reported a case to this Society ten years ago. A hospital orderly lived in a small upper tenement on Mignonne street, with his wife and wife's brother. The latter came home one day with a very severe pneumonia. Two or three days later the orderly was stricken with pneumonia and within a few days the wife also took sick with the same disease. The two men died and the women recovered.

DR. GORDON CAMPBELL said that what specially interested him was the fact that the youngest child was in the house all the time for three weeks before taking ill, and was, therefore, not exposed to the same condition as the mother.

Danger of Hypodermic Injection of Morphia.—DR. F. W. CAMPBELL related the case of an old lady, his own patient, subject to attacks of pleurodynia, for which he was in the habit of prescribing minute doses of opium. In his absence she was seized with severe pain, and a neighbouring practitioner who was called in gave her a hypodermic of morphia. She went to sleep so profoundly that her friends were alarmed. Next day she was found to be suffering from complete paralysis of the bronchial tubes, and the phlegm went on accumulating until she died shortly afterwards. The relief of pain was not the only object to be considered when suddenly called to see a case. A hypodermic needle may be a two-edged sword, especially when used on the aged.

DR. W. F. HAMILTON asked whether the patient was suffering from the old attack of pleurodynia or from pneumonia? How much opium was used in the hypodermic injection? and what cause was assigned in the death certificate?

DR. CAMPBELL did not remember what cause was stated in the death certificate, but thought it had been certified as grippe. She was not suffering from pneumonia the day previous. He did not know the quantity of opium. The patient largely regained consciousness before she died.

Stated Meeting, January 12th, 1894.

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

Transient Swelling of the Right Arm.—DR. JAMES BELL showed the patient, a woman 22 years old, who suffered con-

stantly from a painless swelling of the right arm, extending from just above the elbow to the finger tips, accompanied by slight muscular stiffness of the forearm. There was nothing abnormal in the circulation or innervation of the part. The swelling was first noticed six months ago and diminished when the arm was kept at rest for a few days, but came on again when she began to use it. An exploratory incision on middle third of radius outer border made two months ago, revealed nothing unusual. He was unable to make a diagnosis.

Dr. Armstrong had seen the case and was unable to throw any light on its causation.

Dr. Shepherd thought the condition hysterical and due to mechanical obstruction, surreptitiously produced, to the venous circulation.

Dr. Wesley Mills thought Dr. Shepherd's explanation possible, and had noticed in talking with the patient that she was very ready to adopt and repeat symptoms suggested to her. Engorgment of the capillaries could, however, also be produced through nervous influence. In nervous persons, according to Dr. West, transient tumours sometimes suddenly appear in the region of the axillary artery. The present case might possibly be of nervous origin.

Dr. Gurd had treated the patient for some time on iron without benefit.

Dr. James Bell thought the obstruction must be mechanical, whether produced voluntarily or by something along the course of the veins.

Ruptured Tubal Pregnancy and Appendicitis—Dr. Armstrong exhibited a ruptured fallopian tube with ovary attached. Lying at the bottom of a sort of sac, at the point of rupture was a small object which appeared to be the fœtus. (See pathological report at the next meeting.) The patient, a married woman aged 34, was the mother of seven children. In August, 1893, she had what appeared to be a mild attack of appendicitis. She made a good recovery after ten days in bed and remained well till Nov. 28th, 1893, when she was suddenly seized with severe abdominal pain and slight diarrhœa, and when seen one hour later was in an extreme condition of shock. On removal to hospital her condition was so much improved that the contemplated operation was not performed,

and she was able to return home in ten days. On Jan. 5th, 1894, she was suddenly seized with intense abdominal pain, vomiting and slight diarrhœa followed by collapse, and was operated on to-day (Jan. 12th.) Ruptured tubal pregnancy was suspected in spite of the history of appendicitis in August. The abdomen was found, on opening, to be full of blood. The right tube, which was surrounded by clots and debris, was at once ligated and removed. On Dr. Bell's suggestion the appendix was removed and examined. It was enlarged and, on opening, a blood clot was found in its centre. The diagnosis was made specially obscure by the fact that the menstruation had not been disturbed, except for a pause of a week after the commencement of the October period. The flow was then resumed and went on to its normal term of 4 or 5 days. Although the pathology of ruptured tubal pregnancy has been known since 1814, it is only 11 years since Tait performed his first operation; since which time he has operated on 33, saving all but one, his first case. This fatal result Tait attributed to his neglecting to tie the bleeding tube before cleaning out the abdomen. Intra-peritoneal hæmatocele is specially dangerous as the blood does not clot, but goes on escaping unless relieved by the surgeon. Extra-peritoneal cases were much less dangerous. Dr. Armstrong thought the abdomen should be opened in every case of collapse following severe abdominal pain.

Dr. Gurd referred to a case of his where Dr. Gardner had operated. The pain was intense. The clot resembled black current jelly. The case recovered.

Dr. England mentioned a case seen with Dr. Armstrong, when the presence of blood in the abdomen had been diagnosed from the dull note in the dependant part of the abdomen. The perforation was situated near the uterus. Recovery was good.

Dr. Lafleur had seen a case at the Johns Hopkins Hospital where the presence of blood was revealed by aspiration. Upon operation, the case proved to be a ruptured tubal pregnancy complicated with chronic ulcerative appendicitis.

Dr. Gordon Campbell had seen Dr. Armstrong's case one hour and a half after the commencement of the first attack. The pain was pretty high up, a little to the right of the umbilicus. There was no dulness or tumour.

DR. WESLEY MILLS—Intra-venous injection appears to be indicated when collapse is severe.

DR. ARMSTRONG, in reply, said that in his experience dulness and tumour were only met with in extra-peritoneal cases; when the primary rupture is intra-peritoneal the blood is diffused between the coils of intestine.

Intra-Capsular Fracture of the Femur in a Paralysed Limb.—DR. JAS. BELL exhibited the specimen and related the history of a man 68 years old, who had been the subject of infantile paralysis. The fracture occurred in the paralysed limb. After eight weeks' treatment by extension with the long splint he was about to be discharged, as there was no hope of restoration of function in the originally useless limb. He contracted a pneumonia and died nine weeks after the accident. The bone did not show the slightest attempt at repair. In a normal state of nutrition considerable attempt at union would be expected after nine weeks immobilization. Absence of union in this case was doubtless due to the paralysis. Dr. Bell thought that even in very old patients sufficient union to ensure a serviceable limb is to be hoped for, and disapproved of the advice given in text books to make no attempt at treatment if very old. In one case of his a lady, aged 94, recovered sufficiently to walk about after nine or ten months.

DR. ARMSTRONG referred to a case in his practice when a lady 92 years old got sufficiently well to walk about, though no treatment at all was attempted. He asked if Dr. Bell had ever seen bony union in these cases.

DR. SHEPHERD thought that the cases which got well were those where impaction was present. It is in cases where manipulation for purposes of diagnosis is employed that the patients never get well, as the impaction is thus broken up. Manipulation should never be used in such cases.

DR. F. W. HAMILTON had been present at the autopsy on Dr. Bell's case. There was a purulent arthritis of the joint.

DR. BELL fully agreed with Dr. Shepherd's remarks. He had not seen many specimens of bony union in old persons.

DR. MCGANNON did not see how a diagnosis could be made without manipulation. He had resorted to it in the case of a woman of 58, and after treatment of a plaster of Paris bandage had secured good union.

DR. GORDON CAMPBELL referred to Treves sign of a lax condition of the fascia lata on the affected side, as being of great value in the diagnosis of intra-capsular fracture.

DR. SHEPHERD thought that a diagnosis could be made by observing the relation of the trochanter to Nélaton's or Bryant's test lines. He would rather make an error in diagnosis than run the risk of crippling the patient for life.

Copper Nugget in the Form of a Skull-Cap.—DR. JAS. GUERIN showed this specimen, found in the Calumet mines, 4,200 feet below the surface. It was stated that near it were found two other pieces of copper, one having the outline of a foot, the other that of a tibia, according to the description of a medical man. The resemblance to a skull was very striking, but if it was a skull how did it get there, and why was it converted into copper?

DR. GIRDWOOD thought the specimen merely a piece of copper ore.

Case of Belladonna Poisoning.—DR. ELDER was summoned on Dec. 23, 1893, to see a woman aged 45, who was stated to have suddenly fallen in a fainting fit while at breakfast. She was lying down. The face was suffused. There was intense throbbing of the vessels of the neck. The pupils were so dilated that scarcely any iris could be seen. Belladonna poisoning was at once suspected, especially as a liniment of equal parts of extract belladonna and glycerine was being prescribed for another member of the family. It transpired that by mistake a dessert spoonful of this had been taken. A few moments later she said that her eyes "felt as if dropping out." She soon became unconscious. Her stomach, which was nearly empty, was thoroughly evacuated with the stomach pump and washed out with four quarts of water. Afterwards half a grain of morphia was given hypodermically, which promptly contracted the pupils. The pulse was at first 160 and breathing rapid, afterwards the pulse became slower but weaker, and breathing deeper and stertorous. Hypodermics of brandy and ether were employed as stimulants. At times respiration almost stopped, but would revive upon pressing the epigastrium. At 3 p.m. at suggestion of Dr. Blackader, $\frac{1}{30}$ gr. nitrate of strychnine was given. At 6 p.m. she had recovered consciousness and was able to pass her urine. After this her recovery was rapid.

On the following day, while breathing near her husband's eyes, he declared that he suddenly became blind. His pupils were certainly dilated, possibly from absorption of the drug exhaled by the patient's lungs. One of the hypodermic punctures produced a slough.

Dr. Blackader thought the recovery due to the prompt treatment and the nature of the mixture. The presence of so much glycerine would delay absorption. There was not an exact antagonism between opium and belladonna, and the use of either as an antidote for the other should be made very cautiously for fear of an overdose, as both opium and belladonna in large doses acted as cardiac and respiratory depressants. Dr. Wood thinks that the consecutive use of several drugs having the same action is preferable to a single physiological antidote. He did not advise the use of pilocarpine in the present case, as it would not stimulate the respiratory centre. We have no drug which will exactly cover the symptoms of another drug.

Dr. DeCow mentioned a case of poisoning by cedar oil, where the symptoms were weak pulse, unconsciousness, rigidity of the muscles of the jaw, and epileptiform convulsions. The stomach was emptied and hypodermics of ether and brandy given. One case of this form of poisoning has been recorded.

Dr. F. W. Hamilton related a case of belladonna poisoning when a dose of belladonna liniment was given by a nurse. An emetic of mustard produced prompt emesis. Two hours later the only symptoms remaining were slight dilatation of the pupils and dryness of the throat.

Dr. Proudfoot referred to a case of belladonna poisoning from application of atropine to the conjunctiva. Personally he once by mistake took an overdose of a belladonna and bromide mixture while suffering from whooping cough. Blindness, giddiness and faintness came on, but passed off in three hours without treatment.

Dr. Girdwood asked Dr. Elder if there was suppression of urine.

Dr. Wesley Mills reported some mild cases of atropine poisoning which had recovered without treatment. In one chronic case polyuria was noticed. In the dog's heart atropine prevents vagus inhibition and pilocarpine restores that func-

tion. Further experiments upon the antagonism of the two drugs were needed.

DR. GORDON CAMPBELL had seen a case of poisoning in a child from application of atropine to the conjunctiva.

DR. ELDER, in reply—The quantity of urine was not measured. There was no suppression. The symptoms may have been modified by the morphine given. There was no rash on the skin and no delusions. Until the physiological action of atropine was experimentally worked out, the treatment of such cases must remain experimental.

Stated Meeting, January 26th, 1894.

DR. JAMES BELL, PRESIDENT, IN THE CHAIR.

Suture of Tendons of the Hand.—DR. BELL exhibited a man on whom he had operated four weeks previously. The patient had fallen through a plate glass window and cut the tissues of the palm and wrist severely, the superficial and deep flexor tendons as well as the ulnar vessels and nerves being severed. Owing to an interruption, the divided ulnar nerve was overlooked at the time. The wound was therefore re-opened next day and the nerve sutured, perfect sensation in the fifth and inner side of the ring finger being obtained. Sufficient movement was now present in the hand to show that the action of the tendons was fully established. In repairing the injury, the superficial and deep tendons had been sutured separately, but Dr. Bell believed the result would have been just as good had the cut ends simply been united *en masse*.

Factitious Urticaria.—DR. GORDON CAMPBELL showed a man in whom he had detected this condition accidentally while examining the chest. The slightest scatch brought out distinctly raised reddish wheals within less than five minutes. This was demonstrated before the Society. The condition was most marked in the skin of the back, but was also present over the chest, abdomen and limbs. Dr. Campbell stated that the rareness of this condition was probably largely owing to the fact that, as in the present case, the patients were not inconvenienced by it, and therefore not aware that they suffered from it, and it was only discovered by accident.

DR. FOLEY considered the disease one of the commonest skin affections.

DR. ORR asked if the patient had shown evidences of being subject to the ordinary mettle rush.

DR. CAMPBELL replied that the man was not aware that he ever had any skin disease at all.

Induction Coil for Utilizing the Ordinary Electric Light Current for the Thermo-Cautery.—DR. LAPTHORN SMITH exhibited an apparatus invented by Mr. Shaw and manufactured by the Montreal Electric Company. The instrument can be connected with the socket of any incandescent lamp by simply screwing in a plug. The current can be regulated with ease and arranged so as to heat the platinum knives or loops to any degree required. There was no possibility of dangerous electric shock being given. The apparatus was very cheap, costing only $20.00, the current costing 1½ cents per hour. The apparatus had been employed with satisfactory results for the last two years by several Montreal physicians, but not being aware of this Dr. Smith had nearly invested in a much more expensive apparatus made in New York, and so wished to save other members incurring a useless expense.

DR. SHEPHERD read a paper upon "The Curative Effects of Exploratory Laparotomy," which is published at page 641.

Discussion.—DR. SMITH thought the curative effects were due to the improved nutrition resulting from stimulation of the peritoneum at the time of the operation.

DR. WM. GARDNER had seen excellent results follow exploratory laparotomy in two cases of tuberculous peritonitis. These were already reported to the Society. In a case of grape tuberculosis of the peritoneum he recently reported, the patient was in no wise benefited, but this case had advanced pulmonary tuberculosis as well, which would alter the prognosis. He doubted whether malignant disease of the abdomen was benefited by this operation, and had never himself seen any improvement in such cases.

DR. JOHNSTON asked if the patient had been informed of the negative result of the operation.

DR. SPRINGLE suggested that the improvement in Dr. Shepherd's case might be due to the application of the cautery to the liver. He wished to know what time had elapsed in Dr. Shepherd's cases as in a recent case of reported cure of malignant disease by laparotomy there was a subsequent relapse.

Dr. Wesley Mills said that he had a theory explaining the beneficial results in these cases which he hoped to bring before the notice of the Society at some future time.

Dr. Jas. Bell stated that he was sceptical with regard to the curative effects of laparotomy. In cases reported as having got well the diagnosis was usually obscure, and this was true of Dr. Shepherd's case. He wished to ask Dr. Shepherd if he had ever known of a case, in his own experience or that of others, where a tumour of undoubted malignancy had disappeared as a result of exploratory laparotomy. In malignant disease the symptoms were sometimes temporarily arrested after a laparotomy. Tuberculous peritonitis was a self-limiting disease.

Dr. Shepherd, in reply, said that the patient was informed of the fact that nothing radical had been done at the operation. The cauterization had been so slight that it was impossible to believe it had any influence at all. He had not intended, in his paper, to introduce the question of the curative effects of laparotomy in tuberculosis. He had seen cases which improved after laparotomy, but thought they would have got well in any case. The operations had been done because the disease was believed to be something else. He thought Dr. Bell had misunderstood his statement as to the relations between exploratory incisions and malignant disease of the peritoneum. He did not assert at all that malignant disease had been cured in this way. On the contrary, he had said that Mr. Tait's case would be much stronger if a microscopic examination had been made. Still, those deficiencies in the evidence do not explain away the fact that something does take place. Tumours have disappeared—not malignant ones, perhaps,—and processes which had previously invalided a patient have been arrested. In his own case a piece of the tumour was not taken for examination simply because its great vascularity rendered severe bleeding likely. Of the other cases referred to, in a good many the improvement had persisted for several years; in others a few months only had now elapsed. It was hard to say if the arrest of malignant disease after operation was due to the operation. He would like to hear the new theory which Dr. Mills had referred to, even if only a partial statement could be given.

Dr. Wesley Mills considered it unsatisfactory to bring forward new views without having at hand sufficient evidence to support them. He might say, however, that he would explain the matter by *reflex*. He thought we explained too little, rather than too much, by this agency. For his part he believed life itself to be a reflex phenomenon. In the question under discussion the reflex acted on the blood vessels, the cells, and in fact on the whole metabolism. He disagreed with the agnostic standpoint taken by Dr. Bell.

Hæmorrhagic Typhoid.—Dr. Adami brought forward the results of an autopsy, presenting a peculiarly rare condition, performed upon a patient æt. 19, who had been admitted to the General Hospital in November with empyema, under Dr. Molson, had been transferred to the surgical wards under Dr. Bell, and there had been operated upon, a silver drainage tube being inserted. The empyematous condition under daily drainage improved greatly, but the patient continued weak, with indications of pneumonic disturbance of the left lower lobe. A week before death symptoms of peritonitis supervened, with eventual diarrhœa, incontinence of fæces and great distension of abdomen. The patient died eight weeks after admission. The continued emaciation aroused suspicions of tuberculosis, while the septic nature of the temperature chart, seemed to render it not impossible that the empyema of the lower half of the right pleural cavity had led to a sub-diaphragmatic abscess with subsequent extension and peritonitis.

At the autopsy neither of these conditions was found present; the empyema had healed with firm fibrous adhesion of the lowest lobe to the chest wall. But there were typical evidences of typhoid. The last twelve inches of the ileum contained five ulcers, three of which had undergone perforation, although two of the three perforations were covered externally by thick inflammatory lymph. The typhoid was complicated with hæmorrhages. Petechial and ecchymotic hæmorrhages were found most widely distibuted:—Subcutaneous, (mostly on chest, neck, and upper extremities); along the course of the alimentary canal; gums, tongue, tonsils, œsophagus, stomach, small intestines and large intestines, being particularly numerous in the

jejunum and ileum, and these both submucous and subserous; in the heart, (both subendocardial and subpericardial); in the substance and on the surface of the liver and kidneys; in the right suprarenal (sub-capsular); in the retroperitoneal lymph glands; in the bladder, (both submucous and subserous,) and again in the consolidated lowest lobe of the right lung. There had been a more profuse hæmorrhage into the pelvis of the right kidney. Cultures from the organs gave a preponderance of the coli bacillus.

Dr. Bell said that on Jan. 10th, there was great pain and distension of the abdomen, followed by collapse and subnormal temperature. Perforative peritonitis was diagnosed, but it was thought to be possibly due to the burrowing of pus from the empyema into the abdomen.

Ruptured Tubal Pregnancy—Report on the Ovum—Dr. Adami reported the result of the examination of the specimen, 5.5 mm. long, attached to the wall of the ruptured Fallopian tube exhibited by Dr. Armstrong at the last meeting. It showed very great evidences of degeneration, and all that could be said was that it more closely resembled an embryonic structure than any other object. There were no signs of fœtal membranes surrounding it. Serial sections had been made and showed that the object was bilaterally symmetrical and nourished by a vascular pedicle attached to the wall of the sac. There were no structures which could be distinctly recognized as fœtal organs, although the cell structure as a whole was of distinctly embryonic type. In a normal embryo of this size numerous organs would be recognizable. It was possible that degenerative changes and invasion by leucocytes accounted for the discrepancy. The object was certainly not a tumour or parasite. The inner surface of the sac in the neighbourhood showed papillæ, though no typical chorionic villi were met with.

Dr. Mills referred to some experiments in artificially changing the environment of ova. These had led to astonishing anomalies in the ova. He thought the object in the present case to be an ovum.

Dr. Smith considered that the specimen was an ovum.

Dr. Armstrong remarked that the history of the case was that of a ruptured tubal pregnancy.

Leuchæmia.—DRS. FINLEY and ADAMI reported this case. (See page 647.)

DR. LOCKHART had seen the case three days prior to admission; she was lying near a pool of blood which looked normal in appearance. Ice to the epigastrium and perfect quiet were ordered. Later on repeated saline enemata were given with a wonderful improvement each time in the pulse, lasting for half to three quarters of an hour. During the afternoon she had three more hæmorrhages aggregating nearly a quart.

DR. LAFLEUR said the number of leucocytes varied greatly at different periods in the history of leuchæmic cases. He asked what were the conditions of the lymphatic glands throughout the body, and of the bone marrow.

DR. ADAMI said that the spleen measured 20x8x3½ cm. There was nothing noticeably wrong with the lymphatic glands. The bone marrow showed nothing abnormal. The difficulty in adopting the theory of leuchæmia was that she must in that case have had the disease since infancy.

Atresia of Vagina, Hæmatometra, Hysterectomy.—DR. WM. GARDNER exhibited the specimen, taken from a girl of sixteen, with a history of violent pain and vomiting occurring periodically at intervals of about three weeks. A firm tumour could be felt in the hypogastrium. No vaginal canal was present, though the labia were normal. As no evidences of a vagina could be obtained by rectal examination, abdominal hysterectomy was done by the method of tying off the broad ligaments. The uterus was found to be greatly hypertrophied and was full of blood, the right tube was normal, and the left distended with blood. The depth of the uterus was from 8 to 10 inches. The blood measured over 1½ pints and had the ordinary characters of retained menstrual fluid. Such extreme conditions were, he believed, extremely rare. The operation was a success.

Aortic Aneurysm.—DR. E. P. WILLIAMS showed this specimen which had been sent by Dr. H. P. Shaw, of Perth, Ont. (See page 657.)

Stated Meeting, February 9th, 1894.

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

Dr. Robert Wilson was elected a member of the Society.

Purulent Pericarditis with Necrosis of the Sternum.—DR. C. F. MARTIN showed the specimens obtained at an autopsy upon a male infant 17 days old who had died of purulent pericarditis. The labour was premature at 8 months, and the child sickly at birth. There was a sinus in the præcordial region, close to the sternum, leading directly to the pericardial sac, which contained some purulent fluid and flakes of lymph. There was necrosis of the sternum, which appeared to be the origin of the trouble, as the process there appeared of earlier date than that in the pericardium. There was no evidence of syphilis or tubercle and no signs of infection through the umbilical cord. The external portion of the cord had not been detached, but was represented by a small shrivelled body 2.5 cm. long.

DR. EVANS related the history of the case. The parents were both healthy and the labour had been easy. The child was small and sickly at birth, weighing only 3 lbs. 15 oz. On the 5th day it was noticed to be nursing badly; on the 8th a small pimple, from which pus could be squeezed, was noticed over the sternum. On the 13th day an abscess was opened in this region. Subsequently a probe passed into the deeper part of this abscess, entered a sinus leading into the pericardium, and the heart beats could be registered by the movements of the probe.

DR. BELL asked if the incision made in opening the abscess had been continued down to the pericardium.

DR. EVANS replied that such was not the case, the communication with the pericardium had been discovered a day or two later.

Epilepsy—Abscess and Cyst of Brain—Trephining and Exploratory Puncture.—DRS. BELL and ADAMI exhibited the specimens obtained at the autopsy in this case and gave the clinical history. The case will be published in an early number of the journal.

Discussion.—DR. JAS. STEWART had seen the case once in consultation. He thought the results of the post-mortem did not lessen the probability that the symptoms were due to

irritation of the motor area, and thought that the cyst was the cause. After the operation he had thought the diagnosis was wrong, but the autopsy showed that it was right after all. It was not necessary for the lesion to be actually situated within the motor area in order to irritate it. He thought that there must still be some lesion not yet discovered (possibly of the internal capsule) as the cyst would not account for the paralysis. He though the case could not fully be discussed at present as the report was not complete. The electrical reactions were normal.

DR. MILLS thought we were too rigid in our interpretation of what we mean by the motor area, and that it really is a sensori-motor area. The time has come to look for a wider definition which will include such anomalous cases as the present.

DR. WILKINS said that the ganglion cells of the cord were probably involved as shown by the wasting of the muscles.

DR. ADAMI said that it had not been possible to examine the cord. The examination of the brain was not finished as the specimen was not fully hardened.

(The discussion was postponed.)

Calcified Plates from the Pleura in Empyema.—DR. ADAMI exhibited some calcareous plates removed from the pleura after resection of the 5th and 6th ribs. These looked like exfoliations of bone, but proved on examination to be merely deposits of calcareous salts in the thickened pleura following empyema.

DR. BELL—The patient was a man aged 48, who gave a history of a pimple having burst 8 months ago on the 5th intercostal space anteriorly. Since then pus had flowed from the wound. On resecting the ribs there was no appearance of exfoliation, but the empyemal sac, which had a capacity of about one pint, was lined with these bony looking plates. Though the history only dated 8 months back it was possible that the disease had existed unperceived for some months or years. The patient was a tuberculous subject.

Cancer of the Body of the Uterus.—DR. WM. GARDNER showed the specimen from an unmarried woman aged 55. There was a history of pain and bleeding coming on some time after the menopause, and which had lasted 6½ years. He had seen the

patient 2½ years ago, and found the uterus enlarged. The cervix was normal. Upon curetting, some friable material was obtained which proved to be cancer on microscopic examination. Operation was advised, but refused. The patient afterwards went to Europe and acted as courier to a party of tourists. Ten months ago she was examined and some material which was shown to be cancer microscopically, again removed from the uterus. Consent to operation was again refused, but owing to the severity of the pain and hæmorrhage was afterwards consented to. The operation was through the abdomen as the vagina was narrow and atrophic. There were no adhesions. Near the fundus were two small pedunculated sub-mucous myomata, one of which was partly calcified. Recovery was uneventful.

DR. SMITH thought that in any woman in whom uterine hæmorrhages recommenced a year or more after cessation of the menses the case should be considered as cancer until the contrary was proved.

Albuminuria of Pregnancy.—DR. SMITH showed some specimens of urine showing the rapid disappearance of a large amount of albumen in the urine after delivery. The patient had nearly lost her life a year ago from puerperal eclampsia. Subsequently, on becoming pregnant, her urine was examined weekly, and as it suddenly became to be highly albuminous in the fifth month, in consequence of a slight chill followed by convulsions, labour was at once induced, and the urine became nearly free from albumen in a few days. These cases should never be allowed to go on to full term.

DR. SPIER read a paper upon scarlatina, based upon his observations of 100 cases of this disease. To appear in the April number of the JOURNAL.

Discussion.—DR. E. P. LACHAPELLE referred to the severe epidemic of scarlatina now going on in Montreal since October last. The reported weekly mortality was at present 20 to 30, but the real mortality was much larger, as a large number of cases were improperly certified. An inspection made by the Provincial Board of Health showed that the medical profession was mainly responsible for this unfortunate state of affairs, as it was impossible for the health authorities to do anything unless they knew of the cases. In Montreal two-

thirds of the physicians never report cases of infectious disease at all. Whether this was because they do not think of it, or do not care, or object to do it, the result is very bad. No one has any doubt to-day as to the contagiousness of scarlatina or the duty of medical men to report cases, if the heads of families, who are also responsible, neglect to do it. If only a few men report they suffer in consequence. If the profession are lax in regard to one contagious disease, they will be so in regard to others. The public is at the mercy of the physician. He hoped the Society would pass resolutions insisting upon the necessity of all cases being reported.

Dr. Lafleur said that he always reported such cases as soon as a diagnosis was made, but that many days often elapsed before the house was placarded.

Dr. Allen mentioned a case where he had attended a patient in a boarding house. Upon the statement of a member of the household, the board of health disinfected the house and removed the placard, although the patient went on desquamating for two weeks subsequently.

Dr. Johnston thought there were too few physicians in the staff of the City Health office. Most of the disinfection and visiting appeared to be left wholly to sanitary policemen without any supervision, hence mistakes were often made. Work of this kind should be carried out under medical direction.

Dr. Kenneth Cameron stated that his experience in this epidemic had changed his previous opinion that scarlatina is a mild disease. His first case was one of the hæmorrhagic form, and was fatal in 6 hours. He thought the infection was largely spread by mild cases which were not diagnosed. He had seen several instances in school children in whom the occurrence of dropsy had first drawn attention to the real nature of the case.

Dr. Buller estimated from the statement made by Dr. Lachapelle, that there must be 500 cases occurring weekly. This probably would give one or more cases in every street in the city. He would advocate stopping the whole public school system, and so calling public attention to the necessity of providing some proper means of quarantining cases. The supineness of the local health board could only be overcome by taking strong measures such as would arouse public indignation.

Dr. McConnell stated that the local health board was not blameless, as for scarlatina patients there was no other provision for conveying them to hospital than the public cabs. Children were allowed to return to school within two or three weeks from the commencement of an attack. The health officer should see to it that such does not occur within at least six weeks. He had little faith in the utility of sulphur fumigation when clothing and bedding were not disinfected by heat. Much can be done to prevent the spread of the disease through a building by the floating particles of cuticle, if antiseptic ointments were used during the period of desquamation. Creolin, carbolic acid, salicylic acid and resorcin may be used, the latter has the additional action of promoting a more rapid peeling, so that this process may be completed one or two weeks earlier than the ordinary period.

Dr. Smith agreed with Dr. McConnell's statements. He made a practice of using carbolized vaseline and giving a hot bath every 24 hours, and tried to promote sweating. He gave copious drinks of water to flush out the kidneys.

Dr. Mills said that whatever were the shortcomings of the local health board we should not take shelter behind them. There had been a serious delinquency on the part of the profession, and we might as well admit it. He would recommend that a deputation of the Society wait upon the City Council and urge the adoption of suitable measures for restraining the epidemic. Most of the cases in school children could be watched through the co-operation of the family physician. To close the schools would produce a panicy condition prejudicial to the community.

Dr. Armstrong—The reason why cases are not reported is that two families out of three object to having it done, and point out that their neighbours' cases are not reported. Placarding is of no use, as intelligent people will warn others of the danger, and ignorant people will pay no heed to it. Nothing was accomplished by the antiquated methods of disinfection which constitute the only resource of the local health board; they make a little stink and do nothing more. Disinfecting was properly done only when the family physician went to the trouble, personally, of explaining how it should be carried out and superintended it himself.

Dr. Lachapelle could not agree with Dr. Armstrong. Two wrongs do not make a right. Whatever might be the faults of the local board, the profession was much to blame. If we, as a profession, had done our duty we would have more right to complain. He approved of placarding, as it was likely that servants would not do their duty in warning people, whereas a placard warned every one of the danger. He did not think the situation was severe enough to warrant such a step as closing the schools, and the well children would run just as much risk at home. The Society might depend upon the Provincial Board of Health doing their duty, however unpleasant it might be.

Dr. Gordon Campbell said that some weeks ago, in a house fumigated by the city health officials, the clothing had not even been stripped off the infected bed. Some weeks later another case developed in this house. In St. Cunegonde absolutely nothing was done when cases were reported.

Dr. Bell, in summing up the discussion, said that if we first took the mote from our own eye we would be better prepared to remove the beam from that of the local health board. While sympathizing with what Dr. Armstrong had said, still even when put in a false position, the members of the profession should be guided by their strong sense of duty, and do all in their power to check the spread of the disease. The present was a good time for the Society to express itself strongly to the incoming municipal council. It was simply disgraceful that Montreal had no place for quarantining scarlet fever, and through the absence of such a place we were now losing 50 lives weekly, not to speak of those who were afflicted with life-long consequences in the shape of affections of the ears, or kidneys. He would suggest that the matter be referred to the council, with power to add to their number and instructions to act.

Upon motion of Dr. Mills, it was unanimously resolved that the council should associate themselves with Dr. Lachapelle, and should take whatever action appeared necessary.

Selections.

Fracture of the Upper Extremity of the Humerus Complicated with Dislocation.—In dealing with this subject in the *Fort Wayne Journal of the Medical Science*, Dr. C. B. Steneen says that the ordinary procedure of putting up the fracture in a temporary dressing and then reducing the dislocation, is frequently a failure, and besides grave injury may be done by the fractured ends of the bone to the soft parts. He instances a case of rupture of the brachial artery in an attempt to reduce an old dislocation. His method is to cut down on the fracture, grasp the bone with a lion-jawed forceps, which gives leverage sufficient to make the necessary manipulation to reduce the dislocation. The technique of the operation as he gives it is:

Take all the necessary antiseptic precautions, cut down to the point of fracture, making a free incision, cutting away the muscles so as to afford ample room for the easy application of the forceps; then grasping a firm hold, make the usual manipulation with extension and counter-extension with pressure. After the reduction, dress the wound in the ordinary way, and apply to the fracture a permanent dressing.

Unconscious Delivery.—The following case is reported by Dr. Gabriel Gorin in "The Annals of the Medico-Chirurgical Society of Liège." It occurred in a woman pregnant for the third time and about full term. The pains had been intermittent in character and had continued for three days, but very little advance had been made. The waters had not come away and the cervix was only dilated to about the size of a silver dollar. Examination showed a vertex presentation in the first position. The woman feeling a desire to defecate was allowed to rise and sit on the vessel, the membranes having been found intact just previously, and the head still slightly movable at the superior strait. The vessel was about 16 inches high and half filled with water. Scarcely had the woman seated herself thereon when she was seized with a severe colic and something was heard falling into the water. The doctor and nurse endeavored to raise the patient but she

refused, pretending that she still had the desire to evacuate the bowels. Nothing, however, coming, at the end of about a minute she was forced to rise, and to the astonishment of all an infant was seen, apparently dead, the head being submerged in the water. The cord was not torn and the placenta not expelled, but while carrying the mother to the bed a strong pain came on and the secundines were delivered. The infant was restored by artificial respiration. It was a boy, well formed, and fully 8 months. There was no sign of fracture of the skull, but the infant bled copiously from the nose during the afternoon and died the same evening.

The author recalls a somewhat similar case, to which he had been called by a confrère who saw him passing the window. The patient had borne four or five children and never had any difficulty, but this labour proved tedious, the pains being weak and infrequent. Half an hour previous to his arrival she had one short sharp pain which caused her to cry out, but nothing more. On proceeding to make an examination he found the head of the child protruding between the thighs of the mother, who had suffered some slight inconvenience since the last pain, but had no suspicion that the child's head had been born. The body was speedily extracted and the child resuscitated.

Such cases have an important medico-legal bearing as showing that a woman may be delivered unconsciously. In both these cases there was no reason or desire for any concealment, nor to cause any injury to the child, but the reverse. Had there been any such reason or had there been no witnesses, it might have proved very serious for the mothers.

The Hypodermic Injection of Sulphate of Magnesium as a Purgative.—In 1873, M. Luton, made the statement,* that ten centigrammes of Sulphate of Magnesium injected under the skin, regularly produced purgation. Claude Bernard had previously stated that when injected into the vein Epsom Salts produced a purgative effect.

These statements appear to attract but very little attention

* Trousseau and Pidoux, Therapeutics, Vol. 2, page 165. Wm. Wood & Co, 1880.

on the part of clinicians and slight notice is given to them in works on Therapeutics. However, Dr. C. Wood (Therapeutics; 8th edition, 1891 : page 722) makes a slight reference to the former, although considering the practice a very doubtful one.

Dr. Matthew Hay, who has contributed so much to our knowledge of the physiological action of the saline purgatives, asserts that the Sulphate of Magnesium and Sodium do not purge when injected into the blood, or subcutaneously. In the latter case, he makes an exception in cases where in virtue of the injection a local irritation of the abdominal subcutaneous tissue is produced, " which acts reflexly on the intestines, dilating their blood vessels, and perhaps stimulating their muscular movement." Dr. Hay also states that when injected into the blood, Sulphate of Magnesium is powerfully toxic to the system, " paralyzing first the respiration and afterwards the heart and abolishing sensation, or paralyzing the sensory motor reflex centres."

The dose that M. Luton used, and found to act as an effective purgative was ten centigrammes, equivalent to 1.54 grains. Acting upon a suggestion of Dr. Rohé, the superintendent, to subject the question to a further clinical observation, forty-six patients were selected, who suffered from habitual constipation and required from 2 ozs. to 3 ozs., of a saturated solution of Magnesium Sulphate to produce one or more free movements of the bowels.

A two per cent. solution of Empson salts in sterilized water was used. The hypodermic syringe employed had a capacity of two drachms, and when not in use, was kept in carbolized oil. Just previous to use, the needle was sterilized by steam. The dose varied from 1.86 grains to 4.5 grains. The smallest dose was first tried, and at each subsequent injection was increased one-half grain, in order to determine whether a slight increase in the dose would cause a free evacuation. It was found that the small dose acted as efficiently as the slightly larger.

In only one case was the largest dose (4.5 grs.) employed. This was a woman in whom 2 ozs. of a saturated solution of

Magnesium Sulphate had previously failed to produce a movement. The subcutaneous injection caused a free evacuation in seven hours.

The site of the injection was the left arm, at the outer aspect midway between the elbow and the shoulder. In none of the cases was there any local reaction at the point of injection. A small swelling or slight tenderness was produced by the distension of the connective tissue which disappeared in a few hours. No induration or abscesses occurred, and the slight discoloration of the skin passed off in a day or two.

The injection was made 100 times in the 46 patients, and was successful 67 times or 67 per cent. and failed to act 33 times or in 33 per cent.

In 53 injections it produced one evacuation of the bowels; in ten, it produced two movements, and in four it produced three evacuations.

In only two patients were the injections a constant failure and both of the patients were of the class of melancholia with habitual constipation, who resisted nearly all purgatives.

In nine cases, the injection of 1.15 grs.—one-half the average dose—was repeated in one hour and caused two evacuations in five cases; in one, three movements; in two, one; in one, failed to act at all. This action shows that a small dose repeated in a short time has a better effect than one single dose of larger size.

In ten selected cases a comparison was made between the hypodermic injection of Magnesium Sulphate and the exhibition of a saturated solution by the mouth. In seven cases, or 70 per cent., the injection produced free evacuation; whereas one oz. given by the mouth acted in only three or 30 per cent.

The shortest time for the injection to produce an evacuation was three hours; the longest fourteen hours—the average being seven hours.

As to the consistency of the stools—4.5 may be said to have have been watery, resembling those produced by a free saline purgative; in 11 they were mucilaginous in character, and the remaining 11 were the ordinary stools.

No action was noticed upon the general system following the injection.

In 50 injections noticed ½ hour after the injection, no rise in temperature, pulse or respiration occurred.

The indications for the use of the drug by hypodermic injection are obvious. In cases of gastric inflammation, where a purgative is required and the stomach rebels; in abdominal surgery, where a purgative by the mouth is apt to cause vomiting and in cases where the patient is unconscious, and unable to swallow, as in apoplexy, the hypodermic use of this purgative would be valuable.

In none of the 46 cases did such indications arise, but the work was done as an experiment and to demonstrate the value of the drug as a therapeutic agent when given subcutaneously. No explanation is offered as to its physiological action. That it does act when so given is a fact.

The effect could not be attributed to suggestion, as the patients did not know with what object the injections were made; besides, insane patients are notoriously difficult to influence by suggestion.

As stated before, the injections were always made into the arm, so that the aid of reflex irritation, in the sense of Matthew Hay, cannot be invoked in explanation.—*Percy Wade, M.D., in The Med. and Surg. Reporter, Jan.* 27, '94.

Dr. J. S. Billings on the Effects of his Occupation upon the Physician.—The word "profession," as applied to medicine, refers to the existence of a body of men who profess, or publicly claim, that they have special knowledge, the result of which, in the shape of advice, and, in some cases, of manual skill, they offer to the public. It is understood that the relations which a professional man holds to his clients, to his professional brethren, and to the public at large, are somewhat different from those which exist among laborers, mechanics, and tradesmen. Some of the requirements based upon these relations—such as the really having the special knowledge and skill claimed, and the obligation of secrecy as regards the affairs of his clients—are truly

ethical; others are merely matters of custom and manners, and pertain to etiquette rather than to ethics.

For example, it is a fundamental principle of professional etiquette that it is improper to ask the public or individuals to give one employment, except in so far as such a request is implied in a simple notice, giving name, profession, and office hours. As I have said elsewhere :—

"The ordinary forms of business competition, by advertising the qualities of one's wares, or cheap prices, or by calling attention to superior results obtained, are not permitted to the professional man, so far as the public is concerned. He not only may, but should, publish accounts of his work when this involves anything new and useful to his profession, because this is for their benefit; but such publication should be made in a professional journal, and not in the daily press, because in the latter it would be practically an advertisement."

There is nothing essentially immoral or unethical in advertising, so long as the truth is adhered to; but when a physician subscribes to, and agrees to abide by, the regulations of a certain code which among other things, forbids such advertising, it then becomes unethical to break such agreement. This is the reason why codes are framed; in order to exercise a certain amount of compulsion upon those who subscribe to them. Obedience to such a code becomes a habit, and produces a disposition to consider all the prescriptions of the code as being in themselves ethical, or resting on ethical grounds; and that any man who acts otherwise is acting wrongly and unethically, although he has never subscribed to the code and is not bound by it. Many physicians gradually come to consider their code of medical etiquette as a sort of formula of religious faith, and are almost as much shocked at propositions to change or to abandon any part of it as they would be at a suggestion to change the Ten Commandments, and perhaps it is well, upon the whole, that this should be the case.

The occupation of a physician in general practice influences his habits in several ways. I will specify but a few. First, it tends to make him cautious in the use of intoxicating drinks.

Not only are the evil effects of excessive use of alcoholic fluids brought to his notice almost daily, but he knows that it is never safe for him to drink enough to cloud his judgment or to affect his speech or gait. He never knows but that he may be called the next moment to see an important case, and he does know that even a suspicion that he is under the influence of alcohol when thus called upon will seriously injure his business. In the second place, his work cultivates the habit of self-sacrifice. However much he may try to adjust his daily round to suit his own convenience, he must continually obey calls which seriously interfere not only with his pleasures and social enjoyments, but his comfort, and sometimes with his health. He must turn out from his comfortable bed on cold and rainy nights ; he must miss his meals ; he must give up the little excursion he had planned ; he cannot plead a headache, or a cold, or weariness, as a sufficient excuse for declining to obey a call from one of his patients.

This self-sacrifice becomes habitual ; he does not question, and doubt, and hesitate as to whether he might or might not properly refuse, but under ordinary circumstances simply obeys—and it does not even occur to him that there is anything specially praiseworthy in his doing so.

It is a common idea that the practice of medicine tends to blunt the feelings—to make one less sympathetic with suffering, and also to induce a comparatively low view of human nature—owing to the many weaknesses, immoralities, and even crimes with which the physician necessarily becomes acquainted. It is true that the physician knows of many private skeletons carefully closeted, the existence of which the world does not suspect, and in this respect he is like a priest ; but he also becomes acquainted with much self-sacrifice, devotion to duty, and love which is stronger than death, which are equally unknown to the public, and upon the whole I do not think that his work tends to the atrophy of his emotional faculties, although it may sometimes lead to their exercise in somewhat special directions. He sees many cases in which what most people call vicious and even criminal manifestations appear to him to be largely due to

physical abnormity or disease, cases of periodic drunkenness, of reckless licentiousness, of weakness of will-power, of morbid conscientiousness, and the like, for the evil tendencies and results of which he can hardly hold the persons mentally and morally responsible. It becomes natural to him to consider such manifestations with less aversion, and to be less severe in his condemnation of the individuals in whom they appear, than most people are inclined to do; in other words, he becomes more charitable in his interpretation of motives.

The physician is called upon sometimes to decide very difficult problems in the matter of giving truthful answers to the questions which are asked of him. In a certain number of cases the great majority of, if not all, physicians will decide that it is their duty to give a false answer, or at all events to give a false impression—either for the purpose of avoiding the immediate danger to the life of the patient which a true statement to him might produce, or for the purpose of preserving secret certain information of which he has come into possession in the course of his professional work. I do not think that this tends to lower his standard of accuracy and truthfulness in other matters; but it does tend to make him more independent of the literal verbalism of a creed, and more ready to rely on his own judgment in certain ethical matters. On the other hand, much of the work of a physician tends to make him critically accurate in the observing and noting of phenomena, and in the application of remedies. The use of apparatus for counting, weighing, and measuring, which will give results independent of the personal equation of the user, is one of the characteristics of modern medicine. The doctor does not ask whether the patient has fever, but "what is his temperature?"

This habit of precision and accuracy is increased by the necessity for punctuality in the daily work of a busy physician. His appointments with his patients and with the physicians whom he is to meet in consultation must be kept if he is to succeed, and his time must be portioned by minutes.

The fact that physicians serve the poor without pay exercises a very considerable influence upon the development of their

moral character. Undoubtedly much of this service in the earlier part of a physician's life is given for the sake of the experience which he thus obtains, but it is also true that the doing of this makes it a habit, and, as Dr. Weir Mitchell says:—

"The virtues which grow to be thoughtlessly habitual are none the less virtues. We tell the truth, are honest, are just, or punctual because the qualities in question have grown to be a part of us. At last they exact no effort, involve no indecision, and above all, no self-praise."

The study and practice of medicine do not necessarily make a man virtuous, or honest, or a gentleman; in a few cases, as shown by the records of the courts, the special knowledge and opportunities of the physician may have led men to commit crimes which they would not have attempted if they had not been medical men—but, fortunately, such cases are very rare.

In the great majority of cases the special influence of the medical life of the present day is to broaden the views of the man who lives it, to make him independent in judgment; rather skeptical as to the occurrence of the millennium in the near future; quite incredulous as to the truth of the maxim that "all men are born free and equal;" more inclined to consider and perform the immediate evident duty of the day and hour which lies just before him than to reflections upon the errors of other men; free from morbid fear of death, and of that which comes after death; and none the less a believer in the existence of a Supreme Being and in the fundamental principles of religion, although he may not consider them capable of scientific demonstration.—JOHN S. BILLINGS, in the *International Journal of Ethics.*

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REPORT OF THE PROVINCIAL BOARD OF HEALTH UPON THE PRESENT SCARLATINA EPIDEMIC.

The very full and careful report, prepared by Dr. Beaudry, Inspector of the Provincial Board of Health, and transmitted by the Board to the City Council, contains much that offers food for reflection.

According to the report the epidemic began in October last with 75 cases. In November there were 148 cases, in December 210, and in January 315. There were 19 deaths in October, 32 in November, 71 in December and 88 in January, making a total of 748 cases and 210 deaths, or a mortality of 28 per cent.

These figures refer to the reported cases, and do not, it is stated, represent the real number, which was probably twice as great, as more than one-half of the physicians practising in Montreal do not comply with the regulations calling upon them to report all cases of infectious disease to the Health Office and many deaths really due to scarlatina are certified as being due to other causes. In two schools visited by Dr. Beaudry, fifteen pupils were absent, and inquiry at their homes showed that five of them were ill with scarlatina, none of the cases having been reported. The excuse given by physicians for not reporting cases, is that the families do not like it, and in case it is done, are likely to employ other physicians. The heads of families are nominally responsible, under pain of a fine, for reporting cases, but we are told that they neither do this nor

suffer any penalty in consequence. The report states that even when cases are not spontaneously reported, the Board of Health could do much by systematic visits at weekly intervals to schools, asylums and other institutions. Placarding of infected houses is not always done on the day when they are reported, and the placards are placed inside the porches where they are not conspicuous.

Isolation is neither directed, nor superintended, nor controlled by the municipal health authorities, and in most cases there is no isolation at all. Disinfection is done, as a rule, too soon, before the period of infection is over. What is particularly needed is a special hospital for the treatment of contagious diseases. People would, no doubt, desire at first to keep their children at home, but their prejudice would be overcome upon hearing that the household regained its liberty and freedom from care when the case was removed, while the patient would receive better care and treatment than was possible at home. The disinfection is stated to be badly done. Sulphur fumigation, the method exclusively in vogue here at present, is not the best means, steam, boiling water, or solutions of bichloride of mercury being much more efficient. The persons in the house and their personal clothing should also be disinfected, and temporary accommodation provided for families whose houses are undergoing disinfection. This is not the case at present.

The danger of public funerals and religious services in churches after deaths from contagious diseases is fully explained in the report.

In conclusion the following recommendations are made :—The health authorities should enforce the regulations relating to notification. A circular of instructions should be issued stating the measures to be taken to prevent infection. Regular visits should be paid to all schools and public institutions. The local Board of Health should provide an efficient disinfection service, and for scarlatina at least 28 days should elapse previous to disinfection. Steps should be taken to establish contagious disease hospitals. The danger of bringing infected bodies into churches should be represented to the religious authorities. The staff

of the Health Department should be recruited from among the best medical men obtainable.

This report is not cheerful reading, but unfortunately it is only too true, and the medical profession of Montreal has known all along that this state of affairs exists. The worst feature of all is the apathy shown by the greater part of the medical profession in not promptly reporting their cases of contagious diseases, as isolation of one case means the prevention of several others. The excuse that the notification has to be made within too short a time is not valid. Once a diagnosis is made, a post-card or telephone message does all that is necessary. Neither do we believe that when the public necessity of notification is explained to the heads of families, they would raise any serious objections. A physician who knowing a case to be contagious neglects any reasonable precaution to prevent its spreading, becomes responsible for conduct analogous to that of consciously conveying infection to a woman in the puerperal state—yet who would dream of doing that?

The real underlying reason for this neglect of an obvious duty was probably correctly given at the recent discussion on this subject before the Medico-Chirurgical Society, when it was stated that absolutely no practical result was obtained by reporting cases, as no efficient disinfection is done, and the inspections are made by ignorant sanitary policemen.

The city, it appears has disinfectors but disinfects not, incinerators but incinerates not, and appears wholly taken up in the all-absorbing task of collecting such vital statistics as bear on questions of race and religion. The city has been in possession of good modern steam disinfectors since 1892, but has not yet arrived at the point when it is ready to disinfect anything. This unaccountable delay is certainly discouraging, but there is nothing to prevent our hospitals from establishing disinfecting establishments and doing the work themselves. The outlay would not be great, and it would certainly soon result in an actual economy by reducing to a minimum the number of cases of infectious disease in the city.

Most epidemics have been found to eventually save more

lives than they sacrifice, and if the present outbreak of scarlatina leads to our obtaining, without further delay, sanitary advantages which would otherwise be indefinitely postponed, it will have served a useful purpose. We earnestly hope that such may be the case.

THE PATHOLOGY OF SCARLATINA.

Opinion at the present time among those engaged in the study of this disease would seem to be tending decisively towards the throat, and more especially the tonsils, as the primary seat of the scarlatina virus. This is the view brought forward by Dr. Dowson in a most able thesis delivered at Cambridge, and the same view is being expressed by bacteriologists, who, like Dr. Bergé*, look upon the disease as due to the local action of streptococcus. The affections of the tonsils according to these observers precedes (as we think has been and must be generally acknowledged) the appearance of the rash ; it is a matter of common knowledge that during epidemics of scarlatina, or in households where one or more members are prostrated by the disease, cases may occur of sore throat, simulating that of the fully developed malady, but unaccompanied by any cutaneous eruption, and many observers hold that such sore throats are distinctly infectious. Whether here we have to deal with the action of a streptococcus resembling that of erysipelas, if not a variety of the same, as Bergé holds, is a matter that has still to be confirmed. There is, however, not a little truth in the contentions of this observer that the complications of the disease are so frequently associated with the presence and action of streptococci, that there is a curious connection between scarlatina and puerperal septicæmia (this being frequently due to a streptococcus) and that there is a similarity between the scarlatinal and erysipelatous erythemata. It may be, however, not that the disease is due to a streptococcus, but that it predisposes to the invasion of the tissues by this micro-organism. It is premature, as yet, to make any absolute statement upon this matter.

* Bergé, Union Médicale, Dec. 30th, 1893.

Be this as it may, there would seem to be not a little force in the suggestion that in the tonsils is to be found the prime seat of scarlatina, and the practitioner may, we think, be safely recommended to observe whether attention to the conditions of these organs in the earlier stages of the disease leads to an amelioration of the symptoms. *A priori*, it is not to be expected that mild antiseptic lotions applied to the tonsils should cut short the course of the disease, but it is not impossible that the treatment suggested might lessen the incidence of pulmonary and other complications, and might give to the malady a milder character.

THE APPROACHING CHOLERA CONFERENCE AT PARIS.

The Extinction of Cholera.

M. Hanotaux, Minister Plenipotentiary, Director of the Consulates of France, and delegate of France at the forthcoming International Cholera Conference at Paris, has stated to a representative of the French press, in a published interview, the precise object and anticipated results of this Conference. The Conference, he states, will occupy itself with tracking the cholera to its seats of origin—that is, Asia and India, dealing especially with the Meccan pilgrimage ; the principal question laid before the Conference is to find thus "the examination of the Asiatic origin of cholera, and the measures to be taken relating to the defence of Europe against this scourge." Without prejudging the results, M. Hanotaux has reason to hope that the Sultan and the Czar of Persia will assist in arresting the development of cholera at its Asiatic ports of entry and posts of reinforcement. "The English," he observed, "are especially interested, since they hold both ends of the inlet and outlet, India and Egypt."

The following are the delegates. For France : MM. Barrère, Hanotaux, Brouardel, Proust, Monod. For Germany : MM. von Schœn and Mordtmann. For Austria-Hungary : Count Kuefstein, Dr. Hagel, Dr. Karlinski. For the United States : Drs. Edward Shakespeare, Stepton Smith, and Preston Bail-

hache. For Greece: M. Criésis and M. Vafiader. For Italy: The Marquis Malaspina and Dr. Pagliani. For Portugal: M. Navarro. For Sweden and Norway: M. Duc. For Turkey: Turkan Bey, Nouri Pasha, Bonkowski Pasha, Dr. Hamdy Bey. For Persia: A delegate nominated by the Minister of the Shah in Paris. For Egypt: Achmet Choukry-Pasha, M. Mieville and Sedky-Pasha.

We have received a copy of the proceedings of the Eighth Annual Meeting of the Association of Executive Public Health Officers of Ontario, held in June, 1893. The proceedings contain much that is interesting reading, and reflect credit upon the association. The papers are upon matters of real practical importance, water supply and the prevention of contagious diseases receiving the most attention. Much of the material contributed is solid and good, though there seems to be rather a scarcity of laboratory work, and a decided tendency to draw sweeping conclusions from rather meagre data. For instance, a single chemical analysis of one sample of a projected water supply for the City of Toronto is stated, in the opinion of a prominent official of the Ontario Board of Health, to conclusively settle the question of its purity and suitability for that purpose.

We hope to refer in a future number to the individual papers read before the association.

Obituary.

THEODOR BILLROTH, M.D.—Surgery has lost one of its greatest exponents in the death of Theodor Billroth, professor of surgery in the University of Vienna, which took place at Abbazia, from disease of the heart, on February 5th.

He was born at Bergen in 1829, and graduated in medicine from the University of Berlin in 1852, becoming *Privat docent* in the same university in 1856. In 1860 he was called to Zurich as professor of clinical surgery, and in 1867 succeeded Franz Schuh as professor of surgery in Vienna. Here it was that most of his work was done. Here he first excised the larynx for cancer. Here he resected the stomach for the same disease. Students from all parts made pilgrimages to his operating room to see the master at work. But not only as an operator was he known; while perfecting the art he by no means neglected the science. His "Lectures on surgical pathology" are well known to English readers, having been published by the Sydenham Society in 1877-78. His contributions to the literature of general surgery are numerous, the books and papers published by him amounting in all to about one hundred and forty. He did much work in the hospitals during the Franco-German war, and ever after laboured to improve the methods of caring for the wounded. He was also interested in nursing, being the founder of the training-school for nurses at Vienna.

While engaged so continuously in his labours for the relief of suffering humanity, he still had time to cultivate the gentle art of music. Many of his intimates were musicians, and he himself was no mean performer upon the violin. At the time of his death he was engaged on a work on the physiology of music.

Latterly his health had become much impaired, and he had been obliged to leave his work and retire to the quiet shores of the Adriatic, there to search in vain for the health and strength he had lost. There he passed away quietly in the sixty-fifth year of his age.

His work is his best monument.

MRS. F. R. ENGLAND.—The sympathy of the whole medical profession will be extended to Dr. F. R. England in the loss that has befallen him in the death of his wife, apparently from a mistake of the druggist. The facts are briefly as follows, and as the inquest is not concluded, we make no comment. Mrs. England had been ill and her husband sent to a wholesale house in the city for some bismuth trisnitrate. It so happened that the firm had none in stock, so they sent to another firm for two pounds of the drug, and received a package labelled "Bismuth Trisnit."

They immediately weighed out two ounces of this and sent it to Dr. England. As soon as Mrs. England took a dose, she remarked a difference in taste, and on examination the doctor came to the conclusion that something was wrong. He immediately administered an emetic of mustard and water and sent for assistance. All that medical science could do was done, but without avail, the unfortunate lady passing away on February 20th, ten days after the ingestion of the drug, which proved to be tartar emetic.

Until the conclusion of the inquest we do not know who is to blame for the substitution of such a powerful poison as tartar emetic for an innocuous drug like Trisnitrate of Bismuth.

From the evidence so far adduced at the inquest, it is by no means proved that the tartar emetic was the actual cause of death. However that may be, we extend our heartfelt sympathy to Dr. England in this his hour of sorrow.

The deceased was a Miss Galer, of Dunham, P.Q., and had been married about seven years.

Mrs. England was foremost in all good works, and many a sorrowing home has been brightened by her presence, and the heavy burden of affliction lightened by her kindness and sympathy. She is most sincerely mourned by all who had the privilege of knowing her.

Medical Items.

—Dr. Paul Diday, well known for his contributions to the literature of venereal diseases, has just died at Lyons, aged 82 years.

—Professor James Russell Reynolds has been elected to succeed Sir Andrew Clarke as President of the Royal College of Physicians.

—The first woman doctor in Japan has received the permission of the government to practice. She is the wife of an official of Osaka, and studied at the University of Ohio.

—It is proposed to erect a monument to the late Dr. Charcot in Paris. The City Council has voted the sum of 1,000 frs. as a subscription to this object. M. Pasteur is president of the committee.

—Dr. James E. Garretson says that no one who can eat fats ever dies of phthisis.—*Times and Register.*

Unfortunately saying this does not make it true.—*Western Med. Reporter.*

His Sorrows : He read for a time with pleasure,
Then he began to grow mad,
He had dropped a tear for the heroine's woes,
And found it a medicine ad.—*Chicago Inter-Ocean.*

It is reported that the government of India have sanctioned an expenditure of 10,000 rupees for the extension and equipment of the bacteriological laboratory at Agra, under the direction of Mr. E. H. Hankin.

DISINFECTION OF SPITTOONS.—The directors of the Assistance Publique have had an apparatus for the sterilisation of spittoons used by tuberculous patients placed in the Hopital Bichat. The cleansing agent is boiling water previously made slightly alkaline.

—An inquest was lately held at Guy's Hospital on the body of an infant ten months old, which had died from swallowing medicine corks. The assistant house surgeon, who made the post mortem examination, found two corks, three-quarters of an inch long, in the stomach, and another, half an inch long in the œsophagus.

—Dr. Joseph Hayes, who graduated at the McGill Medical School in 1891, has been admitted a member of the Royal College of Surgeons, England, and a licentiate of the Royal College of Physicians, London. He is now taking a course in practical pathology and bacteriology, and expects to sail for America early in the new year.

To Succeed Charcot.—M. Brissaud has been delegated to take charge of the service of the late Professor Charcot at the Saltpetrière for a year, until a permanent successor has been appointed to the Chair of Diseases of the Nervous System. M. Potain has been appointed to fill the vacancy in the Medical Section of the Academy of Science.

—A new treatment for small-pox has been brought forward by Svendsen and others. It is a modification of the blue glass method, red glass being substituted. The theory is that by cutting off the chemical rays of the light the pustules dry up and do not suppurate, the microbes being less active owing to the absence of irritation of the skin by these rays.

—During the month of November last, 129 patients were treated at the Pasteur Institute at Paris. Of these 5 were bitten by animals in which hydrophobia was proved experimentally, and 89 by animals recognized by veterinary surgeons as suffering from rabies. The animals were :—Cats 17, dogs 109, sheep 1, horse 1, pig 1.—*Le Bulletin Médicale, Jan.* 7, 1894.

Smothered to Death by a Pill.—A little 3-year old child met with a singular death at Fort Smith, Ark., recently. He had been having chills and the mother attempted to give him a pill. The little fellow objected and the mother pushed the capsule back of the root of the tongue with her finger. A few minutes later the child died and a post-mortem examination revealed the pill lodged in the trachea. The little fellow had been asphyxiated by the lodgment of the pill.

—Washington Gladden, in the January *Review of Reviews*, says :—Soup houses and charitable bakeries for the gratuitous distribution of food is the first impulse of many kind-hearted people ; but experience proves that the injury outweighs the

benefit. It may, however, be safe and wise to establish soup kitchens and cheap restaurants, where nutritious food can be sold at cost. The relief committees might establish such kitchens, in connection with their industries, and pay for their work in orders for food.

—R. B. Morrison stated at the recent meeting of the American Dermatological Society that he had abandoned the use of electrolysis for the removal of superfluous hairs, on account of the unsatisfactory results obtained by himself and others. It is only useful where there are a few coarse hairs growing from a mole. In most cases an efficient depilatory, as equal parts of yellow sulphate of arsenic and quick lime made into a paste with water and applied to the hairy skin and allowed to dry, will remove the hairs for ten or twenty days and sometimes permanently.

—Favus is not a pleasant disease, and its importation is not a thing to be desired. Yet it is curious to find our immigration authorities so sensitive in the matter of keeping out favus stricken immigrants. One case of syphilis or phthisis, or one thorough-going anarchist will do more harm to the body politic than forty cases of favus. For the disease is curable, and it is so conspicuous that the sufferer is generally forced to seek relief. As favus is so often transmitted by dogs, cats and mice, it might be well to investigate the importation of these animals. —*Med. Record.*

PRESERVING THE NATURAL BLOOD-COLOUR IN SPECIMENS.—Dr. Freeborn, at a meeting of the New York Pathological Society, called attention to the fact that in a specimen of cyst the colour of the blood had been retained in the vessels. Many methods had been devised and had proved unsatisfactory. It had been found, however, that the blood-colouring could be retained by first drying the specimen in the air for an hour or an hour and a half, and then immersing directly in strong alcohol. If put in fifty or sixty per cent. alcohol, the colour will be destroyed. The same method can be used with solid organs, but as they cannot be so thoroughly dried as cysts the results are inferior.

No "SUN-DOWN" MEDICAL STUDENTS.—The *Sun* has made a fitting answer to the following query :

"Will you please inform me if there is a medical school in New York, in which the lectures for the first year are given in the evening or any time after 3 p.m. ? DUFFY."

The *Sun's* reply is as follows : "Duffy, you and dozens of other 'would-be' doctors think you can study medicine in the happy-go-lucky way the law-pills study law—lectures in the afternoon, office work in the morning. You must give up that idea at once. Medicine requires twenty-five hours out of twenty-four, and more on Sundays and holidays. The lectures in every medical school are given when the professors and lecturers can find time for them. They're given in the morning, and in the afternoon, and in the evening, and some of the private 'quizzes' begin at 10.30 or 11 p.m., and stop in time to get ready for breakfast, if you dress quickly. Now, Duffy, if you ask because you think medicine is a snap like these afternoon law schools, you'd better keep out of it ; but if you can stand the pace, and ask simply because you are ignorant, why, go ahead, with good health and hard work you may get your license to 'kill, kill, kill, kill, kill.'"—*St. Louis Clinique.*

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