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Original Communications.

PROPHYLAXIS OF THE VENEREAL DISEASES, AND ESPECIALLY SYPHILIS.

BY DR. J. SORMANI, PROFESSOR OF HYGIENE IN THE
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Translated by J. WORKMAN, M.D., Toronto.

Introduction.

The August number of the *Revista Medico-Quirurgica*, of Buenos Ayres, presents a continuation of the above work, translated from Italian into Spanish. The subject is of momentous importance, and it is very desirable that every member of the medical profession, or in truth every member of society, should be made acquainted with the terrible consequences which have everywhere resulted from the neglect of adequate sanitary measures for the prevention of the spread of one of the most, if not verily *the most* destructive maladies that has ever fallen on the human race. The plague, cholera, smallpox, yellow fever, scarlatina and diphtheria are all fearful diseases, but even when they terminate in death, there their havoc culminates. How different is it with syphilis! Who can tell to how many generations it may be transmitted, or how innumerable may be its innocent inheritors? Few medical practitioners can be ignorant of the distressing morbid complications with which from time to time they are confronted, and against which they have to contend,—the unequivocal, and too often indomitable, constitutional residuaries of the syphilitic virus. Were all medical practitioners who are competent to form a reliable diagnosis, to register with unswerving accuracy the causes of death, it is beyond all doubt that inherited syphilis would stand much higher in our tables of mortality than it has yet

done. Very few practitioners meeting with these cases ever venture to inform the friends of such patients of the real nature of the disease. No sensible person can find fault with their reticence. The peace of families would be destroyed by a different course, and the rational treatment of the disease could not be benefited by unprofessional garrulity. But when physicians are called upon for their decision as to the best means for the prevention of disease, and especially of one so destructive as syphilis, they should exhibit the "courage of their opinions," and give no uncertain sound of their convictions. It is a most unquestionable, and at the same time a most lamentable fact, that the most strenuous opponents of legislative provisions for the prevention, or the lessening, of the diffusion of syphilis, are women,—the very individuals who have the deepest and most immediate interest in the carrying out of preventive measures. Medical practitioners are not blameless in this relation; they might declare their views without descending to individual proofs. Perhaps when our ranks become strengthened by recruits from the other sex, the antagonists of common sense will learn more than they now know.

Translation.

"The city in which sanitary regulations in relation to these diseases are most rigorously enforced, is certainly Brussels, and it is in this city that the smallest proportion of cases of syphilis exists. Dr. Janssens asserted, in the International Congress of Hygiene in 1876, that only one or two cases in the whole year are met with among prostitutes. Professor Thiry, in the meeting of the Society of Public Medicine in December, 1880, stated that the cases met with were almost always those of newly arrived English women; this proves that vigilance over prostitution has a direct and certain influence in diminishing the manifestations of venereal contagion, and especially that of the syphilitic virus, which should command our earnest attention. It is objected, with a show of reason, that the vigilant visitation falls on only 100 women, whilst ten times as many pursue the vocation clandestinely, and escape detection; consequently the benefit derived must be trivial. The opponents therefore say that an advantage which costs so many sacrifices of the liberty and modesty (!) of the poor prostitutes subjected to visitation should be renounced. Surely this sort of argument can convince

nobody. The registered prostitutes do not constitute the whole nor even a majority of the entire class, but these are the most prostitute of the prostitutes, the poorest, the most depraved and the most frequented by persons of bad life, and they have intercourse with men of their own class, thus irreparably and very extensively contaminating the lowest strata of society. On the other hand it may be observed, that the visitation made to those registered is useful to the clandestine class also, who derive an indirect benefit, as has been observed in England, in the cities which have not (?) been subjected to the orders relating to contagious diseases.

"In 1850 the police in Paris arrested clandestine prostitutes; among these syphilitics were found in the proportion of 40 per cent. In 1834 the proportion was 31 per cent. (*Parent-Duchalet*). From 1861 to 1866 the proportion went down to 27 per cent. (*La Fort*). In Milan the clandestine prostitutes inscribed were found infected in the proportion of 95 per cent.; the proportion gradually diminished, being in 1873 reduced to 49 per cent. In Turin, according to Dr. Catella, the infected clandestine prostitutes in 1848 were in the proportion of 62 per cent., in 1855 they were 30 per cent., and in 1879, 18 per cent. A similar result was observed in Strasbourg: in 1853 this service was devolved on the police; it had previously been very defective: the new director caused the arrest of a great number of prostitutes. In the visitation 83 per cent. were found to be infected, but in the succeeding years the proportion had so much decreased that, in 1856, the proportion was only 32 per cent. The same fact was confirmed in Bordeaux; in 1858 the diseased clandestine prostitutes were in the proportion of 49 per cent.: the service was reorganized in 1859, and in 1860 the proportion had descended to 20 per cent. If benefit results, even indirectly, from the sanitary visitation of the non-inscribed prostitutes, it must with greater reason result to those women who are brought under the regulation. In a brilliant communication of Dr. Kuborn to the Royal Academy of Public Medicine, we read that from 1865 to 1870 the public women visited in Paris presented, according to Carlier, the following proportions: the clandestine, 27 per cent.; the inscribed less than 2 per cent. infected.

"It is seen, from the statistics gathered by Dr.

Fidanza and reproduced by Dr. D. Benjamin Dupont in his *Pornographia* de Buenos Ayres, that, in this city, in which the sanitary vigilance over prostitution is almost nothing, there entered into the hospitals, from 1872 to 1877, 4,632 venereal patients, among whom there was a mortality of 4 per 1,000 in men, and 100 per 1,000 in women. The prostitutes of the low class, through ignorance or negligence, give no heed to their disease, and it consequently becomes sometimes so aggravated as to result in death. Well now, we have seen that in the cities in which sanitary visitation has been established, it is very beneficial under different aspects, *since it diminishes venereal diseases among the troops and prostitutes subjected to visitation*, whilst it is indirectly beneficial also among those not so subjected, and it attenuates in a marked degree the more grave form which occasions syphilis. It also appears that the venereal affections are propagated with more facility, according to the observance of Dr. Mauriac, by those not subjected to visitation; he, after investigating the origin of the contagion in 4,735 venereal patients treated by him, found that 4,012 had been infected by non-inscribed women.

"Let us now look on the reverse side of the medal, at what takes place in London, in relation to this most interesting subject. In that city prostitution is free, and there are in it more than 50,000 prostitutes. These women are addicted to whiskey and gin, and they are to be met with in every street in the night, and frequenting all the cafes and beer and liquor establishments, and the vestibules of the theatres. They congregate in the brothels, or nocturnal houses, in the long rooms frequented by sailors, and in the hells where they are to be found in great numbers.—(Ryan, *On Prostitution in London*, 1836). In some parts of England there are obscene dens in which girls between 12 and 15 years of age, half-naked and almost dying of hunger,—prostitute themselves for a few pence.—(Lecour, *Prostitution in Paris and London*, Paris, 1877). In 1864 more than 6,000 women, who had no other mode of living than prostitution, appeared before the tribunals of London, for various offences. May we not now say to the English ladies of the confederation, 'give heed to the beam that is in your own eyes?' It is easy to understand why in London the consulting annexes of the Lock Hospital, Guy's Hospital, the Royal

free Hospital, University College, the Westminster and the Metropolitan free Hospital, are crowded with venereal applicants, for those admitted as in-patients are not numerous. In 1865 the syphilitics, aided in these hospitals, were 1,846.—(*Lecour*). It is besides calculated that 20 per cent. of those having affections of the eyes, presenting themselves at the Ophthalmic Hospital, have syphilitic infection as the cause. The Harveian Medical Society of London published in 1867 a report, in which was shown the great abundance of venereal affections and syphilis in that city. In the Hospital for Children it was seen that, in 1,000 surgical cases, 93 boys and 106 girls were syphilitics.

“We have now seen that venereal diseases, and especially syphilis, abound in those places where prostitution is free and unwatched, but it may appear a paradox that these diseases multiply and assume aggravated form still more in those countries in which prostitution has been persecuted, and, if we should judge from appearances, abolished. I have already spoken of Rome, a city in which syphilis has made great ravages, and if any one desires to know what occurred there in the years from 1849 to 1870, he needs but to read the report of Dr. Jacquot, physician of the hospitals of the French army of occupation, in which he writes thus: ‘Miserable creatures prostitute themselves nightly in the dark angles of houses, under the less frequented porticos, on the seats and borders of walks, and even in front of St. Peter’s.’ And what is certainly still worse: ‘Prostitution in Rome is carried on in all parts, and, disgraceful to relate, frequently in the interior of families.’ The city of Munich presents to us another example: in 1811 the Bavarian parliament passed a law by which severe penalties (from one month to two years’ imprisonment) were inflicted on all women following prostitution. All the houses of tolerance were immediately locked up, and all visitation and medical inspection ceased; well, what followed? Whilst in the two preceding years the number of men and women with venereal disease admitted to the hospitals had averaged 1,006 yearly, in the five succeeding years the average rose to 1,500, and in 1866 it reached to 1,835,—almost double the number of diseased, and the houses of tolerance were closed and visitations suspended!

“These facts teach us another lesson, which relates to the proportion of venereal cases in the sexes. During the period of the tolerance and vigilance of prostitution, there entered the hospitals 203 men affected with syphilis for every 100 women, but when visitation was suppressed the figures rose to 335 men for every 100 women, which shows that the women did not voluntarily go to the hospitals when they were diseased, but continued spreading the contagion, regardless of the sad consequences. The director of the Syphilitic Hospital of Hamburg also states in his report, that after the suppression of the houses of tolerance, syphilis extended more among men than among women, as was observed in Munich. In January, 1876, there were in the hospital 63 men and 127 women, but in the corresponding month of 1877, five months after the suppression, there were in the establishment 104 men and 98 women. Visitation is then necessary under a hygienic point of view, principally for the woman, as a syphilitic man may infect only a small number of women, whilst a woman may transmit the disease to many men. Further, it is rare that a syphilitic man does not seek for treatment, but this fact is not observed in women; consequently as the prostitutes are not subjected to sanitary visitation, and in its place the system of absolute liberty, or that of prohibition is adopted, we see, under whichever of the two, how disastrous are the results both to hygiene and to morality.

“We must now give our attention to another gratuitous assertion, which has been made by the optimists of the Federation, and reproduced, I say it with concern, by some medical men: it has been affirmed with extreme flippancy that there is in reality nothing to be feared from syphilis, that it has lost the malignity which it had in the 15th century, that it is seldom mortal, and, in fine, that it is diminishing and has become very rare. What substantiality is there in these optimistic ideas? Let us examine the facts. It appears from the report of Dr. Bruckner, presented to the Reichstag in February, 1877, that during the year 1876, there were detained by the police in Berlin 16,168 women, of whom 879 had syphilis. In the same year 895 soldiers of the Prussian army affected with syphilis entered the hospitals, and in 1873-4, 2,982. Among the members of the societies of operatives in Berlin, there were 5,817 syphilitics in

1878. So syphilis yet exists in Prussia! Of the soldiers of the French army there entered the hospitals in consequence of syphilis, 2,638 in 1875, not including simple venereal cases; in 1876 the number was 1,864, and in 1877 it was 1,887, or in all, in the three years, 6,389. In five hospitals of Paris, 1,403 syphilitics were admitted in 1867, and 1,551 in 1868. In the city of Paris there died of syphilis in three years (1875-77), 476; or 8 to every 100,000 inhabitants, yearly. The city of Vienna, in 1876, registered 42 deaths from syphilis, or 6 per 100,000 inhabitants. In London, in the three years, 1846-8, 127 deaths from syphilis were registered; in 1866-8, the deaths registered from the same cause were 1,357, and in 1876-8 they were 1,376, or 13 per 100,000 annually of the inhabitants. In England and Wales the numbers given as deaths from syphilis were, in 1864, 1,550; in 1867, 1,698; in 1870, 1,858; in 1874, 1,997, and in 1878, 2,182. Deaths from syphilis are, then, very frequent in England, and they are constantly increasing. Let us now pass to Italy. I have, in my *Nosological Geography*, brought together the known statistics, in order to study the frequency of syphilis in Italy, of which I now proceed to present a brief summary. In the fourteen years, 1863 to 1876, 303 young men, coming chiefly from Lombardy, Campania and Sicily, were declared useless for military service, because laboring under syphilitic cachexia. In the period 1875-8, the number of deaths from syphilis in 18 Italian cities, reached the considerable figure of 1,708, of which the greater part were deaths of children under one year old. The figures for Rome, Naples, Padua, and Milan are very high, as will be seen from the following table:

Liorna	1876 to 1878	24	8	8
Rome	1874 " 1878	852	170	64
Naples	1875 " 1878	168	42	9
Lucca	1876 " 1878	10	3	12
Cocenza	1877 " 1878	3	2	13
Messina	1876 " 1878	76	26	22
Catania	1877 " 1878	11	5	6
		1708	369	

"With respect to the city of Turin, we have been able to establish interesting data and to see whether the mortality caused by syphilis had increased or diminished. In the ten years, 1828-37, 1,945 individuals, or 194 per year—on the average, died from syphilis; the city, suburbs, neighborhood and the garrison contained 124,000 inhabitants. In the more recent period, with over 214,000 inhabitants, it has had only 10 deaths per year from syphilis! Does this not indicate a very notable hygienic improvement? And has it not been brought about under the domination of the enforced regulations, authorizing vigilance over prostitution, and under the influence of other hygienic measures adopted for the purpose of limiting venereal affections? In the period, 1828-37, the mortality from syphilis was 156 in every 100,000 inhabitants, yearly; in the period, 1869-70, the number went down to 4 per 100,000,—a result obtained in only 50 years! We might, then, hope that in Rome, in the course of 15 or 20 years, the proportion of 64 per year in 100,000, might be reduced in like manner, though certainly not under the system of liberty, but of vigilance. Professor Gamberini states that he treated, in the syphilis hospital of Bologna, 19 syphilitic prostitutes in 1879, and 38 in 1880. In the establishments for venereal and cutaneous diseases, in Pavia, directed by Professor Scarenzio, according to Dr. Raimond, 261 cases of constitutional syphilis were treated in 1873-80."

DEATHS FROM SYPHILIS IN EIGHTEEN ITALIAN CITIES.

Cities.	Periods.	Deaths.		Proportion, annually, per 100,000 inhabitants
		Total.	Y'ly.	
Turin	1869 to 1876	79	10	1
Alessandria	1875 " 1878	2	1	3
Genoa	1875 " 1878	41	10	6
Milan	1875 " 1878	97	24	9
Verona	1874 " 1878	43	9	13
Vicenza	1875 " 1876	7	3	7
Padua	1872 " 1877	120	20	28
Udine	1873 " 1878	87	14	47
Venice	1875 " 1878	35	9	7
Rovigo	1877 " 1878	1	0	9
Bologna	1875 " 1878	52	13	11

PNEUMONIA *

BY J. NEWTON SMITH, M.D., HAMPTON, N. B.

Pneumonia is, strictly speaking, an inflammation of the vesicular structure of the lungs, and may effect one or both lungs, or a part or whole of one lung. There are three recognized types of pneumonia, viz: Croupous or Lobar, Catarrhal or

* Read before the New Brunswick Medical Society in St. John, July 17th, 1883.

Lobular (or broncho-pneumonia), and Interstitial pneumonia. That form about which I propose to say a few words, is croupous pneumonia, and it is this form which is understood when we say that a person has pneumonia.

The etiology of pneumonia, like many other diseases, has a wide range. As regards age, the greatest number of pneumonia patients are between fifteen and forty years, the most favorable time in life to have it, other things being equal. Cases under five years of age, or between forty and sixty are not very numerous, although no age is exempt from it. As a person reaches sixty and upwards, he is more likely to take the disease when exposed to the cold, or any depressing influence that would be likely to act as an exciting cause. There are many exciting causes well-known to us all; but there are two points in the etiology of the disease that might be profitable for us to consider, viz: 1st. What may those unknown atmospheric changes be, which act as exciting causes in epidemic pneumonia? and, 2nd. Is pneumonia under no circumstances a contagious disease? As regards the unknown atmospheric changes which act as exciting causes, it is a fact known to us all that pneumonia occurs as an epidemic, under some peculiar condition of the atmosphere, the theory of the nature of which has not yet been established; but were it established, it might be of material benefit in the prophylactic treatment of the disease. We might with propriety ask ourselves, "How shall we attempt to unravel the mystery?" And yet, may it not seem reasonable to suppose that we have some basis for the theory, that an atmosphere containing an excess of ozone, is the exciting cause of epidemic pneumonia in many cases, from the very fact that the apparent condition of an atmosphere which favors the development of pneumonia, is likewise favorable to an excess of ozone. The results of various observations have shown this to be the case. We are also aware that ozone is a highly irritable, poisonous gas, and air that is charged with it, is irrespirable. It somewhat resembles chlorine gas in its effects upon the human subject. Its odor is so powerful that it can be recognized in air containing only one millionth part of the gas. Now, the constant inhalation of such an irritable gas, even in very small quantities, cannot fail to produce injurious effects upon the breathing apparatus to a greater or less extent. There is present

in the atmosphere a greater amount of ozone in the winter than in the summer, in damp cold weather than in dry cold weather, and there is likewise more found in the country than in the city. So is it true of pneumonia; it is more prevalent at such times, at such places and under such conditions as I have mentioned, all going to prove that the conditions which favor the development of ozone, also favor the development of pneumonia. The question might very properly be asked,—Why is it that we have more ozone in the country than in the city? The question is easily answered, when we bear in mind that ozone is a great natural disinfectant. It seizes hold of all miasma wherever it is generated and purifies the air in proportion to the amount of ozone that is present. So in the country, where the air is naturally free from impurities, very little ozone is sacrificed in disinfection; but in towns and large cities, there is such an abundance of impure gases, that the ozone is soon exhausted in counteracting the effects of an atmosphere contaminated with impurities. Hence the reason why a wind bearing ozone is felt in its effects only at the outer portion of a city where it strikes. So it seems to be with pneumonia; the outer portion of a city that is more directly exposed to an eastern or western wind, is more liable to an epidemic of pneumonia than the interior of a city, and still more so is the country than even the outer portions of a city, taking into consideration the sparsely settled country in comparison with the densely inhabited city. From these as well as other facts concerning ozone, I think we might reasonably conclude that it certainly has something to do with the occurrence of epidemic pneumonia.

Having spoken of pneumonia as an epidemic, I wish now to ask the following question:—Is pneumonia under no circumstances a contagious disease? I believe this question has always been answered in the past in the negative—that it is not a contagious disease. I think, however, that at least some of you during the past year must have been led to believe that it sometimes seems contagious, although it never has been considered so before. A number of cases have come under my observation during the past nine months, which almost convinced me that it could really be conveyed from one person to another, from the manner in which the different members of the family

contracted the disease. They were all alike exposed to the same influences at the same time, and yet one after the other took the disease, seemingly in the order in which they were the most directly in each other's presence. And in all of these cases, no other symptoms manifested themselves which would lead me to suppose that there were any morbid agents at work, other than those belonging to pneumonia. I have noticed through the medical journals that others have made the same observations, and if there be any present who have had the same experience, I would be glad to hear from them.

The symptoms and differential diagnosis of pneumonia, although of great importance to the practitioner, are so well understood by us all, that it is not necessary to say anything about them; but I desire to say a few words respecting the prognosis and treatment of the disease in question. It is comforting for a physician to be able to prognosticate with approaching exactness, the severity, daily development, and probable termination of a disease even of the gravest form, for though our efforts to save life are in vain, under such circumstances we do not lose the confidence of those who employ us, and we have the consoling thought that we have done our duty, and that we have not lost our patients either through neglect or lack of professional skill; but by a superior power over which we have no control. There are many things to be taken into account in order to enable us to give a correct prognosis in pneumonia—among which we may mention age, constitution and habits of the patient, all of which are of great importance. Occurring in the young child, or in a very old person, it is almost always fatal. According to well authenticated statistics, between the ages of 40 and 70 years, the death rate is between one in five and one in seven. On the other hand its lowest mortality is between the ages of 10 and 30 years. Between those ages the majority will recover, if other circumstances be favorable. If a person be addicted to drinking habits, or is of a feeble constitution, or suffering from any serious organic disease, especially of the heart, lungs or kidneys, the prognosis is unfavorable, in proportion to the extent of these diseases, or to the excess of vicious habits. The prognosis is likewise dependent upon the amount of lung involvement. Pneumonia is attended with very great danger when the patient

is in a pregnant state, although the lung be only partly involved. Among the individual symptoms which indicate danger might be mentioned, high temperature, absence of expectoration in the second and third stages, with loud tracheal rales, or a copious liquid, prune juice, expectoration; or extreme prostration in any stage of the disease, followed by a cold clammy sweat, are all indicative of great danger. It is said by good authors, that if the pulse reaches 150 per minute, the case is almost certain to be fatal; but we should not give up our patients even though it should temporarily reach above that point, for there are exceptional cases where the pulse exceeds that for a short time and recovery takes place. I myself have met with a case in which the pulse at one time exceeded 150, and the blueness of the lips and ends of the fingers gave strong evidences of cyanosis, yet the patient recovered. Another unfavorable symptom is that of pulmonary congestion. When there is pulmonary congestion in the portions of the lung which are not involved, there is great danger, as this condition is frequently the direct cause of death.

As regards the treatment of pneumonia I shall not detain you long; but refer to some of the means which are adopted for the cure of this disease. In mild cases we should adopt the expectant plan of treatment; put our patient in a warm airy apartment, and wait for the symptoms which we may be called upon to treat. Unfavorable symptoms which may arise under these circumstances, will yield more readily to the proper kind of treatment, than they would had the patient been subjected to a regular routine course before those symptoms were manifest. I would not, however, recommend that we lose sight of our patient, and trust to friends to let us know when our services are required. We should watch him closely and give nature the necessary aid at the proper time. It is likewise necessary that we should attend to the general comfort of the patient, not forgetting that he requires plenty of fresh air, the temperature of which should range from 68° to 70° F.; abundance of easily digested food should be given, such as milk, beef tea, and where the stomach can tolerate it, fresh eggs can be given with advantage. It is also of vast importance to insist upon the patient protecting the chest from sudden changes of heat and cold, and to prevent all exposure to draughts. If these rules are pro-

perly carried out the patient will be likely to recover, without resorting to active measures; provided that none of those unfavorable conditions exist which I have mentioned in the prognosis. On the other hand, if the patient be not convinced of the importance of observing these rules, he may ignorantly involve himself in much danger, which otherwise might have been avoided.

In a severe case of pneumonia, there are usually two conditions which we wish to remedy, viz: a high temperature and feebleness of the heart's action. Various means have been adopted for the reduction of the temperature. For the accomplishment of this end, the Germans think that they have all that is necessary, in the cold compresses, which they apply freely to the chest; believing that it will not only reduce the temperature, but hasten the critical day that we speak of in pneumonia. It is well-known to those who have resorted to this means, that it does momentarily relieve all the distressing symptoms; but as soon as the compresses are taken off, or otherwise neglected, the symptoms return with increased intensity. Besides there is a great risk of the patient being chilled, and the pneumonic process extending; hence I think we should not attempt to reduce the temperature or relieve the local symptoms in this way.

Many again use aconite and veratrum viride to lower the pulse and temperature as well; but these likewise have only a temporary effect, and cannot be continued for any length of time in most cases, without producing gastric trouble, and very often great prostration. The veratrum viride especially produces this effect, chiefly on account of its nauseating nature.

Now, the cause of the high temperature in all acute inflammatory diseases, is the rapid molecular metamorphosis, or wasting away of the animal tissue in small particles. Bearing this fact in mind, it is well for us in looking for a remedy to endeavor to find one that will not only reduce the bodily temperature, but check the molecular change that is the cause of the excessive heat. It is said that quinine will do this—and we all know its great value as an antipyretic—therefore I think quinine should always have the preference in such cases. If quinine be given in the usual antipyretic doses, it will seldom fail to show its good effect in pneumonia, in from 24 to 36 hours, while it shortens the febrile stage, and hastens the period of resolution.

The second thing to be accomplished in a severe case of pneumonia, is to sustain the enfeebled heart, for most of the deaths in this disease are directly due to heart failure, or indirectly to passive pulmonary congestion. The administration of alcoholic stimulants is the most effectual means for this purpose; but they should be used with the same caution as any other drug; for, if given when the pulse does not show by its rapidity and feebleness that they are indicated they may do a great deal of harm. Therefore we should carefully watch the pulse, and thereby ascertain the force of the heart's power, and give it only in quantity to meet the demand. For excessive feebleness it should be freely administered, for moderate weakness only a small quantity. In short, we should not depend upon book knowledge, or the experience of others; but upon our own judgment as regards when, or in what quantity our patient should be allowed alcohol, if we wish success to crown our efforts. Another stimulant which is much given by some, is carbonate of ammonia which I believe is very efficacious in extreme cases, and where syncope is threatened. When there is an indication for an immediate stimulant, the carbonate of ammonia is preferable to alcohol, although the use of the one will not necessarily prevent us from using the other as well. On the other hand if we wish to continue the carbonate of ammonia for any length of time, it is objectionable on the ground that it acts as an irritant to the stomach, hence I think we should not carry it too far, especially should the gastric symptoms contra-indicate its continuance, for in such cases it will injure the patient, and diminish his chances of recovery.

The palliative measures used in pneumonia are various; I shall not detain you long in speaking of them; but offer a word of caution. We cannot be too careful in using narcotics in this disease, although it is sometimes necessary to give them in moderation. It is dangerous to give opium in any form, if the pneumonia be extensive, for small doses have been known to produce great prostration, and complete narcotism. We should never administer opium, even in very small doses, when there seems to be a tendency to loss of muscular power of the bronchi; but in such cases belladonna is often of service, and should always be given instead of opium when there is a contracted pupil. On the other hand if there be severe pain in the affected

side, and very distressing cough, and no contra-indication to its use, then opium may be given with advantage in small doses, the hypodermic injection being the best way to administer it. In cases where there is restlessness, and opium cannot be given, chloral in small doses will produce sleep, and act beneficially upon the cough as well. Many use expectorants in pneumonia, while others claim that they are of no service on the ground that the accumulations within the bronchi are due to the loss of muscular power to free themselves, hence expectorants cannot remedy the difficulty. So when this condition exists, belladonna can be given with advantage, as this drug gives tonicity to unstriped muscular fibres.

Poultices if properly used are of service in hastening the period of resolution, promoting absorption and aiding in expectoration.

In conclusion, a word might be said about counter-irritants. Some strongly recommend them in the early stage, while others condemn them on the ground that they only increase the distress of the patient, without being of any benefit. I think, however, all will admit that when there is considerable pleuritic effusion, or when the period of resolution is delayed, counter-irritants are of great service.

PROPHYLAXIS AND TREATMENT OF ANGINA TONSILLARIS.*

By DR. JEAN GINÉ, Y PARTAGAS (Professor of Clinical Surgery, Barcelona).

(Translated by Dr. C. W. COVERNTON, M.D., M.R.C.S., Eng., Toronto, Ont.)

There are numerous abortive remedies for the treatment of certain pathological conditions, which might be separated from the domain of therapeutics to be inscribed in that of hygiene. In this list are to be found all those agents which produce a rapid disappearance of a pathological condition at its onset, without proving dangerous to the subject of it. If for example we were acquainted with a powerful and efficacious abortive of eczema, we should accord it no consideration as a hygienic measure; we should not advise that its use and management should be within the reach of all, because in certain cases, eczema is repelled to the

grave detriment of the bronchial and digestive passages. The same may be said of erysipelas, although in this case a solution of silicate of potash has proved of great service, as it does not act in repelling the phlegmasia, but rather in extinguishing the local inflammation, which in my opinion is the cause of the general symptoms that have occasioned this disease to be considered by many practitioners as essentially an internal affection. To be entitled to the term hygienic an abortive remedy should fulfil the following conditions: 1st. The substance employed should be entirely innocuous to the animal economy. 2nd. The immediate resolution of the affection should not entail any morbid consequences. These two conditions are fulfilled in bicarbonate of soda as an abortive in angina tonsillaris, applied in substance to the surface of the inflamed tonsils, from the commencement of the pathological process. I have found that the employment of this agent constitutes a practice worthy of receiving the sanction of hygiene, and of entering into the field of popular knowledge in order to protect the public from a frequent, painful and recurrent disease. My abortive method for simple tonsillitis rests upon a rational basis and has practical sanction. The rational basis is derived from an anatomical knowledge of the follicular glands of the tonsils, the physiological conditions, and the pathological nature of tonsillitis. (1) The closed vesicular glands of the tonsils are of a structure similar to those of the neighboring parts of the tongue and pharynx; but in the tonsils they are grouped in conglobate glands, the excretory ducts of which are to be observed at the bottom of certain anfractuositities and grooves in the free surface of the gland. The fluid which these glands secrete is essentially mucous, but it differs from that which is elaborated in the closed follicles of the base of the tongue, inasmuch as it ordinarily presents whitish masses of a pultaceous or tuberculous aspect, masses which, becoming more abundant in the acute phlogistic conditions, have occasioned lamentable errors from the confounding of a simple benignant angina with diphtheritic angina. (2) The physiological rôle of the tonsils, like that of the muciparous follicles of the base of the tongue and pharynx, is simply that of lubricating the isthmus of the throat and thus facilitating the passage of the alimentary bolus. The exudation of

* Read at the Fourth International Congress, Geneva, 1882.

mucus is accomplished by exosmosis through the three tunics which enter into the composition of the closed follicles. In the normal condition, this tonsil mucus is neutral or alkaline and sufficiently fluid. As soon as it loses its alkalinity, it thickens and is with difficulty eliminated from the follicles whence it is elaborated. Now if during the catarrhal phlegmasias so frequent in the tonsils, the secretion of the follicles becomes acid, it necessarily loses its fluidity, and no longer being able to pass out of the closed follicles, it accumulates in them and rapidly augments their volume, causing pressure on the vessels, nerves and stroma, and hyperæmia with strangulation, having a striking analogy with anthrax. Owing to the above conditions there is pain, increasing greatly each time the patient makes an effort at swallowing, ultimately fever, cephalgia and the symptoms of concomitant gastric catarrh which characterize angina tonsillaris. The extension of the phlegmasia to the Eustachian tube gives rise to otalgic pains and to a certain degree of cophosis, to be explained by the presence in this locality of a group of muciparous follicles derived from the glands which form what are called the tonsils of the Eustachian tube.

Perhaps for my object I have dwelt unnecessarily on the pathology of angina tonsillaris, but I trust that the preceding details will be of service in explaining the action of bicarbonate of soda and the abortive influence it possesses. If the alkalinity of the buccal mucus is an essential condition of its fluidity, and if this quality is lost at the onset of catarrhal inflammation, it is evident that an alkali penetrating the cavity of the follicles will liquefy the mucus and place it in the necessary physical condition for transuding, the glandular retention will cease, and the affection will be immediately cured. This abortive action succeeds at an early period, often within twenty-four hours. When the follicles are already swollen, exercising compression on the stroma, the vessels and nerves of the gland, the secretion will no longer be the chief pathological element; but there will be more or less advanced inflammatory hyperæmia. Here again the alkaline remedy may be serviceable and lead to the evacuation of the follicles, but the inflammatory process already commenced will not terminate in speedy resolution, but will follow its course, more or less long, according to the

degree of inflammation. Finally, when the tonsillary inflammation has arrived at the highest degree and has propagated itself to the glandular parenchyma, the alkaline medication will have no influence.

The tonsillary phlegmasiæ are greatly disposed to relapse and to leave hypertrophy, with thickening of the mucous and chronic infiltration of the connective tissue. In this case the bicarbonate of soda, applied in the manner I am about to describe, will have a beneficial action and will prevent the necessity for the operation of tonsillotomy. In the initial period of free amygdalitis, characterized by slight pain in deglutition, the effects of bicarbonate of soda are as rapid as certain. It should be applied dry. If the patient is old enough he can make the application himself. It suffices to moisten the corresponding index finger of the side of the affected tonsil, to cover it as thickly as possible with the salt and then to place it on the affected tonsil so that the bicarbonate becomes adherent to it. The patient will remain for two minutes with the mouth open and without swallowing, so that the bicarbonate will remain a sufficient time in contact with the tonsil. It will soon be noticed that the salt liquefies on the mucous membrane and penetrates the follicles of the gland. Five minutes after, the application is repeated in the same manner, and continued every five minutes for five or six times. After that the patient may attempt to swallow and will be surprised to find that he may do so without inconvenience. From this moment the angina is aborted. It is unnecessary to say that, in the case of small children, this operation must be performed by means of insufflation. The nausea and the salivation that the presence of the finger and the contact of the bicarbonate in the throat produces, far from being detrimental, are powerful auxiliaries to the treatment, since the sudden contraction of the muscles favors greatly the evacuation of the muciparous follicles. Nevertheless, it is always preferable to operate when the stomach is empty, in order to avoid vomiting. When the symptoms of fever which indicate the ascending period of amygdalitis are established, with considerable tumefaction of the gland and sharp pains in deglutition, it will even then be desirable to try the bicarbonate as a resolvent to favor the evacuation of the muciparous glands, promote resolution and diminish the suf-

ferings of the patient. In these cases we may commence with the use of the salt in the hope of abortive action, but if after thirty minutes the angina shows no signs of resolution, it must be continued from hour to hour. If the angina arrives at its maximum of development, the bicarbonate does no harm, although it may be of no service. In the hypertrophic condition of the tonsils consequent on inflammation and its product, the bicarbonate perseveringly employed is again of great utility. Two or three applications daily, during one or two months, will occasion a gradual resolution of the hypertrophy. My method of abortive treatment by the bicarbonate has been known and practised for several years in Spain. I have employed it very often in my surgical clinic at Barcelona, and some of my pupils who have witnessed the treatment have also used it with success in their own practice. My friend and pupil, Dr. Armangue, of Barcelona, was the first to report his experiences. Some young physicians have published a small number of cases, which at first glance would appear to represent the efficacy as doubtful, but it is sufficient to state that one of the cases was one of diphtheritic angina, and that in two other cases the remedy was not employed at the commencement of the affection. Almost all the Spanish journals have published cases which incontestably favor the abortive efficacy and the resolvent action of bicarbonate of soda. The professor in his paper then related many cases from his clinical records (1) Of its successful abortive action in the initial stage. (2) Of cases where it was successfully employed in the first period of increase. (3) Cases in which hypertrophies to the extent of blocking up the isthmus of the fauces and consequent dyspnoea, were relieved by the persistent application for two months, three times a day, and the necessity for the operation of tonsillotomy dispensed with.

[Later reports from different sources confirm the value of this treatment in tonsillitis].—ED.

Correspondence.

VILIFYING THE PROFESSION.

To the Editor of the CANADA LANCET.

SIR,—I enclose you an advertisement, headed, "Betraying Confidence," which has appeared fre-

quently in Montreal and Toronto papers. The sentence following this glaring heading runs thus :

"It is very much to be regretted that the large majority of the so-called regular M.D.s will persist in discouraging poor sufferers, whom they have failed to cure, in trying the specialist, in whose hands lies their last and only chance to get well."

It is easy, I conceive, to understand from this, that by the "so-called regular M.D.," is meant the legally qualified practitioner, and "the *specialist* in whose hands lies their last and only chance," means in this case the presumptuous advertiser. The advertisement, as you will notice, is addressed to "anyone suffering from asthma, catarrh, bronchitis, catarrhal deafness, or consumption."

I hope, sir, you will consider it within your province to call attention to this underhand method of vilifying the profession.

I am, Sir, yours, etc.,

T. ARNOLD HAULTAIN, M.A.
Peterborough, Ont.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

Sept. 27th, 1883. The President in the chair. After the reading of the minutes, Dr. Riddel presented notes of a very interesting case, with specimen. Miss C, æt 40, fell and injured her spine in 1875, but recovered without apparent bad effects. In 1877, she began to have difficulty in passing her urine, when examination revealed a tumor at the left side of the uterus, which, by pushing the bladder over to the right, partially occluded the urethra. Treatment for the relief of the unpleasant symptoms caused by the tumor being of little use, an exploring needle was used to determine the nature of the enlargement. As it seemed to be fibroid in character, anæsthesia was produced, an incision made just above the pubes, between the recti muscles, and the growth incised in several directions. Little blood was lost. The tumor gradually disappeared as a consequence of the operation, the pains ceased, and the urine was passed naturally. Five years afterwards, (1882,) Dr. R. was again called, and found a large hernia at the site of the wound made at the former operation. A truss was applied with only partial benefit; a few months later she complained much of what appeared to be sciatica, and a tumor appeared in

the *right* iliac region, and, a short time afterwards, one below Poupart's ligament, on the same side. January 1st, 1883, Dr. Aikins, saw her in consultation with Dr. Riddel, and considered the tumors to be malignant in character. In August last, the distension of the abdomen having become extreme, the trocar was used, very much venous blood escaping. As a consequence, the enlargement disappeared to a great extent, but the patient gradually sank, the tumor became gangrenous, and death took place about seven days after the operation.

The autopsy revealed the tumor occupying the right half of the abdominal cavity, the intestines being displaced to the left. It consisted of a sac filled with decomposed blood, the walls containing several spicula of bone. The right half of most of the lumbar vertebræ was necrosed, also the entire sacrum, the right ilium, and a portion of the right pubis; neither bladder nor uterus was seen.

Dr. Reeve presented a mucous polypus removed from the post-nasal region by means of long curved forceps passed up behind the velum, and with the aid of posterior rhinoscopy; and also shewed a modification of the Bosworth-Jarvis ecraseur which he had found of service in removing large adenoid vegetations from the vault of the pharynx. As urged in a paper before the Canada Medical Association in 1877, rhinoscopy should be practised in cases of nasal growths, and the snare should be used for ordinary nasal polypi in preference to the forceps, the latter being less effective and causing much more pain and injury than the former. After-treatment is of importance especially in view of the tendency to recurrence, and also on account of the possible transition of a benign growth into a malignant one, two instances of which had lately come under notice.

Dr. Ferguson showed a specimen from a case of necrosis of the femur. Five years ago, a lad, æt 9, was suddenly seized with severe pain on the inner and lower part of the right tibia. Abscesses formed, and during the following two years many spicula of bone were discharged. He was first seen by Dr. Ferguson in October, 1882. There was now pain and swelling of the lower end of the femur. The use of a probe revealed bare bone, expectant treatment was employed, and gradually a large piece of bone was detached. This was so loose in February, 1883, as to allow of removal. It proved

to be the entire diameter of the femur, and about three inches in length. The newly-formed bone could be felt grooved like a trough. The boy can now walk, and there is no shortening.

Case II.—A lady, æt. 70, slipped and fell. The result appears to be some obscure injury. She can slowly elevate her head to an erect position; but if extension takes place beyond the perpendicular, control is lost; it drops suddenly backwards, intense pain being caused as far down as the sacrum.

October 11th, 1883. In the absence of the President and Vice-President, Dr. Covernton, was called to the chair.

Drs. Carson and Oliver were elected members.

Dr. Ferguson read a paper on "The Local Origin of Cancer," in which he endeavoured to show that cancer arises as a local disease, and from some form of irritation or injury.

Dr. D. Clarke, in discussing this paper expressed the opinion that only the tendency to it, not cancer itself can be transmitted from parent to child.

Dr. Oldright, referred to the fact that some authorities now hold peculiar ideas in regard to non-malignant tumors. Many now admit the possibility of secondary growths resulting from them. If this view were admitted, one of the most important points of difference between malignant and non-malignant tumors was removed.

Dr. McPhedran pointed out that the essayist had given the irritation of menstruation as a cause of uterine cancer. How did he account for cancer of the cervix, its mucous membrane not being shed at menstruation?

Dr. Ferguson considered that the irritation of engorgement was sufficient to account for it.

Dr. Cameron said that uterine cancers in virgins are found in the body, those of married females in the cervix usually. In the main he agreed with the opinions expressed in the paper just read.

Dr. George Wright mentioned the case of an unmarried female, the hymen being perfect, in which the cancer was cervical. He could not agree with Dr. Ferguson's paper and maintained the theory of a cancerous diathesis.

Dr. Macfarlane remarked on the curious fact that a prominent citizen of Toronto had smoked for forty years without developing cancer, while that gentleman's father had never smoked, yet had been operated on for epithelioma.

Dr. Reeve held that sarcomata may be successfully removed. He would insist on the early removal of all doubtful growths. The notion held by some that the removal of a tumor causes secondary growths is entirely erroneous.

At the close of the discussion the chairman announced that next meeting would be devoted to cases in practice, pathological specimens, &c.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.

The first meeting of the above-named society for the winter, was held on Friday evening, 26th Oct. The president, Dr. Robillard, City Health Officer, in the chair. After routine, Dr. H. S. Wright, read an excellent paper on London Hospitals, sketching his observations during a recent visit. Among other points he had remarked the universal custom of treating epilepsy with large doses of the bromides, and the indifference of most pathologists towards the *Bacillus Tuberculosis*. At Moorfields he was impressed with the careful manner in which the surgeons examined the eye for hardness before using atropine. They considered that glaucoma was often hastened by the indiscriminate use of this drug, due to its action on the ciliary muscle. In the discussion that followed Dr. Grant related a case of vomiting in early pregnancy relieved by a plaster of belladonna over the region of the stomach; many remedies had proved useless; no physiological effects had been noticed.

Dr. Prevost had seen small doses act powerfully, also large doses given with impunity. Remembered a case of strangulated hernia relieved in eight hours by a grain of the extract every hour.

Dr. H. S. Wright had seen an ordinary plaster produce alarming symptoms. In using the drug he never felt satisfied that it was of no service until the physiological effects had been produced.

The complications of enteric fever was selected for discussion at the next meeting, and Dr. Powell requested to prepare a paper on the subject.

The card of a local practitioner, with the following blank form on the back, was shown and caused much merriment:

To _____
Address _____

Having derived *great benefit* from the medical treatment of Dr. _____ I recommend you to secure his services.

Signed _____

The growing custom of advertising as specialists in diseases of the various thoracic and abdominal organs was also discussed and disapproved.

Selected Articles.

EXSECTION OF THE HIP-JOINT.

Extracts from a Clinic by LEWIS A. SAYRE, M. D.,
New York.

GENTLEMEN: This man, M. M. D., æt. 37 years, was brought to my office a few hours ago by Dr. Barnes, of Binghamton, N. Y., who gave me the following history. Both parents and family are healthy. Patient was strong and robust until two years ago, and has been living on a farm; while ploughing, he has been in the habit of kicking the mud off the plough, and by this means the hip-joint has been injured, which has resulted in inflammation, and at the present time it has reached the stage of suppuration, with exfoliation of bone.

You will observe that the right limb is two inches shorter than the left, although the limb is perfectly straight owing to Dr. Barnes' careful method of applying extension. You will observe that there is one sinus in the groin, one below the crest of the ilium, one above the trochanter major, and another about three inches below; we have in all, four sinuses, and judging by appearances, they lead to dead bone; this you may know by their peculiar characteristic appearance, which is graphically described as representing the anus of a chicken. This dead bone is a source of irritation, and keeps up a constant discharge from the body, emptying itself by way of these sinuses. As time goes on, granulation commences around the borders of these orifices, and becoming exuberant, is recognized as proud flesh; in this case you will observe it presents this appearance. Whenever you find an opening of this description in such a case as is here before you, you may be certain that such an opening leads to dead bone; you may be positive upon this point. In probing these sinuses, a flexible probe should be used in order that it may follow the channel without injuring the tissues; never use any force while probing at the seat of disease. The question here is what to do in this case; nature herself is trying to exsect the hip-joint; if the patient does not succumb from the long process of suppuration, we often get remarkable results from nature's treatment; in fact, there are some gentlemen to-day who claim that this is better than surgical treatment; I must confess that I differ from that doctrine. Here now is dead bone, and there is no hope for that man to get well until that bone is removed; now in the slow process of nature to remove that dead bone, there is a long travelling of pus through various roads which it must make for its exit; at the same time more or less of that pus will be absorbed by the system, resulting in anæmia and exhaustion. The patient informs me that while the sinuses are open and

there is a free discharge of pus, he feels much better and his general health improves; this is because the poison of the broken down tissue is not absorbed by the system, but when the openings become closed as they are apt to do for a short time, there is no escape for the pus, and hence it is returned to the system, and as a natural result constitutional disturbance ensues, followed by loss of appetite, with febrile movement, etc. This process may go on until all the diseased tissues have been thrown off, if the man can outlive the disease, but this can hardly be called the rule.

The question now arises as to the advisability of complete exsection of the bone, and the application of a drainage-tube to the wound. My own experience is that where the disease has gone on to caries of the bone, and where you have relieved the parts from reflex action, and yet the inflammation still goes on to destructive caries, that notwithstanding your extension and proper adjustment of the parts to give the patient ease, and afford him the benefit of the open air for the improvement of his general health; that notwithstanding the drains are placed in such a manner as to give free outlet to the pus; if, I say, in spite of all these precautions the carious degeneration still goes on, then your duty is promptly to remove the diseased tissues by an operation. If, on the other hand, the caries diminishes and the discharge from the sinuses becomes gradually less, under your precautionary measures, then you should be satisfied with your expectant treatment. In one case of hip-joint disease Dr. Spencer removed nine inches of the femur subperiosteally, and recovery commenced from the instant, which resulted in a shortening of the bone of only three inches, with a good movable joint. In this case by making pressure into the joint severe pain is induced, but there is a total absence of pain immediately that extension is applied.

I am very glad to find that this limb is dressed in a proper manner, extension being made from the thigh and not from the leg alone. To illustrate this point in regard to the proper mode of extension, I can do no better than relate an incident that occurred when visiting London for the first time: A child was brought to me suffering from hip disease and in much the same condition as this man, and upon whom extension had been applied *from below the knee*; I took the child in my arms in such a position as to immediately relieve the diseased surfaces from pressure, and upon the instant the expression of the child's face turned from that of pain, to relief and contentment. When I removed the strips of adhesive plaster from the leg, one of the gentlemen present checked me, and stated that they had been following out the method of extension by making traction below the knee by the use of the adhesive plaster and roller bandage; I informed the gentlemen present that the treat-

ment had been entirely wrong, and that instead of making traction upon the thigh, they had simply been making traction upon the ligaments of the knee-joint.

We now propose to dilate these various sinuses and ascertain the precise condition of the bone, as to whether we shall perform the operation of exsection. Mr. Anthony White was the first one to perform this operation, in 1821; you will find a full account of the case in Cooper's *Surgical Dictionary*. Dr. Bigelow, of Boston, performed the operation in 1852, the patient dying twelve days after. I performed the first successful operation in this country in 1854.

In making your incision, it is very important to take a point midway between the anterior superior spinous process of the ilium and the trochanter major; that will bring you just over the top of the acetabulum; you then take a firm, strong knife, and plunge directly down until the knife touches the bone; then draw your knife down to the top of the trochanter major; then curve it inward, making your incision from four to eight inches, according to the extent of the bone diseased. You must be sure and make your incision *through* the periosteum. You then take a curved, probe-pointed bistoury, and make an incision through the periosteum only, at right angles to your previous incision, and at a line with the trochanter minor; then, with the periosteal elevator, peel up the periosteum from the diseased bone until you come to the digital fossa, where the rotator muscles of the thigh are inserted; here it may be necessary to use your knife, to carefully cut them off from the bone itself. After having peeled off the periosteum in this manner, the limb is to be adducted, and the diseased bone removed by a chain or small thumb-saw. If you find that you have reached healthy bone, your object is accomplished; but if on the contrary, you find that there is yet diseased bone remaining below your section, it must be removed, perhaps necessitating a larger incision. It is, however, an absolute necessity that all dead bone be removed, to make the operation a success.

Sometimes by passing the finger into the rectum you can determine to a certain extent to what degree the caries of the acetabulum has progressed, and if the head of the bone be in its place. My assistant informs me that the internal periosteum points to great thickening of its substance. Here passing a probe into one of these sinuses, it passes in to the extent of eight inches, and I cannot say how much further it may go. Under these conditions, and discovering a large amount of pus and dead bone within the joint, exsection of the hip-joint has been determined upon.

The disease in this case being in the right thigh, it is necessary for me to stand on the left side of the patient. I shall make my incision connect these various sinuses, it being always advisable to

follow this method when feasible. I therefore, as you observe, press the knife down at the point indicated, until I reach the bone, and I now make my curved incision. A broad curved spatula is now placed in either side of the wound, to hold it open; and upon further examination, we find the periosteum to be very much thickened. I now take this probe-pointed bistoury, and make my incision through the periosteum, half encircling the femur at the point below the trochanter minor, and then taking this periosteal elevator, I endeavor to peel off the periosteum; remember, it is very necessary to leave as much of the periosteum as possible; and now reaching the digital fossa, we divide the rotator muscles. Having peeled off the periosteum, I now take this small thumb-saw, and make my section below the trochanters, and with the aid of these lion-forceps withdraw the head, neck, and trochanters of the femur *en masse*. The acetabulum I find to be necrosed, and completely perforated to the internal periosteum, this, however, being intact.

Now although I have removed nearly five inches of this man's femur, I find that the bone is diseased still further down. I therefore peel off the periosteum still lower and my assistant pushing the shaft of the femur upward toward the wound, bringing the bone more fully into view and thus enabling me to remove the necrosed portion with greater facility, I find it necessary to remove another inch of the shaft in this case; this being done, I remove carefully as much as possible of the dead bone from the acetabulum and portion of the pubes which I find is also necrosed; the latter, however, is a somewhat difficult matter owing to the close proximity of the femoral artery to the diseased structures. The wound is now thoroughly washed out with a carbolized solution of a strength of one to forty. The operation itself is very simple but the after-treatment is extremely important, the whole secret of your success depends upon this. My assistant now carefully holds the diseased limb for fear of injuring the artery while the patient is placed in the wire cuirass, this being a wire cradle made to fit the patient with movable foot-pieces by which your extension can be maintained. I now fill the wound with Peruvian balsam, manipulating it in such a manner that it penetrates to all parts of the cavity in every possible direction. You now observe that I take this piece of oakum which is also saturated with the balsam, and carefully pack the wound in order to maintain the original shape of the periosteum, and thus as new bone is formed, it will be of serviceable thickness and strength. I now insert the drainage-tube, and put in a suture at the upper and lower portion of the wound, and endeavor to secure union of these portions of the incision by union by first intention.

You observe that as the patient lies in the cuirass, the anus is directly over the opening pos-

teriorly, thus allowing of free evacuations without soiling the instrument. The whole secret is to secure the sound limb as a means of counter-extension; first fastening the sound limb to the leg-piece with a roller bandage, commencing at the foot, and as you reach the knee, place a folded newspaper over it to prevent flexion; then passing your bandage around the thigh, and as you reach the perineum, bring your bandage from the perineum over the handle of the instrument at the side, by which means your counter-extension is secured. Having now fastened the sound limb in this manner, we apply our extension straps of adhesive plaster to the diseased limb, making the extension from the thigh and never from the leg alone in these diseases of the hip-joint; these straps, you observe, are secured in the ordinary manner with the roller bandage; and the foot is now secured to the right foot-piece of the instrument, and by means of this screw at the bottom the requisite extension is made. Having effected this, we now fasten the limb to the instrument with a roller bandage, carefully padding the inequalities of the limb in order to obtain equable pressure at all points. I now moisten the wound with carbolized oil, and cover it with carbolized cotton and the usual antiseptic dressing; securing the whole with a broad roller. This dressing can be left on for twenty-four, forty-eight, or sometimes ninety-six hours, or until such time as moisture shows itself upon the outside of it. You will also notice that I pass one or two turns of the roller over the abdomen, and thus secure perfect immobility of the parts.

Four months afterwards the patient was again brought before the class. During the intervening time since you last saw him, Dr. Keyes, in whose ward he was placed, found it necessary to make another incision, and remove further portions of necrosed bone to the extent of about another inch of the femur. At the time I performed the operation I feared such might be the case, but as the periosteum was very thin, and firmly adherent to the shaft lower down, and the diseased portion was so extremely small in amount and in the centre of the shaft, I was in hopes Nature would have eliminated that portion without further necrosis. This fact shows how absolutely necessary it is to remove all necrosed bone when operating. There are, however, some cases in which this may, perhaps, be impossible. We find that we now have a shortening of the limb to the extent of almost four inches. My impression is that, had the extension been properly adjusted, the shortening would not have been so great.

I now intend to apply the long hip splint, in order that the man can go out of doors and secure the benefit of the fresh air. You will notice that the sinuses are yet open, the lower ones discharging slightly, but the upper one has almost ceased, but a few drops of pus passing daily. Th

itself is entirely closed. Now having applied the long splint, I commence passive motion at the joint, in order that I may create a new joint. With the assistance of his crutches, the leg being maintained in the desired position by the proper application of the splint, he can now walk around and secure the benefit of the fresh air, in the mean time nourishing him well with a generous diet in order to build up his general constitution. The disease in time becoming entirely eradicated, the length of the right limb can be equalized by the application of the high shoe.

TALIPES EQUINO-VARUS — ARTHRITIS —HYDRORACHIS.

CLINIC BY D. HAYES AGNEW, M.D.

This child presents the deformity known as club-foot; it is congenital, and is of the particular form which is described as equino-varus. The extensor and peroneal muscles are paralyzed, and the foot is therefore given over to the power of their opponents. The heel is slightly raised by the calf muscles; the tibialis anticus draws the inner border of the foot upward, while the tibialis posticus and the flexor longus digitorum twist the anterior two-thirds of the foot inward. The child, therefore, if he were allowed to grow up in this condition, would have to walk upon the outer edge of the foot; indeed, some cases progress so far that patients have been found walking upon the dorsum of the foot and outer side of the ankle.

The relaxation of the paralyzed muscles produces distortion, the ligaments elongate, and we often find displacement of the bones, with decided changes in their articulating surfaces. The different parts act at a great disadvantage, and their functions are materially interfered with. As a consequence, periostitis or synovitis may ensue, associated with great pain.

Although mechanical treatment and the use of electricity in many instances may be sufficient, the treatment to be adopted in this case is to cut the tendons of those muscles which keep the foot in its unnatural position. This child also has phimosis; but, although that condition will account for a great many disturbances, I do not consider that in this case it has any significance.

I find that the tendo-Achillis is flattened out like a ribbon. I make the parts tense, and draw the integument aside, so that the incision through the skin and that through the tendon shall not correspond, taking care to avoid the posterior tibial artery by passing the blade of the tenotome flatwise beneath the tendon throughout its entire breadth; then I turn its edge upward, when, with a slightly sawing motion, the tendon is completely severed.

The knife is withdrawn in the same manner in which it entered, and I instantly cover the wound with my finger to prevent the access of air, and apply a small piece of adhesive plaster.

The foot must now be forcibly placed in a correct position, and often it is necessary to use a good deal of power. Unless you are dealing with a case of acquired deformity with ankylosis from a pre-existing disease of the joint, it is best to place the foot in a proper position *at once*. You notice that, in order to prevent excoriation, I place a strip of lint with some benzoated oxide of zinc ointment over the ankle and along the side of the foot. Then I apply a roller-bandage, which ought not to exceed two inches in breadth, so as to hold the foot firmly.

I now apply this modification of Scarpa's shoe, which is provided with two screws, so that, by means of a key, not only flexion and extension but also abduction and adduction can be made. The apparatus extends above the knee so as to obtain leverage: it must hold the heel down and carry the foot out. The child's heel must rest upon the heel of the shoe. I have put into it a little cotton to prevent undue pressure. Everything depends upon getting the foot into a proper position, otherwise you will fail to effect a cure.

To-morrow morning the shoe and the bandage will be removed and the limb will be vigorously rubbed with alcohol. The dressings and the shoe will be re-applied, and this process of rubbing and motion will be carried out persistently. Faradization will often aid in the restoration of muscular power. Always use mild currents, and never for a longer time than four or five minutes every day. The patient will have to wear this shoe for one, two, or, possibly, three years; until the peroneal muscles have acquired the power of contractility it will not be safe for him to lay it aside.

ARTHRITIS OF THE ANKLE.

This boy has been brought to us with disease of the ankle-joint. When I first attempted to examine him a few moments ago, the resistance was so great that I could not form a satisfactory judgment, so I have had him etherized.

In comparing the two ankles, notice first the normal one, its prominent malleoli and the concavities below and behind. You observe that the diseased ankle is larger; the depressions on each side of the tendo-Achillis and behind the malleoli have been obliterated, owing to the softening of the texture of the ligaments and from an effusion into the extra-articular fibrous tissue. The leg itself is wasted and the foot is held in extension. In arthritis of any joint, the affected member always assumes that position which will ensure the most complete relaxation of the joint-tissues. The muscles are rigid, and are constantly on guard to hold the joint-surfaces in the relation most favora-

ble for comfort. Any interference with this position, whether by relaxation of the muscles during sleep or by forcible flexion or extension, makes the patient cry out with pain. The sudden starts that are so often seen in this disease are the result of involuntary contraction of the muscles as pain summons them at once to their duty. A good example of this involuntary muscular tension, and one of great diagnostic value, is seen in hip-joint disease.

Now that the muscles are perfectly relaxed by the anæsthetic, I can move the joint freely, but not without distinct grating of the opposing surfaces.

What shall we do for him? We must put the joint at perfect rest, and must remove all undue pressure upon the articulation. How shall we do this? First we place the foot at a right angle with the leg, and then apply a nicely-fitting flannel roller bandage as far as the knee. Having thus protected the skin, we apply a plaster-of-Paris bandage until the foot is firmly encased from the toes almost to the knee. The sound foot will be supplied with a high-soled shoe, and when the plaster is hard we will allow the patient to go about on crutches; were he younger he would have to remain in bed and from time to time be carried about in the open air. As the swelling recedes it will be necessary to renew the splint or to pad and re-apply the old one, in order that the joint may be preserved immobile.

When abscesses complicate the case, you may cut openings in the splint through which the discharges may escape and through which the proper dressings may be applied. This dressing must be persisted in for several months, and great caution will be required in resuming the use of the limb.

Kneading and rubbing the muscles, the cold or warm douche, and gentle and cautious passive motion must be instituted at the proper time.

Constitutional treatment must not be neglected. In pale, delicate subjects give iron, changing its form from time to time. Cod-liver oil in small doses, and, when the appetite flags, quinine or tincture of cinchona, will be found valuable. Milk and eggs, animal broths and meats, should be freely given, and wine or some preparation of malt may be allowed. Such a treatment, conjoined with fresh air and sunshine, will doubtless in this case be rewarded by success.

When, however, an ankle-joint becomes disorganized by suppuration and caries, do not defer an operation too long. When the disease has progressed from the joint to the tarsus, you may be mortified to find that amputation is demanded, where, a few weeks before, an excision of the joint might have sufficed.

HYDRORACHIS.

This infant, three weeks old, has a swelling in

the posterior portion of the lumbar spine, which was there at birth. It is due to a deficiency in the posterior arches of the spinal column, permitting a protrusion of the membranes of the cord and spinal fluid. This condition is sometimes called *spina bifida*, but, as this term relates only to the deficiency of the arch, I prefer to use the other name.

The skin covering this tumor is reddened, attenuated, and fluctuation is readily obtained. Whenever the child cries the tension is slightly increased. Closely attached to the sac of the tumor is the spinal cord; the fluid has pushed it back. The fluid is cerebro-spinal or sub-arachnoid.

As a rule, these cases are not capable of being treated by any surgical measure. Occasionally we find the enlargement pedunculated, owing to the small size of the aperture through which the tumor emerged. Sometimes, also, the skin is of the natural color. These conditions constitute the most favorable cases for treatment.

When, however, the fluid presses the cord or its nerves, paralysis of the bladder, rectum, or lower extremities, or even convulsions, may be produced.

In favorable cases the arches may close spontaneously and a cure follow. Such a result occurred in a child that was under our observation in this clinic for a period of two years. The tumor diminished gradually and its neck contracted until it was reduced to the size of a small probe; nothing was left but a little mass of what appeared to be the redundant integument of an extinct sac. The mother was anxious for its removal, and, as the boy had grown strong and the case seemed to have been perfectly well for over a year, I consented to clip off this thread-like pedicle. Not long after this a serous fluid began to dribble from a hair-like opening. However, by passing a pin through its sides and by bringing the parts together with a figure-of-eight suture, the opening was successfully closed, and the child made a permanent recovery.

So long as the natural process of pedunculation is progressing, it is best to keep a close watch, but to abstain from any operative interference. It is only when the tumor enlarges and threatening symptoms arise that you are to resort to any operation.

One method of procedure is to apply to the pedicle an elastic cord so as to favor the isolation of the sac. Another plan is to use injections for its obliteration, just as we do in cases of hydrocele. For this purpose we have used successfully, in the case of another child, a solution consisting of fifteen grains of iodide of potassium and one grain of iodine to the ounce of distilled water.

Injections should, in my opinion, be confined to cases where pedunculation exists. In their employment the neck of the sac should be compressed, to prevent the iodine from entering the spinal canal. A delicate trocar is then introduced

within the sac, and its contents entirely removed and preserved at the temperature of the body. After injecting the sac and allowing the fluid to run out, the cerebro-spinal fluid first removed may be restored. The canula is then withdrawn, and the puncture in the skin covered with a strip of adhesive plaster. If the result be favorable, the inflammation will have closed the communication between the cavity of the sac and that of the spine, and thus effect a cure.

Such treatment, unfortunately, is not applicable in the case of the child before you. We can only advise the mother to keep it carefully shielded from harm and not to allow anything to rub or irritate the back. The treatment—for the present, at least—must be palliative.—*Med. Times.*

THE MANAGEMENT OF ABORTION.

In a paper published in the *St. Louis Courier of Medicine* for August, Dr. Walter Coles gives the following as his treatment, which we endorse:

"Let us suppose that we have been called to a case in which the embryo has just escaped during the third month and the secundines are retained. Under such circumstances there is generally considerable hemorrhage going on, and the first thing in order is to check it. Of course the most effectual and desirable method of so doing is to empty the uterus and cause it to contract. A teaspoonful of fluid extract of ergot is administered, and the accoucheur at once examines the uterus. If it be practicable by digital manipulation, or the aid of the forceps, to deliver the placenta, this is a fortunate circumstance which should be availed of on the spot. But if the os is too contracted to admit the finger, or even if patulous and the membranous placenta is so adherent as only to be detached in fragments, it is better not to disturb it for the time being, rather than resort to immediate and forcible extraction. We should, however, be equally far from pursuing a *passive* policy. The hemorrhage should be controlled by means of a tampon, aided by ergot, supplemented by a full dose of tinct. of opium—the latter being especially beneficial as a soothing stimulant after blood loss. A tampon ought always to be applied with the aid of a speculum, that of Sims being the best. There is a great deal in the method of tamponing; it should be carefully packed over the os and around the cervix. The best material is old cotton muslin torn into strips; I prefer to put it in dry. Sponge is of very little service as a tampon; it absorbs the blood and permits it to flow through.

"In most cases thus managed, the physician will find on removal of the tampon twelve hours later that the secundines have either escaped entire, or else are presenting at the os, whence they may be readily removed by very slight manipulation.

But in case this cannot be done without violence, it would be proper to wash out the vagina and again tampon, with the expectation that under the excitation of the plug and the continued influence of ergot, the uterus will by its contractions detach and expel its contents. If at the end of twenty-four or thirty-six hours there is no indication of dilatation, it will be quite time enough to consider the propriety of artificial dilatation and extraction. If the internal os continues closed, it is pretty conclusive evidence that the placenta is still adherent and hence not extensively decomposed. Lusk recognizes this condition of the internal os as a valuable indication—a fact pointed out by Hunter. He remarks that 'When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus.' Such being the case, we have less reason for being in a hurry when the uterus is closed than if the inner os were lax and the discharges offensive; under the latter condition of things the practitioner should lose no time in emptying the uterus of all decomposing material, provided he can do so without inflicting too much violence on the organ itself. * * *

"We are assured by the advocates of immediate removal that this feat is very easy of accomplishment—a thing which the merest tyro may perform, but most of our leading obstetrical authorities entertain a different view of the difficulties and dangers involved. Playfair, while admitting the desirability of emptying the uterus when feasible, goes on to say: 'Cases, however, are frequently met with in which any forcible attempt at removal would be likely to prove very hurtful, and in which it is better practice to control hemorrhage by the plug or sponge tent and wait until the placenta is detached, which it will generally be in a day or two at most.' Barnes reiterates the same advice, and cautions us that 'We must not persevere too pertinaciously in the attempt at removal lest we inflict injury upon the uterus.' The same author, recognizing the fact that the placenta after abortion quickly undergoes retrograde changes whereby its adherence to the uterine wall is weakened, thereby facilitating its removal, remarks that 'The consulting practitioner here occasionally reaps credit which is scarcely his due. He is called in perhaps on the third day, or later, when the adhesion of the decidua to the uterus is breaking down. He passes in his fingers and extracts at once; but had he tried the day before he might have failed like the medical attendant in charge.'

"Whenever there is serious and persistent hemorrhage threatening to exhaust the patient, active interference is of course demanded. Or if there is an offensive discharge and an elevated temperature together with rigors, we have good reason to apprehend blood-poisoning from the absorption of putrefying elements within the uterus. Under such circumstances it would be proper to explore the

interior of this organ, dilatation being resorted to if necessary. For this purpose the tupelo tent is certainly far superior to the sponge or sea-tangle. It has all the dilating qualities of sponge, while it is cleaner and can be introduced more readily, even without a speculum if desired. It has also the advantage over the sea-tangle in that it can be procured in larger sizes and is less liable to slip out of position. Whenever full dilatation is required the tupelo is preferable to all other tents. The uterine cavity having been exposed, all fragments of secundines should be carefully dislodged with either the finger or curette, after the manner so well described by Lusk and Mu dé, and the organ washed out with some disinfectant fluid. Where there is a tendency to bleeding, tincture of iodine answers an excellent purpose, and is cleaner than perchloride or persulphate of iron as recommended by Barnes. Where the disintegrating fragments are small, repeated irrigation of the uterine cavity (the os being patulous) will generally suffice, as they usually melt down and come away with the discharges. It is not safe to scrape the uterine surface more than can be avoided, for fear of opening up fresh avenues by which septic materials may reach the system, since we know that nature interposes a bar to infection by glazing over denuded surfaces and closing gaping vessels. For this reason Lusk remarks that 'Fatal results are, however, rare, as decomposition is usually a late occurrence, setting in as a rule, only after protective granulations have formed upon the uterine mucous membrane and after the complete closure of the uterine sinuses.'

CASE OF COEXISTENCE OF DIPHThERIA AND TYPHOID FEVER.

Dr. G. E. Paget, F.R.S., Regius Professor of Physic in the University of Cambridge, describes the following case:—

"The recent illness of the Postmaster-General may add interest to the following case. The patient was Mrs. J. K., a married woman, about twenty eight years of age, living in Manor Street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore-throat, and exudation upon it.

When I first saw Mrs. K. (on December 14th, 1861), she had been confined to her bed about a week. From Mr. Carter I learned that her illness had begun with sore-throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever; and at the base of her right lung,

to the extent of two or three inches, the percussion sound was dull; and small crepitation could be heard. She was feverish; her pulse was 130; her bowels loose. She was in the seventh month of pregnancy.

For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above 120; her tongue dryish; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances; but on the morning of December 20th it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28th, her urine contained albumen. The exudation, after its reappearance on December 20th, was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2nd. When I saw her on January 5th, it had been completely cleared off.

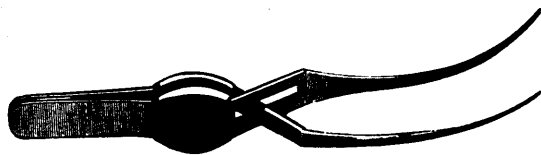
Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough. The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20th, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labor was completed, the vomiting ceased, and she gradually recovered.

Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged 58, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14th, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms; the rose-spots, loose stools, etc. She went on favourably until March 13th, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24th.

The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not perhaps contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett.—*British Medical Journal*.

HÆMOSTATIC FORCEPS.

Under the name of Hæmostatic Forceps, Dr. Oscar H. Allis, Jefferson Medical College (*Col. and Clin. Record*), introduces to the medical profession an instrument that he has devised for the arrest of hemorrhage during operations. The instrument consists of two blades, under the command of a spring; one of the blades is needle-



pointed, and can be readily thrust beneath bleeding tissues, which done, the grasp of the hand is removed, and the bleeding vessels left under the control of the instrument. As an illustration of their use, we may take the removal of the mammary gland. In this operation we usually have no large vessels to tie, yet the bleeding from many small orifices is often so troublesome that the operator is embarrassed, while the patient is not infrequently reduced to a condition of critical prostration. To have an instrument that is simple of construction, easily managed, instantaneous in its action, and one that will be generally useful, is certainly a consideration of no small moment. Such an instrument he has found this to be. He has used them very generally for the last six months, in private and hospital work, and feels that once in the hands of the profession, they will not soon be set aside.

The delay in applying a ligature is often a great annoyance. The operator feels that "too much blood is being lost," and while some vessels are being controlled by compression, he secures slowly, one by one, the larger vessels. Just this condition of affairs may be easily and promptly met by these forceps. As each vessel spirts, an instrument point is thrust beneath it, and the spring secures it against further leakage. One by one may be put on, until the number of instruments is exhausted, when the ligature may be applied to each at leisure. Often the grasp of the instruments are such that if they are allowed to remain a few minutes, their removal will not be followed by hemorrhage.

He has used the instruments for some time, and, while he cannot recommend them for every emergency, still he has employed them under so many and diverse circumstances, that he feels that the variety now made will meet the wants of the general surgeon, as no instrument hitherto devised will do. Several varieties are made, one of which consists of two needle blades. This instrument has a more general application than any single instrument. Surgeons not infrequently find, in the course of an operation, that blood will well up

from a considerable area. To catch up a part with the tenaculum and tie does no good; what is needed is to embrace the whole in a compressing band. For just such emergencies this instrument is happily fitted. It is grasped, the needles made to separate, to straddle the bleeding spot, and the work is accomplished.

ANTIMONY IN SKIN DISEASES—Dr. Morris, in the *Brit. Med. Journal*, gives some of the more important diseases in which he had used the drug, leaving a more complete and detailed account for another opportunity.

Eczema.—It is now several years since my colleague, Dr. Cheadle, pointed out to me the value of antimony in the treatment of the acute form of this disease. In the majority of the cases which have come under my care, its beneficial effect has been both marked and rapid. In the acute general eczema of adults, which usually commences somewhat suddenly by heat and burning on the flexor surfaces, and on other characteristic positions, and is soon followed by abundant exudation of clear fluid, and in the form known as *eczema rubrum*, I generally begin with four or five minims of the *vinum antimoniale* three times a day, increasing the dose gradually up to seven minims. After a few doses the exudation ceases, and the local irritation is much relieved; but, in order to prevent a relapse, it is necessary to continue the treatment until all traces of the eruption have disappeared. In acute eczema of children, the dose should be in proportion to the age of the child—half a minim or less up to six months, and one minim or less up to a year. As a rule, I have found both children and adults bear these quantities well, neither sickness nor diarrhoea being produced. In the case of aged persons, however, the dose should not exceed three or four minims to begin with, as diarrhoea may result from the administration of a greater amount.

In the subacute forms, both of children and adults, similar doses, but continued for a longer period, are necessary. In chronic eczema, especially when localised, the use of antimony is less often successful; but even in this troublesome form, it relieves the acute exacerbations, and is occasionally followed by cure when other methods of treatment have failed.

In *eczema impetiginodes* of children, I have noticed little benefit from the drug till the scabs have been removed, and formation of pus checked by local treatment. Simple *impetigo contagiosa* from a local cause is not included in this category.

In the various forms of so-called lichen that occur in children, I have found antimony in the previously mentioned doses of the greatest value in relieving the irritation—a feature in which it resembles arsenic.

Psoriasis.—Though, in the majority of cases of psoriasis, arsenic is to be preferred to antimony, I have elsewhere called attention to the fact that, in certain persons, arsenic not only fails to relieve, but even aggravates the disease. I have, in some of these cases, tried antimony, and have noticed in a few instances that improvement took place, while in others it seemed to have no effect.

I have been obliged to condense the facts in this paper into very brief space, but two points I wish especially to lay stress on; first, that tartar emetic—in doses of $\frac{1}{4}$ to $\frac{1}{2}$ of a grain, according to age—can not only be tolerated, but seems to have a decided tonic action; secondly that it proves useful in those acute forms of skin disease that are usually aggravated by arsenic.

TREATMENT OF TYPHOID.—A fair idea of the manner in which typhoid fever is treated in New York may be gathered from the routine of the different hospitals.

In the New York Hospital many patients are simply put on a milk diet, with the addition of a moderate amount of whiskey, and no other treatment is used. Peptonized milk instead of ordinary milk is thought to be of service. For high temperatures the body is sponged with equal parts of alcohol and water, and sometimes the fluid extract of eucalyptus is given in fifteen-minim doses. Quinine is not much used. Tympanites is treated with turpentine internally, and in stipes over the abdomen. Opium is given when there is hemorrhage from the bowels or excessive diarrhoea.

At St. Luke's Hospital the treatment is the same, except that quinine is sometimes employed to reduce the temperature, and ergotine hypodermically for intestinal hemorrhage. Either opium or chloral are used to control restlessness and sleeplessness.

At St. Francis' Hospital, if the cases are seen early in the disease, large doses of calomel are given, with the idea of aborting the disease. Quinine in large doses is given to most of the patients. The salicylate of soda or the benzoate of soda are given by some of the physicians throughout the disease. Cold water in any form, to reduce the temperature, is but very little used. A solution of the acetate of alumina is given to nearly all the patients to prevent or control the diarrhoea.

At St. Vincent's Hospital quinine in doses of two grains every two hours is given to control the temperature. Cold water is not employed. Opium is used with diarrhoea and intestinal hemorrhage.

At Mount Sinai Hospital quinine in large doses is given to nearly all the patients. Cold water is not much used, but sometimes the patients are sponged off.

At Bellevue Hospital the treatment varies in the different divisions.

In one division the peptonized milk is much

used. Quinine, in large doses, is given when the temperature reaches 103° , and sponging is also sometimes used. Opium, the bromides, and cold to the head are used for the restlessness.

In another division quinine in moderate doses is given to most of the patients. For temperatures over 103° sponging with cold water or the Kibbee cot and sprinkling with cold water are used. Opium is given when needed.

In another division carbolic acid *gt. j.* and tincture of iodine *gtt. ij.* every two hours are given early in the disease. Quinine in ten-grain doses every half hour is given to reduce the temperature. Sponging with cold water is sometimes used. Opium is employed for severe diarrhoea.

In another division occasional sponging, and whiskey and opium when required are the only treatment.

At the Roosevelt Hospital full bathing has been tried in many cases but now cold sponging is more used. Bismuth and pepsin are given to many of the patients.

In all the hospitals milk, either simple or peptonized, is the regular diet of the patients.—*Med. Record Nov. 17.*

EASY METHOD OF RHINOSCOPY.—The importance of visual inspection of the naso-pharynx and posterior nares in all local diseases cannot be questioned. Ordinarily such examinations are attended with various difficulties. Dr. Walsham (*Lancet*) describes a simple method of overcoming these difficulties, admitting, however, that a somewhat similar procedure has for years been practised by some American specialists: A piece of soft red rubber tubing, about one-eighth of an inch in diameter, is introduced into one nostril, and pushed very gently along the floor of the nose till it presents just below the soft palate. It is then gently seized with a forceps, drawn out through the mouth, and loosely tied across the upper lip to the end protruding from the nose, the elastic tube being stretched just sufficiently to loop upward and forward the soft palate, and draw it well away from the posterior wall of the pharynx. The looping of the palate on one side is often sufficient; but a better view is obtained by passing a tube through the other nostril also and looping up the soft palate of that side in the same way. The posterior nares and naso-pharynx can now be examined with the ordinary laryngoscopic mirror with the greatest facility. One hand only is required to hold and direct the mirror (the stem answering the purpose of a tongue-depressor), the other hand is consequently free to perform any manipulation or operation that may be required. The tubes serve as a good guide, as they can be followed in the mirror winding round the upper surface of the palate, and so into the respective cloacæ. The introduction of the tube causes hardly any discomfort or annoy-

ance to the patient. Care, however, should be taken in passing the tube to let it only just present below the soft palate, as otherwise, if it is pushed further, it may impinge upon the lower pharynx, and is then apt to produce a tickling sensation and desire to vomit. When the examination is finished, it is better to withdraw the tube through the mouth rather than through the nose, and when the nasal end is just about to drop into the pharynx to give it a sharp whisk forward. If it is withdrawn through the nose, the mouth end trails along the tongue, causing a tickling of its posterior part. In place of the red rubber tubes, the American surgeons preferred to use flat tapes or narrow bandages for tying up the palate. These have necessitated the use of various instruments for passing them, such as the Eustachian catheter, Bellocq's sound, etc. The advantages of the red rubber tubing are that it is soft, non-irritating, and possesses just sufficient resistance to enable it to be passed through the nose by itself, thus dispensing altogether with the use of an instrument, the passage of which, as for instance in plugging the nares is, as is well known, a source of much discomfort and annoyance to the patient.—*Med. Record.*

DISAPPEARANCE OF CARDIAC MURMURS.—The following is a summary of Mr. Greves' article on the above subject in the *Medical News* :

Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed on the presence or absence of murmurs, as is too frequently the case, but other signs and symptoms must receive careful examination and consideration, for often on them alone is it possible to found a correct diagnosis.

The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle, and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment.

Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed, the condition is recovered from, as is indicated by the disappearance of the murmurs.

Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear.

Aortic diastolic murmurs, in certain extremely rare cases have been known to disappear. In these cases a systolic aortic bruit is always present,

which remains persistent, and thus indicates the existence of a lesion.

Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently.

DIAGNOSTIC VALUE OF UTERINE HEMORRHAGE AFTER THE MENOPAUSE.—During the course of a late clinical lecture on malignant disease of the cervix uteri, Dr. T. Gaillard Thomas stated, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as the return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flow from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but simply a form of polypus. I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.—*New York Med. Journal*, September 1, 1883.

TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.—In a paper by Dr. Carl Brues, in the *Archiv für Gynäkologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. Other means, as the inhalation of chloroform, and the administration of choral hydrate, were also employed. The convulsions set in at different periods during labor, and in the course of first day after delivery. In four cases they came on at the beginning of labor, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There was present in all the cases albuminuria, together with more or less œdema. The baths were employed after the convulsions set in, during and after labour. A case is also mentioned in which forty-five hot baths were given during pregnancy. The author believes that

the immediate danger to life in these cases is due to the diseased state of the blood—hydræmia—shown by the albumen and anasarca; and that the rational treatment of this condition consists in the production of a rapid change in the blood-state. This he believes is brought about by profuse sweating, which, he states, diminishes the quantity of albumen in the urine, and the œdema. The hot baths have occasioned no bad symptom in the author's practice; they have not brought on premature labour when used during pregnancy, nor have they occasioned hæmorrhage when employed soon after labour.—*Lancet*.

THE TREATMENT OF HAY-FEVER.—Mr. W. F. Phillips of St. Mary Bourne, Andover, writes:—

"It is just over five weeks since a lady placed herself under my care for the treatment of hay-fever, or summer catarrh—a very much better name. She had suffered severely for many years, and sometimes from the end of May to near the end of July with little or no intermission unless she kept indoors. Her mother, it is worthy of remark, was very sensitive to the odour of certain flowers, and was affected by some of them even to the extent of fainting. She was not subject, however, to summer catarrh.

Knowing how exceedingly unsatisfactory is the treatment recommended and practised for this disease, as is sufficiently evident from the recent communications to the *Journal* on the subject, I sought for rational indications that might guide me to the selection of a remedy. I thought of the neurosis that seems to underlie most cases of this kind, and to constitute the essential cause or predisposition on which the disease depends; of the characteristic symptoms of the malady; the injection of the conjunctiva, the hyperæmia and hyperæsthesia of the nasal cavities, the excessive secretion of tears and mucus; and then I bethought me of a drug whose physiological action might indicate the possession of the power to control such symptoms. Belladonna was the drug that suggested itself at once, and I determined to give it a trial, all the more hopefully because I remembered how strikingly useful on similar indications, and by a parity of reasoning, I had often found it in ordinary conjunctivitis and simple catarrh. I began with the following prescription: R—Succi belladonnæ, ℞ xxiv.; aquam ad ℥iij.—*M.* A teaspoonful to be taken every hour till relief is obtained. The medicine was taken without the production of any undesirable effect, and with very marked advantage indeed—an advantage that became still more evident and unmistakable, both to the patient and myself, when the dose was increased from one minim to one and a quarter (half a drachm in three ounces). Once, too, when the eyelids were especially tender, the patient was advised to use the mixture as a lotion to the

affected parts, and this local application was found to be a most useful addition to the internal administration of the remedy. Repeatedly, when the symptoms of an attack had been allowed to begin, the patient found prompt relief after a few doses of the drug, the catarrhal affection disappearing first, and then the asthmatic; and on taking it regularly every day after the malady had been subdued, she has found to her delight that she can take her walks abroad through blooming grass and flowers without the least protection or precaution—a thing she had not been able to do for years before.

The patient, remembering no doubt the failure of past treatment, pronounces the remedy "a great success;" but, however satisfactory the case may be, it is, as far as I know, a solitary one, and therefore stands in need of confirmation and support.—*British Medical Journal*.

THE TREATMENT OF PELVIC PERITONITIS.—

Dr. Goodell, in a clinical lecture in the *Med. Times* on this disease gives the following:—"In the first place give as much morphia as is necessary to relieve the pain, if you choose a hypodermic injection of morphia at first, but I prefer the use of opium by the rectum. I never give less than one grain of the aqueous extract of opium. It is a very good plan to add belladonna by the rectum, but do not put it in the same suppository as the opium. Belladonna is very good for the urinary tenesmus, and it also has an effect in lessening the inflammation. You have to push the opium but cannot push the belladonna. I also give large doses of quinine, giving in bad cases ten grains every four hours until the patient is completely cinchonized and is deaf. I next put a large poultice of flaxseed or corn meal over the abdomen. If this is covered with rubber or a piece of brown paper greased with lard it will keep moist and warm for twelve or twenty-four hours, for the rubber or greased paper retains the heat, and the temperature in these cases is always elevated, running up to 103° F. or 104° F. in the evening, and down to 101° F. in the morning.

"After you have passed the brunt of the disease you must begin to use blisters. In this case the worst is passed, but her temperature is, I am sure, not under 100° F. I shall blister her. How shall we blister? Here is a woman who has strangury to a certain extent, and you do not wish to apply a blister that is going to increase the trouble. I always use the cantharidal collodion. I shall paint a blister in this instance three by four inches, putting on three or four layers, and then at once put over this a poultice. This is an almost painless way of raising a blister. I have never seen it produce strangury.

"Now, gentleman, in a case of frank inflammation, such as that produced by a sound, where there is

nothing of a concealed character, this treatment will subdue it, but if the peritonitis is produced by sponge tents you have a bad case to treat.

"I am sometimes called in consultation to a case of peritonitis by some of my students, and they tell me 'I am giving quinine just as you direct us. I am giving two grains every three or four hours.' That is nothing at all. You should never give less than five grains.

"You will find certain nervous symptoms present. The woman will be weak and trembling, ready to burst out crying. In such cases I very often give large doses of the bromides, from sixty to one hundred grains in the twenty-four hours.

"If you treat your cases in this heroic way, you will, in the great majority, cure them at the very beginning of the disease."

CANNABIS INDICA; A VALUABLE REMEDY IN MENORRHAGIA.—Mr. J. Brown, of Bacup, observes in the *British Med. Journal*: Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription: \mathcal{R} iuncturæ cannabis indicæ ʒxxx; pulveris tragac. co. ʒj; spiritus chlorof. ʒj; aquam ad ʒij. One ounce every three hours. Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however,

is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora. Robert Batho, M.D., M.R.C.P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is *par excellence* the remedy for that condition, which, unfortunately, is very frequent in India. I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hæmorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed. I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."

OBTURATOR HERNIA.—Very interesting statistics on this rare affection are to be found in a pamphlet on *Hernia* by Dr. B. Schmidt, published in 1882 as part of Pitha and Billroth's well-known series. The cases where obturator hernia has been diagnosed during life are reduced to twenty-five; of these, seventeen were subjected to operation, eight were relieved by taxis, but only five altogether were saved by the two methods of treatment. Dr. Hasselwander of Hausbam, in Bavaria, records in the *Aerztliches Intelligenzblatt* a successful case of operation for strangulated obturator hernia. The patient, a countrywoman, aged 65, had suffered for three days from colicky pains, constipation, and flatulence. On two occasions, she had been seized with vomiting. Her appetite was bad, and she felt pain in the left foot. When first examined, her face shewed an anxious expression, her tongue was furred, her body emaciated, and her urine was highly albuminous. The abdomen was distended with flatus. No hernia could at first be detected. There were itching sensations in the left thigh, and numbness in the entire extremity. On closer examination, the depression, plainly marked on the right side, over the adductor longus in Scarpa's

triangle, was almost effaced on the left, where the same region was painful on pressure. On deep palpation, an indistinctly circumscribed hard smooth swelling was found on the inner side of the femoral vessels, over the adductor longus. On vaginal examination, fulness could be detected within the left side of the pelvis. Partial reduction was effected; but the symptoms became very serious a few days later, so that an operation at length had to be performed. The adductor longus was laid bare by an incision extending from below the pubes for three inches along the line of its outer border. That muscle was then cleared of the cellular tissue lying in its anterior aspect, and drawn inwards. The fibres of the middle part of the pectineus were divided, and a well-circumscribed swelling was in this manner exposed. The existence of hernia being now certain, the entire incision was enlarged, upon which very troublesome venous hæmorrhage occurred, and it proved difficult to control throughout the remainder of the operation. The external pudic arteries were drawn aside. The swelling was about the size of a pigeon's egg, and very tense; but it fluctuated slightly on pressure. Its surface was of a purple colour. Some strong adhesions were separated by the finger. By the aid of blunt instruments used with great precaution, the sac of the hernia was opened; its outer layer was aponeurotic; its inner coat consisted of a thick oedematous tissue, easily lacerated. There was no fluid in the sac, and the intestine lay immediately against its inner wall. On widening the incision in the sac by laceration till it became of a sufficient width, the intestine was found to be deeply congested and very tense. The finger was then passed into the neck of the sac, very sharply constricted by the border of the obturator foramen and the ligamentous tissue in the neighborhood of that region. Incisions were made in the inner and lower borders of the neck of the sac, by means of a straight probe-pointed bistoury. The intestine was then carefully replaced. Only the end of the little finger could be passed into the foramen. The venous hæmorrhage, the depth of the incision, and the lateness of the hour at which the operation was performed, apparently without the aid of any artificial illumination, made the operation very difficult. The wound was covered with an antiseptic plug. The patient passed a motion in the night, and was henceforth relieved from all intestinal troubles, though convalescence was prolonged through suppuration of the wound, the result of the damage done to the cellular tissue in Scarpa's triangle, and its extensive infiltration with venous blood. The patient, at the end of six weeks, was completely restored to health.—*Brit. Med. Journal*.

PAPILLOMA OF THE BLADDER.—A case is described by Rauschenbusch of a growth occurring in a man *æt.* 43, which was removed by operation.

The patient had been suffering from bleeding from the urethra and cystitis for about a year, and when in the hospital he often passed bits of a villous tumor with his water, the dendritic character of which could be easily determined by floating them out in water. The tumor could be felt at the base of the bladder, by introducing the hand into the rectum whilst a catheter was in the bladder. Median lithotomy was performed, and the tumor, which was attached by a long stalk, was seized and twisted off, so as to avoid all danger of hæmorrhage. Three or four weeks later the patient was free from all symptoms, and the wound healed. A year later there had been no return. The author draws attention to the fact that only seven cases of such operations are recorded, and in only five cases were they attended by success. It appears, too, that the favorite seat of these tumors is on the trigone, and near the orifices of the ureters, very rarely if ever at the top or sides of the bladder.—*Practitioner*, August, 1883.

CORROSIVE SUBLIMATE IN DIPHTHERIA.—Kaulich (*Bull. de la Soc. de Méd. de Gand*) *Med. Times*, has used in a number of cases corrosive sublimate, both locally and internally, in the treatment of diphtheria. He treats the exudation in the nose, the mouth and the throat by the applications of a solution of 1 in 2000. Among cases of infants that have had tracheotomy performed, the trachea is painted with the same solution four times daily, or even every two hours. Inhalations were likewise ordered of .005 in 1000, fifteen minutes at a time, repeated every hour or less frequently, according to the case. Internally he gives to children one or two centigrammes, (gr. $\frac{1}{4}$ — $\frac{1}{2}$) daily in albumenized water containing a little cognac and sugar. Warm applications to the outside of the throat are likewise made.

A NEW FORM OF ASPIRATOR.—An aspirator has recently been devised by M. Creuzan, of Bordeaux, which is worked without piston or stop-cocks. It consists essentially of a large caoutchouc bulb, which, by means of a special arrangement of valves, may serve as an aspirator or an injector. A glass cylinder is attached to the bulb, so that the nature of the fluid may be readily determined. There is no possibility of air entering the cavity from which the fluid is to be removed, and the instrument possesses the further advantage that the operator requires no assistant, but can readily hold the trocar in position with one hand and the aspirator with the other. Any quantity of fluid may be removed by simply compressing the bulb without detaching the instrument from the needle.—*Med. Record*.

THE CANADA LANCET.

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TORONTO, DECEMBER, 1883.

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

VILIFYING THE PROFESSION.

The advertisement to which our correspondent calls attention in another column certainly exceeds anything of its kind in the unblushing way in which it seeks to exalt the merits of the advertisers, by the detraction of the regular profession. Between the regular medical practitioner and that large class of persons—difficult to define—who attempt to gain a livelihood by the public puffing of their wares, there has been declared a bitter and unceasing war. What will be its out-come, it is impossible to say. The advertisements of these people are a profitable source of income to the newspapers that insert them, and few will blame these papers for so doing, though doubtless all will praise the one or two which are notable exceptions to the rule.

That these advertisements have within the last few years, at all events on this side of the Atlantic, increased in their artful insinuations against the true and proper medical advisers of the community, is undeniable. But unfortunately their authors are too keen-witted to sail beyond the windy side of the land, and therefore do not come within the scope of libel. We may congratulate ourselves, however, on the fact that only the unenlightened and unsatisfactory patients are attracted; and even these, sooner or later, come back to the legitimate family physician. This, at all events, is true, that such action on the part of those who indulge in it, must in the end be suicidal, and nothing can prevail, in the long run, against the honest and modest efforts of the regular practitioner.

SANITARY CONVENTION.

The second Sanitary Convention of the Ontario Board of Health was held in London, Ont., on the 16th and 17th ult. There was a full attendance of members present, and others interested in sanitary science. In the absence of the Mayor, the members were welcomed to the city of London by Ald. Cowan, who expressed the hope that the convention would prove of great service in educating the public in sanitary matters. The opening address was delivered by Dr. Rae, of Oshawa, a member of the Ontario Board of Health. He pointed out the advantages of sanitary science in lengthening the term of human life and increasing the sum of human comfort. It was desired by this convention to elicit opinions and draw out facts bearing on sanitary science, so that we might learn how to keep the air of our houses and cities pure; to have an efficient system of sewerage; to check the spread of infection, and arrest the approach of preventable diseases.

Dr. Oldright, of Toronto, read a paper forwarded by Dr. Harding, of St. John, N.B., in which he spoke of the necessity of spreading information on sanitary matters. Physicians must, of course, always be the leaders of sanitary movements, but everybody can understand the general principles of sanitary science and apply them for the increase of human comfort and the prolongation of life. He strongly urged the necessity of ladies taking a part in promoting public health as well as the health of their families. Mr. Allen, of Chicago, referred to the labors in England of the Ladies' Sanitary Association, organized in 1855. Dr. E. G. Edwards, of London, spoke of the necessity of sanitary education in schools as the best method of reaching the public. Dr. Canniff, of Toronto, and others, approved of the teaching of hygiene in schools, and also of instructing the teachers. Mr. Saunders, of London, read an able paper on the "Water supply of London." After alluding to the impurities in the water of the wells, he said that the present public supply of water found in the extensive springs near the city, both in quantity and quality, never varied and never showed more than 15½ grains of solid matter to the gallon. The springs are about 180 feet above Lake Huron, and nearly as high above all the surrounding lakes. The springs now used could supply two million

gallons per day, while additional springs could give one and a half millions more. The amount used is about one and a quarter millions daily. The system is growing in favor, and the water supply of London is now the best in the country.

In the evening session Judge Elliott, of London, read a paper on "Insanity in its relation to criminal responsibility." He adverted to the difficulty of defining insanity and of deciding when and where it began. Responsibility so far as a judge is allowed to define it, has nothing to do with the moral aspect of the case. The only question he has to consider is whether the man's condition is such that he should be punished for any crime committed. Even though a criminal had strong delusions on special subjects, it would always be considered whether these delusions had any connection with his conduct in any crime committed by him, and the facts in the case being brought out on a trial it would appear whether his insanity was sufficient to justify the opinion of his responsibility. The address was illustrated by cases from the law records, and was an able argument in proof of the wisdom of the legal doctrine of the criminal responsibility of alleged insane people. At the same time he admitted the full force of the view held in regard to the effect of training, education, disease, inherited tendencies, and poor living on both the moral, mental, and physical condition of the people, and these ought all to be considered in deciding on the responsibility in any given case. The subject of "Malaria" was introduced by Dr. Bray, of Chatham. He maintained that drainage was one of the most efficient remedies and recommended liberal Government grants for this purpose. Mr. J. K. Allen, of Chicago, editor of the *Sanitary News*, spoke of the province of the sanitary press, for which he claimed the support of all classes of the community, and anticipated *great* results from the labors of sanitarians through the press. Dr. Waugh, of London, presented a paper on "The London Floods" of last July and detailed the system adopted by the Volunteer Sanitary Committee, composed of London physicians and others. The people heartily supported the physicians, and the result was less sickness in that locality this summer and fall than ever before. Dr. Playter, of Ottawa, addressed the convention on the typhoid plant and its favorite soil, giving a description of the bacillus which constitutes the typhoid plant. He said that

human faecal matter was its favorite soil, the contagion being conveyed most frequently through water; the spores of the plant may also be carried long distances through the air, and this would account for the seemingly spontaneous origin of some cases. The proper disposal of excreta was absolutely necessary for the prevention of typhoid fever. Prof. Galbraith, of Toronto, read a paper on "Sewerage," in which he referred to the prevalence of disease to bad plumbing, and maintained that plumbing should be done under official inspection. Outside water closets stored with filth were an abomination and should be abolished. He also dwelt on the necessity for proper traps in the pipes, and ventilation by pipes running above the roofs of the houses. Dr. Bryce, of Toronto, referred to the absolute need of an active Board of Health in each locality, municipal boards of health, based on the same plan as the boards of education, with the same powers as to the expenditure of money, and having grants both from the Government and the Municipality. Dr. Arnott, of London, in an able paper showed how mill dams, locks, and obstructions to water courses, were fruitful sources of malaria by allowing decaying animal matter to accumulate, and thus infect the neighborhood with disease germs. Prof. Saunders, then alluded to the value of disinfectants which he said was in proportion to their power of oxidizing or deoxidizing organic matter of which chloride of lime was the cheapest and simplest, also free chlorine. Others were described and their advantages set forth. He said that one of the best modes of disinfecting a house was to smoke it with a wood fire, and then white-wash. Mr. Dearness, School Inspector, presented an able address on the hygienic condition of rural schools, in which he discussed school sites, ventilation and warming, water supply, sewerage, furniture, cleanliness, and school age. Resolutions were passed approving of the labors of the Provincial Board of Health, advocating the formation of local sanitary associations, and urging the Government to pass laws compelling the organization of local health officers, and requiring official inspection of all plumbing. A paper on "Control of contagious diseases" was presented from Dr. O. S. Wright, of Detroit. He advocated strict isolation of all cases of contagious diseases, and showed how infection was conveyed through clothing and articles of merchandize. He advocated placing

all public places, schools, factories, laundries, and others, under close inspection. Dr. C. T. Campbell, of London, addressed the convention on the "means of preventing the spread of infectious diseases in the schools," calling attention particularly to the different communicable diseases to which school children were liable. He alluded to the authority to exclude children suffering from or exposed to any contagious diseases, and submitted some rules for the guidance of school boards. He said that all children residing within two hundred and fifty yards of any house where small-pox exists should be excluded from the schools until they produce a physician's certificate of effectual vaccination; and all pupils afflicted with, or residing in any house where small-pox, scarlet fever, or diphtheria exists, or within forty yards of such house, should be excluded until twenty days after the recovery of the patient. All pupils afflicted with measles, mumps, whooping cough, chicken-pox, or other eruptive disease of the scalp, should be excluded until complete recovery. A resolution was adopted recommending the Provincial Board of Health to prepare rules, based on those submitted by Dr. Campbell, and issue them to local school authorities for their adoption. Dr. Bryce, of Toronto, read a paper on consumption, which was very much appreciated, and the convention adjourned.

TORONTO SCHOOL BANQUET.

The annual banquets of the professors and students of the medical schools in this city were this year more than usually successful and the interest in them more fully sustained than on any previous occasion. Both entertainments were as usual conducted on strictly temperance principles—"Water! water! everywhere, but not a drop to drink." The proceedings were enlivened by songs from the medical students' glee clubs and also by the sweet strains of music from a string band stationed in the gallery. Among the guests on these occasions were representative men from universities, colleges and sister institutions, Dominion and Provincial legislatures, the dignitaries of the church, the bar, etc.

The tenth annual banquet of the Toronto School of Medicine was held in the Queen's Hotel on the 13th ult., and was a most successful gathering. A

large number of guests and friends of the school were present, besides many graduates and undergraduates.

The chairman, Dr. Patterson, assistant at the Toronto General Hospital, welcomed the guests, expressed gratification with the present position of the Toronto School, and said that the days of warfare with the police had passed, but if another encounter should occur, with the aid of the students from the Woman's Medical College they would expect to get the best of the fight. He also spoke of Toronto as a centre for medical education, and the advantages afforded by the General Hospital, the largest in the Dominion. Speaking of the establishment of the Woman's Medical College, he said that whatever might be the individual student's opinion regarding the advisability of women studying medicine, yet they were all glad that the women have a college of their own, and that the two sexes are not compelled to mingle in the same classrooms. He concluded by proposing the toast of "The Queen." The next toast was "The Universities and Colleges."

Hon. Edward Blake responded for Toronto University. He said he conceived the toast to mean a toast to higher education. Our community was one of the most democratic in the world. Nowhere was property more evenly divided, and nowhere had a people greater control of its own affairs. Therefore it was highly necessary that public instruction should be as wide as the franchise. This involved only an aristocracy of learning and virtue. It was of the last consequence that we should have in our midst institutions which would enable those who were ambitious to obtain advantages greater than could be derived from a high school education, to fit them to perform the high functions and duties expected from the citizens of a free country. Rev. Dr. Sutherland responded for Victoria College. These annual social events, he considered, bound the students closer to the institutions to which they belonged. He believed that the medical profession enjoyed the confidence of all right-thinking men. The advance in the knowledge of the healing art was made evident by the better sanitary regulations and the marked decrease in the death-rate. At the present day there was a tendency among medical men to become specialists, but although they might accomplish a great deal of

good in special lines, he thought it advisable that a physician should take a wider range of culture. Rev. Prof. Clark, in responding for Trinity University, referred to the general good qualities and the self-sacrificing spirit which characterized members of the medical profession.

The Chairman then proposed the toast of the "Dominion and Local Legislatures."

Hon. Alexander Mackenzie, who was received with great applause, was called upon to respond. He said it was the duty of the Legislature of every country to uplift the moral standard of that country, although there might be differences of opinion as to the reforms necessary to effect that object. In medical science there was still a great deal to be done, diseases to be traced out, and the values of medicines to be determined. There was always opportunity to effect some good which would excite the admiration of those who came after us. He would not have the bad taste to discuss the political differences between himself and those "on the other side of the house," but although some might believe that the Legislature was all that it should be, he, himself, had a very strong opinion upon the subject. He would leave the young men present to make a diagnosis of the case, but it was only fair to tell them that whatever prescription they might prepare, he would consider it his duty to prepare a counter-irritant. H. E. Clarke, M.P.P., also responded to the toast.

The toast of "The Learned Professions" was next proposed. Archbishop Lynch briefly responded. He said he would not preach a sermon, but would give them a text, "Honor the medical man on account of necessity," and urged that it should be honored in every household. He spoke highly of the medical men of Toronto, and urged the students to follow in their footsteps. Rev. Dr. Castle said that all professions were related to each other, because they were all made necessary by sin. Sins against one's body necessitated the medical profession; sins against some one else's body made the legal profession a necessity; and sins against God had called forth the clerical profession. For all of these professions great preparation was necessary before they could be worthily entered. Men who would lead in society must keep in advance of society. Mayor Boswell and Mr. Bryant also replied to the toast. The other toasts proposed were "Sister Institutions," replied

to by Dr. Temple, for Trinity College; Mr. McInerney, for McGill University; Mr. Herald, for Queen's College; Mr. Mitchell, for the Western University, and Mr. Johnston, for the students of Trinity Medical School. "Our Faculty," responded to by Dr. McFarlane; "Graduates and the Graduating Class," responded to by Dr. Cuthbertson and Mr. McDowell; "The General Hospital," replied to by Dr. O'Reilly; "The Freshman," by Mr. Leeming, and "The Ladies," responded to by Mr. Marty.

TRINITY SCHOOL BANQUET.

The seventh annual banquet of Trinity Medical College was also held in the Queen's Hotel on the 22nd ult., and was successful in the highest degree, both in point of the numerous and distinguished company, and the quality of the speeches delivered. The spacious dining-room was filled to overflowing and some of the undergraduates were compelled to dine in an adjacent room. The chairman, Mr. George A. Bingham, in welcoming the guests and opening the proceedings, delivered a most able speech. He said that such occasions as this was one of the few bright spots that illumined the otherwise unvaried tedium of the medical student's life. He alluded in feeling terms to the absence by death of some that were with us a year ago, and who were rendered dear to us by the bonds of student association. Upon an occasion such as this it is well that all should for a time unbend. Let the merchant forget his day-book; let the professor allow no thoughts of his dreary class-room to enter here. Let the alderman banish from his mind all perplexing doubts regarding the efficacy of the block-pavement and the honesty of electric-light companies. Let the worried statesman forget for a little the conflicting calls of party and of people; let the journalist forget if he can, that his country's safety depends upon the length of his editorials. Let the lawyer for a few brief hours of pleasure, dismiss from his mind all the infinite technicalities of Blackstone; let the physician allow his suffering patients a brief respite from the terrors of pill and cataplasm, even at the risk of their too rapid recovery in his absence; finally, let the poor medical student banish from his mind the horrors of the class-room and the nightmare of examinations; let him forget that existence is a tripod and calomel

omnipotent. But he must not detain them, for there were better things to come and time was on the wing. He was reminded of the latter by the assemblage before him. Yonder, he saw him, a freshman, his joyous soul filled with high hopes and ardent expectations of renown in that profession around which his vivid imagination has thrown a glamour, to be dispelled perhaps in future years. A little further on he saw a primary man, a few of his earlier illusions perhaps dispelled, struggling manfully for an honorable position in his chosen profession. And now he saw him a would-be graduate, just about to throw aside his student's cap and bid farewell to the halls and class-room of his *alma mater*. So time rolls on; from the freshman's gown to the graduate's diploma is but a little way, a brief struggle, but it is among the brightest in his career, and preparatory to a high and ennobling profession—for to increase the happiness by alleviating the misery of our fellow-beings is surely a God-given vocation. It will be ours to stand by the bed of sickness, and, aided by nature's healing power, to restore health; and finally, when she is about to pay her last debt, to stand beside the bedside of death, and, hand in hand with the man of God, soothe the final moments of the dying. We will be received into the sacred bosom of the family as confidant and friend. Ours will be secrets in the history of our patients, known only to God and ourselves. Fellow-students! let us be worthy of this confidence, and let us not prostitute the high honor of our profession to baser interests. He concluded by proposing the usual loyal toasts, which were duly honored.

His Honor the Lieut.-Governor, who received a cordial greeting, acknowledged the toast of "The Governor-General of Canada and Lieut.-Governor of Ontario." He dwelt briefly on the careers of Earl Dufferin and Lord Lorne in Canada, and predicted a successful term of office for Lord Lansdowne. In felicitous terms he referred to the entire absence of alcoholic beverages from the tables, remarking that, notwithstanding anything said about medical students outside, it was evident that while others preached, they practised temperance. He urged upon the students to give some attention to political as well as medical matters. Leading doctors had done so in the past. Dr. Rolph, in times gone by, was not only known as a leading medical man, but also as a prominent

figure in Ontario's political history. Dr. Tupper was another example of a medical man who, in the opinion of his political friends, had done some good for the Dominion. In conclusion he said that hostile though some critics might be on medical students, yet, taken at their best, they could not be approached. The toast of "The Army, Navy, and Volunteers" was spoken to by Captains Baker and Geddes. "The Dominion and Provincial Legislatures" was the next toast.

Dr. Beaty, Q.C., M.P., acknowledged the toast of "The Dominion Parliament." In his reply he said he could not well understand why there should be more than one medical school in Toronto. If the 1,600 medical men in Ontario and 400 students in Toronto to-day were united, they would have much greater influence. He also favored a parliament of medical men, in place of Dominion and Provincial medical associations—an œcumenical conference. Hon. T. W. Anglin also spoke to the toast. In a few sentences he dwelt on the important duties performed by a member of Parliament, who fulfilled an onerous task and was entitled to all the honor and respect due to a man who did his duty. Hon. A. S. Hardy replied for the Ontario Legislature. Referring to the suggestion as to the union of the medical schools, he said that the members of Trinity School might deem that an open question. The present Legislature of Ontario had not yet met. He knew the last was a good house; but he did not know what kind of a character to give to the present, but he would be better able to tell them next year. Something would depend on its hospital treatment. Mr. Badgerow, M.P.P., responded, and opposed the suggestion of a union of the medical schools, remarking that Trinity could not be expected to make the first approach. Ald. Clarke, M.P.P., also replied to the toast. The toast of "The Mayor and Corporation" was warmly received and responded to by Mayor Boswell and ex-Mayor McMurrich. The toast "Universities with which we are affiliated and sister institutions" was next on the programme.

Rev. Prof. Clark responded for Trinity College. He expressed his dissent from the suggestion for uniting the schools. There were enormous advantages in not having too large a number of students. Vice-Chancellor Mulock, M.P., responded for Toronto University. After some general remarks

on the prosperity of the Province, which he attributed to the intelligence of our people, he said that when the proper authorities were called upon to say whether it was necessary that further aid should be given to the University of Toronto, he hoped the discussion on the subject by those who might hold different views would be conducted in such a way as to leave behind it that good fraternal feeling which existed to-day. He was satisfied that the University of Toronto occupied a firm place in the affections of the people of Ontario, and he was sure no college or institution doing similar work had anything but the best wishes for its success. Rev. Dr. Sutherland replied for Victoria College in a most able speech. He said he hoped that if any of them ever entered politics they would be statesmen and not mere politicians, and drew a vivid contrast between the two classes. Dr. Geo. Wright responded for the Toronto School of Medicine, Mr. Graham for McGill University, Mr. Forin for Kingston Medical College, Mr. Gibson for the Western Medical College, Mr. Watham for the Toronto School of Medicine students, and Mr. Haslam for Trinity College arts students. Drs. Burns and Macdonald replied for "The College of Physicians and Surgeons of Ontario."

The toast of the evening, "Trinity Medical School, its Graduates, Undergraduates, and Literary Society," was warmly received and was responded to by Dr. Geikie, dean of the faculty. He referred to the presence of representatives from kindred bodies, and expressed gratification at the unity of feeling and sympathy at present existing among them. He knew well the school had a firm hold on the hearts of the students, and it was most gratifying to the faculty to feel that this grows stronger every day. Their work was lightened and brightened by knowing that the students, for the promotion of whose welfare throughout their entire professional life their work was undertaken, fully appreciated the efforts made in their behalf. The present position and future prospects of the medical school were all their warmest friends could wish. He referred to the establishment in Montreal of a medical faculty endowment fund, and hoped that some friends in Toronto or Ontario would come forward to aid the establishment of a similar fund. He expressed gratification at the high position to which many of the graduates had attained in all parts of the world.

Drs. Stark, of Hamilton, and Baines, of Toronto, responded for the graduates, Students in the different years for the undergraduates, and Dr. Sheard for the Literary Society.

"The Learned Professions" was responded to by the American Consul, Mr. Howard, in a happy speech. "The Toronto General Hospital," by Dr. O'Reilly. "The Ladies," by Dr. Sheard, and "The Press," by Dr. Fulton. In responding to the toast of the press, Dr. Fulton took occasion to refer to the expediency of having one uniform standard of matriculation for all the professions, and also for arts, and civil engineering. Let all come up to the same standard of preliminary education; let all start, as it were, on the same plane, and then let each branch out in the direction of his future course of studies. He also alluded to the question of amalgamation of the schools, to which he was opposed so far as the didactic teaching and internal management were concerned, and reminded them that where amalgamation was greatly useful it was now being carried out, viz., in the clinical instruction at the Toronto General Hospital. There were six professors from each school, constituting a Faculty of *twelve* teachers, actively engaged in delivering daily clinics to the joint classes of the two schools. He would now christen this Faculty, and proposed as a volunteer toast, "The Toronto Polyclinic," which was enthusiastically received. "Mine Host of the Inn," and the singing of God Save the Queen, brought the proceedings to a close.

The annual banquet of the Kingston Medical School was also held on the 22nd ult., and was a most successful affair. Representatives were present from the sister medical schools in Ontario and Quebec.

H. E. MANWARING, M. D., of St. George, died suddenly from paralysis, at the age of 71 years. He was born in Lynne, Connecticut, and in 1820 came to St. George, Canada, where he has since lived. He graduated in the University of New York State, in 1839, and obtained the Provincial license to practice in Canada, in 1842. From that time to the day of his death he was actively engaged in the practice of his profession, and enjoyed the confidence of a large section of the community, who will long retain his name green and fragrant in their memories.

WM. MCGILL, M.D., of Oshawa, died on the 9th ult., aged 77 years. Dr. McGill graduated in McGill College in 1848, and practised medicine for many years in Oshawa. He represented the County of Ontario for several years in the Parliament of the late Hon. John Sandfield Macdonald. He was also a member of the Ontario Medical Council from 1869 to 1872. Although a liberal in politics, he was not considered liberal enough, and was therefore set aside when the Blake-Mackenzie government came into power. At one time he had a very extensive practice, but of late years he was unequal to the task of a country practice. His loss will be deeply regretted by a large circle of friends.

EUG. H. TRUDEL, M.D., of Montreal, died on the 5th ult., at the age of 63 years. Graduating in McGill College in 1844, he soon after commenced practice in Montreal, where he eventually acquired a large clientele and was one of the oldest and most respected physicians in the city. He was Prof. of Midwifery in L'Ecole de Medicine, and for years one of the attending physicians to the Hotel Dieu. Although far from robust, he had been able to attend to his usual duties up to a short time before death, which occurred somewhat suddenly and unexpectedly. His courteous and affable manner, kind and generous disposition, won for him many warm friends who will long cherish his memory.

OBITUARIES.—Dr. J. Marion Sims, of New York, died on the 13th ult., at the age of 70 years. He was the first to successfully perform the operation for vesico-vaginal fistula, which he brought to perfection through the use of silver wire sutures and the speculum which bears his name. He founded the Women's Hospital, New York, with which he was connected for many years. He also wrote an excellent treatise on "Uterine Surgery." Since 1861 he lived much abroad, especially in Paris, where he acquired a lucrative practice. He was decorated by the French and Belgian Governments. During the Franco-Prussian war he rendered important services at the head of the Anglo-American Ambulance Corps.

The death is announced of Dr. Henry Bence Jones, F.R.S., one of the most prominent physicians in Great Britain, and author of a number of

medical works. He was accidentally shot in the ankle, and died from the effects. He was in his 69th year. The death of Prof. Depaul, of the Faculty of Medicine of Paris, is also announced in our foreign exchanges.

TRINITY COLLEGE CONVOCATION.—At the annual convocation, held on the 15th ult., the following gentlemen were admitted to degrees and standing in this University:—

M. D.—H. C. Wilson, F. S. Keele, D. McLeod.

M. D., C. M.—H. H. Graham, S. W. McConochie, F. Krauss, T. D. Meikle, H. R. Casgrain, B. H. Scott, A. Cameron.

Matriculants in Medicine.—R. M. Gordon, W. J. Stevenson, B. Hawke, T. Ovens, D. A. Kidd, M. D. Kester, O. G. Niemeier, A. E. Mackay, D. Mc-Edwards, J. A. McLuy, W. F. Cole, O. R. Staples, W. A. Fish, F. Woodhull, J. Hamilton, J. A. Tuck, J. Hoover, A. E. Yellands, C. A. Toole, E. M. Cooke, G. B. Carbert, D. McLaughlin, G. Mackenzie, T. Philp, P. Wood, T. F. Campbell, H. C. Phillip, Wm. Giles, J. McLurg, J. Moffatt, A. Shaver, F. H. Brennan, W. F. Graham, J. Evans, G. Veitch, C. E. Stacey, N. Allen, L. W. Thompson, E. T. Luke, P. J. Durkin.

LAKE VIEW RETREAT.—This institution for the treatment of nervous invalids of the private class, is beautifully situated in Burlington, Vermont, overlooking Lake Champlain, and in full view of the Adirondack mountains. The building is a most substantial brick edifice, and the family plan is adopted in the care of inmates, giving them the advantages of a home, at the same time under the treatment of a physician and the supervision of trained attendants. The institution is under the management of Dr. J. M. Clarke, who has had many years experience in the treatment of this class of patients. Lake View Retreat is within four hours ride of Montreal.

"STRATFORD" HOSPITAL, BRANTFORD.—John H. Stratford, Esq., has offered to build a hospital in Brantford, at his own expense, at a cost of \$12,000, and deed it to the city. This most liberal donation was thankfully accepted by the city council and the work of construction will be immediately commenced. It is to be called the 'Stratford' Hospital.

CORONER.—Dr. W. McFarlane, of Almonte, has been appointed coroner for the Co. of Lanark.

ACTION FOR DAMAGES.—The New Brunswick Medical Council arrested Dr. Rogers, of the International Throat and Lung Institute, for practicing without a license from the provincial board. This peripatetic individual, it appears, holds British diplomas, and has brought an action against the Council for false arrest, laying the damages at \$20,000. Mr. Dalton McCarthy, of Toronto, has been retained to prosecute in conjunction with local counsel. If Dr. Rogers' advertising propensities and his association with those who persist in vilifying the profession, were made known to the proper authorities, his British diplomas, of which he boasts so much, would be immediately cancelled, and then where would "Sir Roger" be?

LIBERAL DONATION.—Mr. G. Stephen, of Montreal, has presented to the Hospital \$50,000 of first mortgage land grant bonds of the Canadian Pacific Railway Company, in trust, for the purpose of erecting a building to commemorate the memory of the late Dr. Campbell. We do not wish that any of our noted confreres in Toronto should die; but it would be very gratifying if some of our rich citizens would follow the example of Mr. Stephen, and grant a liberal donation to the Toronto Hospital, to perpetuate the memory of some of those who have long since departed, and whose names are equally worthy of commemoration.

APPOINTMENTS.—Dr. Alex. Davidson, of Toronto, has been appointed examiner in Medicine for the University of Trinity College, and Dr. Allan M. Baines, of Toronto, examiner in Medical Jurisprudence and Sanitary Science. Dr. McMurchy, of Perth, has been appointed medical officer for the Nipissing District of the C. P. R. Dr. J. B. Lawford (McGill) has been appointed House Surgeon to the Royal London Ophthalmic Hospital, Moorfields. He is the third Canadian who has held this office. His predecessors were Drs. Buller, Montreal, and Burnham, Toronto.

BRITISH DIPLOMAS.—Drs. Geo. Curruthers and C. J. Bowser (McGill), were admitted licentiates of the Royal College of Physicians, London, on the 25th of Oct. Dr. W. A. Shufelt (McGill), of Knowlton, Que., has successfully passed for the L. R. C. S., Edin. Dr. J. M. Cotton, (Toronto), was admitted a member of the Royal College of Surgeons, Eng., on the 13th ult.

REMOVAL.—Dr. Playter, formerly of this city, has removed to Ottawa. He carries with him our best wishes for his future success in his new field of labor.

Books and Pamphlets.

MANUEL DES MALADIES DES FEMMES. Leçons Cliniques, Professées par Lombe Athill, Dublin. Ouvrage traduit sur la 6me édition Anglaise, par le Dr. J. P. Lavoie, Prof. à l'Université Laval, Quebec. Paris: Librairie H. Louweryens.

The above is a French translation of the well-known work of Dr. Athill, on diseases of women, by Dr. Lavoie, of Quebec, by permission of the author. His confreres in Canada are under the deepest obligations to Dr. Lavoie, for his most excellent translation of this valuable work. So far as we are capable of judging, the work of translation has been well and faithfully accomplished and reflects no small degree of credit upon the author. We congratulate our French confrères upon having a work so useful and practical as the one before us, translated into their own language, and we trust they will avail themselves of the work, and in so doing reward the author for his arduous labors.

THE PHYSICIAN'S VISITING LIST FOR 1884, by Lindsay & Blakiston, Philadelphia.

This old and well-known visiting list is again to hand and still maintains its position as one of the best, if not the best, list published. It is one of the smallest, most compact and complete works of the kind issued, and is in great and deserved favor with the profession. It is issued in different sizes, and in two editions, plain and interleaved.

Births, Marriages and Deaths.

At Cobourg, on the 14th ult., Dr. G. Herbert Burnham, of Toronto, to Frances Sarah, only daughter of Hon. Sidney Smith, formerly Postmaster-General of Canada.

In Toronto, on the 7th ult., Richard Hearn, M.D., to Miss Nellie French, of Toronto.

At Mount Forest, Ont., on the 6th Nov., Dr. S. R. Rogers, aged 26 years.

At Winnipeg, Man., on the 20th ult., Dr. De la Haye, late of Toronto, aged 40 years.

At Lucan, Ont., on the 12th ult., J. J. McIlhargy, M.D., aged 26 years.

* * * *The charge for notices of Births, Marriages and Deaths is Fifty Cents, which should be forwarded in postage stamps with the communication.*