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CANADA MEDICAL RECORD

NOVEMBER, 1900

Original Communications.

PROGRESS OF GYNECOLOGY.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., London.

Professor of Clinical Gynecology in Bishop's University; Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Montreal Dispensary; Surgeon to the Western Hospital, Montreal.

One of the most practical articles written during the last three months is the one read by Dr. William Gardner, of Montreal, at the Ottawa meeting of the Canadian Medical Association, every word of which will be endorsed by gynecologists generally throughout the world. Much of it was devoted to the mistakes he had met with among cases sent to him by general practitioners, although he did not spare himself, frankly admitting and describing some of the mistakes he had made himself. In order to reduce the number of these errors in diagnosis, he urged the examination of the patients on a hard deal table instead of on a soft bed or couch. Also many of the mistakes were due to the examination being made with the rectum and bladder full. The rectum, of course, should be emptied by enema at home, but the bladder, he thought, might with advantage be emptied by catheter in the office by the physician, as thereby a pure specimen of urine could be obtained for analysis. It is often difficult to make a thorough bimanual examination without an anæsthetic on account of the tension of the abdominal muscles. Dr. Gardner suggests making a series of circular movements over the lower abdomen, gradually narrowing the circle which will cause the muscles to relax by taking them off their guard. Dr. Gardner urged greater caution in the use of the sound, believing that many women had lost their

lives by it. He thinks it a very dangerous instrument, the use of which should be extremely limited. I know of one general practitioner who does not believe in specialists in general, nor in gynecologists in particular, who, by attempting to put up a fixed and retroverted uterus with the sound, not only perforated the uterus but also tore open a sealed up pus tube, with the result that the patient immediately developed a general peritonitis, and died three days later. Although I use the sound less and less, as I am more and more able to diagnose the size and position of the uterus by bimanual palpation, I still use it occasionally in clearing up the diagnosis when the whole pelvis is filled with a solid mass. When I am in doubt whether the mass at the back of the uterus is a pus tube and ovary or a retroflexed and retroverted uterus, I very gently try which way the sound enters. But, if there is the slightest difficulty in introducing it, my invariable rule is to stop at once and to make the best diagnosis I can without its aid. The experienced gynecologist is the only one who can use the sound with safety, and he is the one who requires to use it least. Dr. Gardner finds that mistakes in diagnosing displacements of the uterus are the most common ; I can also endorse this statement and can remember a great many cases which have come or been sent to me because they could not endure a pessary, which was inserted for a supposed retroversion of the uterus, but which on examination I found not to be a retroversion at all, but, on the contrary, a pair of diseased tubes and ovaries cemented into Douglas' *cul de sac* and against which the pessary was pressing. Dr. Gardner also calls attention to the importance of diagnosing displacements of the kidney. This is emphasized by some experiences of my own, for, after removing both tubes and ovaries and the vermiform appendix and performing ventrofixation, much to my disappointment the patient has still complained of reflex symptoms which were at once removed when I had discovered that the right kidney was displaced, and fastened it up. He thinks that mistakes are often made in the diagnosing of pregnancy, and he mentions a case where a woman had been tapped several times for a supposed ovarian cyst when all the time she was pregnant. While agreeing

with him, I would add that, if we rely upon the woman's statements, yet we will often be led into error, but if we rely upon our own bimanual examination we will rarely be so. Over and over again have women come to me for some uterine trouble, some of them even having urged me to operate on them for a tumor, who on examination I at once declared to be pregnant. This they indignantly denied being possible, basing their assurance on the fact that they were widows or that their husbands had promised not to impregnate them or because they were wearing a little piece of sponge which of course was lost in the vaginal vault; or they were using a syringe after intercourse; all of which reasons, of course, weigh as nothing as compared with the result of a bimanual examination.

Dr. Gardner's paper closed with a reference to some mistakes which had been made in diagnosing tubal pregnancy. These mistakes would be very much reduced in number if every one were to adopt the rule I have laid down for myself, namely, to make a careful vaginal examination in every case of irregular hemorrhages, or of supposed membranous dysmenorrhœa, and if a mass is felt on either side or behind the uterus which should not be there, and if this mass remains after the bowels have been well emptied, then to take it for granted that it is an ectopic gestation unless we have proof to the contrary. Since beginning this article I have operated on my fourteenth case of tubal pregnancy, all of whom have recovered so far. Some ten of these were removed before rupture. But the women came with a pain in their side and more or less temperature, and on examination a mass was felt which should not be there. This I considered quite enough to justify me in operating. With one exception all these fifteen cases were diagnosed before operation, the exception being one case diagnosed as a fibroid tumor, owing to the pregnant tube being intimately cemented to the uterus, and the two as large as a foetal head, being wedged into the pelvis under great tension, which gave it a solid feeling. The prolonged and irregular bleeding was thought to be due to the fibroid, when it was really from the tube. It is true that, by following my rule, I opened the abdo-

men and removed dangerous pus tubes in about ten, and two twisted ovarian cysts, and thus proved that they were not tubal pregnancies, as I had half suspected.

INSANITY IN WOMEN.—There have been several recent papers of great interest on this topic, one of the best being the one by Dr. McNaughton Jones, entitled: Affections of the female genitalia, as causal factors in the etiology of neuroses and insanity and their special bearing upon the operative treatment of the insane. Dr. McNaughton Jones before writing his article took great pains to obtain the opinion of many superintendents of insane asylums, as well as of leading gynecologists, and the following are the general conclusions to which he has come: 1st. That a great many of the women who fill the asylums for the insane are there directly because of some disorder of the genital organs. This is proved by the considerable number of complete cures following operations for the removal of the diseased conditions. Dr. Hobbs, for instance, of the London, Ont., asylum reports that during five years he had eight hundred insane women under observation, and, of these, two hundred and twenty underwent a gynecological examination. One hundred and eighty-eight or eighty-five per cent. of those examined had distinct and in many cases serious lesions of the pelvic organs, there being 371 lesions in the 188 patients. It is interesting to note the nature of these lesions; sub-involution or endometritis in 132, diseased or lacerated cervixes in sixty-two, retroversion or prolapses in sixty-six, myomata in sixteen, malignancy in two, disease of the adnexa in thirty-three, various lesions of the vagina in thirty-seven. Eighteen women suffered from dysmenorrhœa or menorrhagia. These were cases especially selected as likely sufferers from pelvic disease, and were about twenty-five per cent. of the entire patients in residence, during the time in which these investigations were conducted. There were 311 operations performed on the 173 women, with the result that 42 per cent. were completely cured mentally; 24 per cent. were improved mentally; in 32 per cent. there was no change mentally, and 2 per cent. died. Since gynecological surgery has been introduced into that asylum, the percentage of

recoveries has risen from 33 per cent. to 51 per cent. I have noticed in about twenty of my own cases that a mild form of insanity was cured by a gynecological operation. The most striking results followed ventrofixation in women who were suffering from retroverted uterus with diseased tubes. Several of these had a suicidal mania, which disappeared immediately after the operation, and has not since returned. 2nd. It would appear that gynecological operations are very rarely followed by insanity in women who were previously sane. The cases of acute delirium lasting only for a day or two do not count, for they are mostly due to sepsis or iodoform poisoning. As far as I am aware, very little gynecology has been done on the insane women of this province, but a great field for doing good lies open to some one. In my opinion every insane woman, married or single, should be submitted to an examination under anæsthesia, for even single women very frequently suffer from severe retroversion and prolapse.

Selected Articles.

PRESIDENTIAL ADDRESS ON THE STUDY OF CLINICAL MEDICINE.

*Delivered at the First Meeting of the Clinical Society of London for the
Session 1900-01.*

By SIR R. DOUGLAS POWELL, BART., M.D., F.R.C.P.,
Consulting Physician Middlesex Hospital; President of the Society.

EMPIRICAL USE OF REMEDIES.

Sir Thomas Watson, in his inaugural address, 1868, laid it down as the great object of the Society to attain "more exactness of knowledge and therefore more direct and intelligent purpose and more successful aim, in what is really the end and object of all our labours—the application of remedies for the cure and relief of disease."

Whilst rational therapeutics must follow in the wake of advancement in pathology and etiology, it is very remarkable how many of our remedies have preceded in their employment any adequate knowledge of the maladies for which they were

used. Thus for nearly four centuries mercury has been used for syphilis, and I doubt if anyone could even now tell the precise method of its action. Dr. Withering 115 years ago was shown a family receipt for dropsy concocted by an old woman in Shropshire, in which he recognised foxglove as the essential ingredient. Yet, familiar as we have so long been with digitalis, it is only within very recent years that we have had, piece by piece, explained to us, by physiological experiment, the phenomena of slowing and increased regularity of pulse with concentration of force and an increased flow of urine, which bedside observation had taught us to be the beneficent effects of the drug. Cinchona bark has for three and a-half centuries been used for intermittent fever, and Fowler's ague drops were employed in the same disease more than a hundred years ago, yet it is only with the discovery of the ague plasmodium by Laveran (1880), twenty years ago, that the use of quinine and arsenic could be regarded as rationally justified. Again, no one who has any recollection of rheumatic fever in the days preceding the introduction of the salicin treatment by Dr. Maclagan in 1874 can fail to appreciate the great value of that therapeutical discovery, yet our knowledge of the exact method of its action is at present but inferential.

We may then be thankful for much in empiricism which is but unexplained observation, the well-attested results of which we should be as foolish to reject because unexplained as to refuse to profit by the sunshine until we knew the composition of its rays. The great object of this Society is to gain increased knowledge of practical medicine by "the collection of cases, especially such as bear upon undetermined questions in pathology and therapeutics," and by pursuing it concurrently with the advance of contributory scientific research and discovery we have vastly improved our handling of drugs often empirically found, in decision and definiteness, when to employ, how far to push, and when to withhold.

THE ETIOLOGY OF ACUTE SPECIFIC DISEASES.

Great strides forward have been made since twenty five years ago; Sir W. Jenner spoke here of "the contagious quality of acute specific diseases" as "a something given off from some part of the sick which can, when properly applied, excite the same disease in another person, and which can excite no other disease." What that something is has been rendered plain to us mostly within the last fifteen years in nearly every one of the acute specific diseases, and in some others which, although specific, are not acute. Leprosy,

pyæmia, dysentery, enteric fever, ague, tuberculosis, pneumonia, diphtheria, erysipelas, cholera, tetanus, syphilis, plague may be enumerated, the organism specific to each of them having in the sense employed by Jenner been discovered. This exactness of knowledge of the *materies morbi* of these maladies must ultimately give greater precision and effectiveness in treatment, and especially in prophylactic treatment. The report of a Committee of this Society on the periods of incubation and contagion of specific fevers is of standard value and authority, and the further inquiry as to the duration of infectiousness in convalescence, which must be based upon bacteriological observations, is now possible, and might properly be undertaken by the Society. Already some fruits have been gathered in therapeutics. The triumphs of surgery that have ensued upon increasingly exact recognition of the organisms responsible for suppuration so fill the mind's eye that it can scarcely penetrate to the Dark Ages that ended less than a generation ago. The great terror of the early days of diphtheria has been almost removed by antitoxin treatment; the prophylactic treatment of tuberculosis has been greatly stimulated. A measure of success, encouraging for the future, has at least been attained in tetanus, septicæmic conditions, plague, cholera, anthrax, and we hope, this session, to receive some valuable contributions presenting for discussion and comparison the experience of those who have in the African war and in India watched the results of the preventive inoculations against enteric fever devised by Professor Wright. Important, however, as are these increased powers of prophylaxis and treatment, the direct fruits of recent combined laboratory and clinical labours, encouraging, too, as they are for further work, we must yet admit disappointment that they have failed to help us in some of our more homely diseases—diseases which in so great a degree account for the discomforts and death-rates of large communities.

The death-rate from pneumonia has remained unaltered for fifty years; the influenza bacillus thwarts our best efforts and carries on its guerilla warfare year after year, with a gay elusiveness worthy of a DeWet, nor can we yet cure a common cold.

PROCLIVITY, HEREDITY AND IMMUNITY.

In the light of recent combined laboratory and clinical work the ideas of proclivity, heredity, immunity and epidemic influence have acquired a more definite and practical shape—nay, have been resuscitated from an oblivion threat-

ened by the natural intolerance of new inquiry for old notions. We are learning how such accidents as shock, chill, pyrexial incidents, local injury, checked secretion, etc., may supply the exciting cause of acute general disease—for example, rheumatic fever, ague, pneumonia, influenza, coryza, acute tuberculosis—since in some cases we know, and in others we may infer, that the organism, specific to such diseases, may long dwell with us in abeyance until permitted to assume active cultivation by depression or modification of the vital conditions under which they have been held restrained. The same conditions that lead up to a common cold in an otherwise healthy man would elicit an attack of ague in a fair proportion of persons who harbour the germs of that disease. And, as I have elsewhere hinted, a careful study of the antecedents and bacteriology of a common cold would probably prove rich in illustrations and elucidations of this thesis in its application to many allied diseases, and in competent hands would furnish matter for a paper well worthy the attention of this Society, or to form the graduation thesis for a university degree.

The question of artificial immunity must become one of increasing importance to our military, naval and civil services, as our improving home sanitation renders us increasingly sensitive to diseases which must for long remain endemic in the distant or tropical regions of our vast empire. With our home populations, except for small-pox, the need of artificial immunity is unlikely ever to be felt, and it is to be hoped that the day will even come when we shall no longer need to devitalize our milk and drinking water, killing the kindly ferments in order to protect us from adventitious and poisonous microbes.

Sir Prescott Hewett, in his presidential address in 1872, noted the fact that pyæmia occurred, not only amongst the crowded inmates of hospital wards, but also in private patients isolated in luxurious and sanitary houses. Dr. Greenhow—a great sanitary authority in his time—referring in 1879 to Sir Prescott's experience, suggested "that it would seem to indicate some state of the patient predisposing him to the disease, or possibly some peculiarity of season favouring its development. We smile with the lofty tolerance of more exact information that such inferences should pass muster in this Society only twenty years ago. Cases, however, I venture to think, come within the experience of physicians and surgeons that would justify Dr. Greenhow's shrewd remark, cases in which incidents of a septic kind—for example, phlebitis and secondary embolism of organs—occur after operations for appendicitis, varicocele, varicose

veins, thyroid resections, not to mention parturition and operations about the nose and ear passages. In some of these cases which have come under my observation the accidents could be accounted for by no imperfection in the operation nor in the sanitary surroundings of the patient. The wounds have soundly healed, yet the patient has perhaps an embolic pneumonia or a cardiac embolism. These cases are not very frequent, but one meets with them, and they are more common, if I may judge from my own experience and inquiry in private than in hospital practice. They are, too, the more striking when met with, since they are relatively more frequent in slight than in very severe operations. My impression is that they are accounted for by an unpreparedness of the patient for surgical injury. In some acute and urgent cases, for example, of strangulated hernia, suppurative appendicitis, and the like, the surgeon has no option but to take the risks and operate immediately, but in chronic cases a few days' preparation, or, if necessary, a few weeks' regulation of the patient's habits and secretions would serve to purify him of those effete products of impaired, imperfect or exuberant tissue change and inadequate excretions which cause a morbid reaction to local injury. The methods of procedure may be aseptic, but the patient in many instances can scarcely be said to be so.

ELECTRICITY, MYXŒDEMA AND ORGANOTHERAPY.

In the lifetime of our Society the use of electricity for diagnostic purposes has made great strides, the employment of the electro-magnet for detecting and removing foreign bodies, especially from the eye, of electric light for exploring hollow cavities, and lastly of radiography, have been closely watched and studied here with excellent results for diagnosis, but little, so far, of a direct kind for treatment. One of the most valuable contributions to the science of medicine to which this Society has largely contributed is the description and through elucidation of the disease now known as myxœdema, having been first so named by our esteemed member and late treasurer, Dr. Ord. Sir William Gull was the first to describe the disease under another name, and it was afterwards thoroughly investigated by Dr. Ord, and reported upon in a special volume of our *Transactions* by a Committee presided over by him. Apart from the intrinsic value of investigations which have thoroughly established the nature and treatment of this important disease, the study of myxœdema and its treatment by thyroid extract gave an impetus to, if it did not actually originate, the pathological

and physiological lines of thought and experimental inquiry, which have shown the influence of secretion products absorbed from ductless glands, and from some glands which are not ductless (ovary, testicle), upon mental and physical health and upon formative symmetry. The sexual glands, the adrenals, bone marrow, spleen and pituitary body have in this comparatively new light been reinvestigated, and the practical physician is already reaping the fruits therefrom in a greater insight into many previously inexplicable groups of symptoms. The most recent and suggestive outcome in this category is that of the relationship between disease of the pituitary body and that want of growth-control which characterises acromegalous disease, the first case of which recognised in this country was brought before this Society by Mr. Godlee.

Another idea that has arisen from the closer association of laboratory and clinical research is the analogy between the affinity of stains for certain tissues and the selective tissue-affinity of certain poisons. The affinity, for instance, of the toxins, of the tetanus and diphtheria bacillus for nerve tissues, and the very analogous selection of the nervous system by the influenza poison, are rendered tangibly intelligible to us from our laboratory experience of the affinity of different stains for muscle, nerve, fat, cell nuclei respectively.

I must not further trench upon your patience by reflection founded upon the work done by this Society and a glance at some of the questions which it has helped to solve. The retrospect is laden with encouragement and suggestions for work yet to do.—*British Medical Journal*.

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine
University of Bishop's College; Physician Western Hospital.

SOME "SIGNS" IN APPENDICITIS.

In the course of a series of clinical lectures on the various forms of intra-abdominal suppuration, now in course of delivery at Westminster Hospital, Mr. Tubby called

attention to the importance of certain "signs" in the diagnosis of appendicitis. In his opinion the most common sign is rigidity of the abdomen. As a rule the whole abdomen is distended and somewhat rigid or tympanitic; later on, at the second or third day, local rigidity and tenderness are more marked. If the rigidity remain persistent it indicates acute general peritonitis. The tenderness, he observed, is best marked at McBurney's spot, and the reason that this the point of greatest pain is that it is just at this part that the appendix arises from the cæcum. Though we may have appendicitis without the sign of any tumour, a swelling is generally present on the second or third day in the right iliac fossa; with a long appendix hanging in the pelvis the tumour cannot be felt. The tumour may consist of intestine, peritoneum, exudation, and possibly pus, and therefore dullness is not persistent. Should, however, a tympanitic note remain persistent, the signification is that there is gas in an abscess cavity. The formation of pus, without its evacuation, causes the patient to rapidly waste, and the presence of indican in the urine is noticed. In acute appendicitis, with the formation of pus we have an excessive number of leucocytes in the blood, and this has been relied upon by some as one means for the differential diagnosis of appendicitis from typhoid.—*Medical Press.*

THE TREATMENT OF ASTHMA BY COMPRESSED AIR BATHS.

This peculiar form of treatment can be seen in progress at Ben Rydding and at the Brompton Hospital for Consumption, in connection with which Dr. Wethered recently described the method in the course of a clinical lecture. The curative agency is a system of compressed air baths. The "air bath" holds five or six people, and resembles a huge diving bell. The bath is continued for a couple of hours. The first half-hour is occupied in increasing the pressure of the air from one to nine atmospheres, at which it remains for an hour, and then it is gradually lowered to the normal. It has been found that, if the alterations of pressure are made with any suddenness, the patients experience much discomfort. When the pressure is first put on, the patients feel an uncomfortable sensation, chiefly in the ears and throat, but they can get rid of this by swallowing some liquid. The relief afforded seems permanent. The air is compressed by steam power. A whistle is provided by which, if any patient feels unwell, communication can be established with the attendant, who looks in at one of the

windows provided. The attendant is always close at hand while the bath is being taken, and periodically looks through the window. In case of any accident occurring to one of the patients, the pressure is of course lowered comparatively suddenly.—*Medical Press*

CONCLUSIONS REACHED AFTER A STUDY OF TYPHOID FEVER AMONG THE AMERICAN SOLDIERS IN 1898.

(Oration on State Medicine before the Fifty-first Annual Meeting of the American Medical Association at Atlantic City, N. J., June 5-8, 1900.) (By Victor Vaughan, M.D., *Journal American Medical Association*; Ann Arbor, Mich., June 9, 1900.)

1. Every regiment in the United States service in 1898 developed typhoid fever.
2. More than 90 per cent. of the volunteer regiments developed typhoid fever within eight weeks after assembling in the state encampments.
3. Most, probably all, of the regular regiments developed typhoid fever within less than eight weeks after going into camp.
4. Typhoid fever not only appeared in every regiment in the service, but it became epidemic, both in the small encampments of not more than one regiment, and in the larger ones consisting of one or more corps.
5. Typhoid fever became epidemic in camps located in the Northern as well as in those located in the Southern States.
6. Typhoid fever is so widely distributed in this country that one or more cases are likely to appear in any regiment within eight weeks after assembling.
7. Typhoid fever usually appears in military expeditions within eight weeks after assembling.
8. The miasmatic theory of the origin of typhoid fever is not supported by our investigations.
9. The pythogenic theory of the origin of typhoid fever is not supported by our investigations.
10. Our investigations confirm the doctrine of the specific origin of typhoid fever.
11. With typhoid fever as widely disseminated as it is in this country, the chances are that, if a regiment of 1,300 men should be assembled in any section and kept in a camp, the sanitary conditions of which were perfect, one or more cases of typhoid fever would develop.

12. Typhoid fever is disseminated by the transference of the excretions of an infected individual to the alimentary canals of others.

13. Typhoid fever is more likely to become epidemic in camps than in civil life because of the greater difficulty of disposing of the excretions from the human body.

14. A man infected with typhoid fever may scatter the infection in every latrine of a regiment before the disease is recognized in himself.

15. Camp pollution was the greatest sanitary sin committed by the troops in 1898.

16. Some commands were unwisely located.

17. In some instances the space allotted the regiments was inadequate.

18. Many commands were allowed to remain on one site too long.

19. Requests for change in location made by medical officers were not always granted.

20. Superior line officers cannot be held altogether blameless for the unsanitary condition of the camps.

21. Greater authority should be given medical officers in matters relating to the hygiene of camps.

22. It may be stated in a general way that the number of cases of typhoid fever in the different camps varied with the method of disposing of excretions.

23. The tub system of disposal of fecal matter as practiced in the Second Division of the Seventh Army Corps is to be condemned.

24. The regulation pit system is not a satisfactory system of disposing of fecal matter in permanent camps.

25. Our board has recommended that in permanent camps where water-carriage cannot be secured, all fecal matter should be disinfected and then carted away from camp.

26. Infected water was not an important factor in the spread of typhoid fever in the national encampments in 1898.

27. Flies undoubtedly served as carriers of the infection.

28. It is more than likely that men transported infected material on their persons or in their clothing, and thus disseminated the disease.

29. Personal contact was undoubtedly one of the means by which the infection was spread.

30. It is probable that the infection was disseminated to some extent through air in the form of dust.

31. A command badly infected with typhoid fever does not lose the infection by simply changing location.

32. When a command badly infected with typhoid fever changes its location, it carries the specific agents of the disease in the bodies of the men, in their clothing, bedding and tentage.

33. After a command becomes badly infected with typhoid, change of location, together with thorough disinfection of clothing, bedding and tentage, is necessary.

34. Even an ocean voyage does not relieve an infected command of its infection.

35. Except in case of most urgent military necessity one command should not be located on a site recently vacated by another.

36. The fact that a command expects to change its location does not justify neglect of proper policing of the ground occupied.

37. It is desirable that the soldiers' beds should be raised from the ground.

38. In some of the encampments the tents were too much crowded.

39. Medical officers should insist that soldiers remove their outer clothing at night when the exigencies of the situation permit.

40. Malaria was not a prevalent disease among the troops that remained in the United States.

41. The continued fever that prevailed among the soldiers in this country in 1898 was typhoid fever.

42. While our investigations show that coincident infection with malaria and typhoid fever may occur, the resulting complex of symptoms does not seem to be sufficiently well defined and uniform to be recognized as a separate disease.

43. About one-fifth of the soldiers in the national encampments in the U. S. in 1898 developed typhoid fever.

44. Army surgeons correctly diagnosed a little less than half the cases of typhoid fever.

45. The percentage of deaths among cases of typhoid fever was about 7.5.

46. When a command is thoroughly saturated with typhoid fever it is probable that from one-third to one quarter of the men will be found susceptible to the disease.

47. In military practice typhoid fever is often apparently an intermittent disease.

48. The belief that errors in diet with consequent

gastric and intestinal catarrh induced typhoid fever is not supported by our investigations.

49. The belief that simple astro-intestinal disturbances predispose to typhoid fever is not supported by our investigations.

50. More than 80 per cent. of the men who developed typhoid fever had no preceding intestinal disorder.

51. The deaths from typhoid fever were more than 80 per cent. of the total deaths.

52. The shortest period of incubation in typhoid fever is probably something under eight days.

53. One who has lived in a camp in which typhoid fever is prevalent is liable to develop this disease any time within eight weeks after leaving such a camp.—*St. Paul Medical Journal*.

CHARACTERISTICS OF THE DESCENDANTS OF HEREDITARY SYPHILITICS.

In an exhaustive article, in which all the literature is carefully digested, and to which he adds his own wide experience, Finger comes to the following conclusions regarding the transmissibility of syphilis and the syphilitic manifestations:

1. It must be regarded as theoretically possible that an inheritance of syphilis can take place upon the second, and perhaps further generations as upon the first; in this wise that three different manifestations of parental syphilis can be transmitted independently of each other, namely (A) true virulent syphilis, (B) syphilotoxic dystrophic disturbances, and C) immunity.

A. *Transmission of true virulent syphilis to the second generation.*

2. Although this is theoretically possible, up to the present no case of this nature has been brought forward which is entirely free from objections.

3. In order to prove the transmission to the second generation, the following postulates must be proven: (a) The hereditary syphilis of one of the parents must be proven beyond a doubt; (b) Acquired syphilis in the second generation must be conclusively ruled out; (c) The nature of the syphilis in the third generation must be proven to be inherited.

4. In order that there be no doubt that it is a case of inherited syphilis in the second or third generation, it must make its manifestations at the time of birth, or shortly afterwards.

5. The question of exclusion of acquired syphilis in the sec-

ond generation is a difficult one, since it is dependent entirely upon negative arguments, and since in each separate case it is impossible to the most conscientious observer to bring his subjective conviction acquired by intimate knowledge of the single case into an objectively unobjectionable form.

6. From the standpoint of the above-mentioned postulates, the majority of the twenty-four observations which up to now have been made in this connection is open to objection, although some (cases of Nunn, Mensinga, Hutchinson) are striking in the highest degree. Still the latter are not conclusive, and, in fact, to be regarded as absolutely conclusive a case would have to conform to the following type:—The mother is hereditarily syphilitic and gives birth to a hereditarily syphilitic child. Shortly after the birth of the same the father of the child is infected with syphilis illegitimately.

B. *Transmission of syphilotoxic dystrophic disturbances upon the second generation.*

7. This question is still more difficult to answer than the first, since the conception of syphilotoxic dystrophic disturbance as manifested by transmission to the first generation is not as yet completely settled and fixed.

8. In spite of previous works in this connection, this question has not been cleared up as yet, because: (a) These syphilitic dystrophies furnish nothing absolutely characteristic. (b) Analogous dystrophies are found in families where all known etiological factors, especially syphilis, tuberculosis, intoxication with alcohol or lead, are wanting. (c) Such dystrophies, if of syphilitic nature, should appear most frequently in the genuinely, hereditarily syphilitic children, but, on the contrary, up to the present, in contrast to a small number of children, who furnish dystrophies together with genuine inherited syphilis, we have a much larger group of children showing no genuine inherited syphilis, but only dystrophies.

9. If we have undoubted general nutritive disturbances, debility, asthenia, infantilism in children of syphilitic parents, still the question would remain whether such disturbances would not have arisen even if syphilis had not been present.

10. In regard to the question of the transmission of dystrophies to the second generation, each case must conform to the following postulates: (a) Hereditary syphilis must be proven beyond a doubt in the second generation; (b) Acquired syphilis in the second generation must be eliminated, (c) Also in the third generation syphilis acquired at an early age must be eliminated.

11. This last point, the elimination of acquired syphilis in

the third generation, is necessary, because we know now from many observations that dystrophic disturbances in a child may be developed not only after inherited, but also after syphilis acquired early in the suckling period, which may be easily mistaken for a hereditary dystrophy.

12. From this point of view, the thirty-one cases of this kind hitherto described are interesting, but not fully conclusive. Here the especial difficulty lies in the elimination of acquired syphilis in the second generation.

13. From a study of these dystrophies, which have been regarded as syphilotoxic, we must conclude that they become milder and rarer from generation to generation.

14. From this it would follow that syphilis in its influence upon posterity leads less to a degeneration than to a diminution of the race.

C. Transmission of absolute and relative immunity upon the descendants.

15. For many years it has been known that the offspring of syphilitic parents possess an absolute or a relative immunity towards the syphilitic infection. This view was based upon several observations: (a) The observation that where syphilis has been endemic for a long time it runs a markedly milder course. (b) The observation that syphilis, brought to people who have never had syphilis, appears there at first with severe manifestations. (c) The finding of sporadic cases of malignant syphilis where the victim's ancestors had been free from syphilis for several generations. (d) The observation that mothers in the contagious stage of syphilis do not infect their healthy offspring (Profeta's law).

16. These observations, although worthy of notice, furnish no unimpeachable scientific proofs of the inheritance of immunity, and can be satisfactorily explained along other lines.

17. On the other hand, there is a considerable number of facts which go to prove that the inheritance of immunity is inconstant, to say the least, and which suggest that the doctrine of the inherited immunity of syphilis needs a complete revision.

18. These are: (a) The fact that in acquired syphilis itself the immunity is often transient, reinfection is observed, and that reinfections would perhaps be more frequent if certain factors, social and otherwise, care, routine, marriage, old age, impotence, did not stand in the way of a reinfection. (b) The fact that not a few cases are known in which hereditarily syphilitic (fourteen cases) or syphilotoxic-dystrophic (137 cases) or entirely healthy children (twenty-nine cases) of syphilitic parents infect themselves with syphilis. (c) The

fact that in these cases not only absolute, but also relative immunity, *i. e.*, an especially mild course of the disease, is not to be found.

19. The fact that in a number of children of syphilitic parents the immunity, if indeed present, was lost at the time of puberty, proves to us that these individuals could not transmit an immunity to their children and descendants.

20. The facts given above, which oppose the view that immunity to syphilis can be inherited, must make us wonder whether we have the right to hold any longer to the doctrine of the unlimited duration of immunity in acquired syphilis, or still further to the thesis of the inheritance of immunity. *Maryland Medical Journal.*

THE INTERNATIONAL CONGRESS AT NAPLES AGAINST TUBERCULOSIS.

On April 25th this Congress was inaugurated by the King and Queen of Italy in the historic opera-house of San Carlo. The President, Professor Baccelli, welcomed the delegates, who had been sent from every European country (except England), the Congressists who numbered some 1,200, and the members of the "League's" adherents in Neapolitan Society. He alluded to the King's efforts during the cholera in 1884, and to his present visit to wage war against the "phylloxera of human life." He explained the objects of the meeting, and briefly reviewed the question of tuberculosis from Morgagni to Koch. The recent legislation and the prizes offered for the best-planned sanatorium were mentioned. He insisted that the mortality from tuberculosis in Italy was less and more rapidly decreasing than in any other country in Europe, in spite of the number of cases attracted there by the climate, but trusted that the original example set in England would be eagerly followed by Italy in the proper institutions for consumptives. The arrangements for the following days were on the lines of the British Medical Association's meetings. From the mass of communications which covered all the old ground are taken the more original items.

Professor Lannelongue explained his attempt to deduce results as to climate. He inoculated one hundred and fifty guinea-pigs in the pleura with similar doses of tuberculous material. The one hundred and fifty were divided into three lots of equal weights and put to live under different climatic conditions, one lot being retained in the laboratory at Paris, the second lot being sent to Valmont in the country, and the

third lot to the seaside at Grandes Dalles. The conditions other than climatic were rendered as similar as possible, the experiment lasting eleven months. The mortality curve of the country lot was the highest from the start, the other two lots keeping level for a long time. Toward December the seaside curve rose, and the laboratory curve had the best of it. A second experiment was marred by an accident to one of the lots, but here again the laboratory lot suffered the least, and Professor Lannelongue concluded that the equable temperature and repose of the laboratory were the reasons. The greater thermometric variations of the country and the seaside were followed by rises in the mortality curves. An experiment on these lines, if carried out with men instead of guinea-pigs, might give definite information regarding the sites of sanatoria.

Professor Menella pressed for legislation against the marriage of phthisical persons, since investigations proved the transmission of tuberculous toxin, and even of bacilli, by the placenta and semen.

Dr. Sanarelli read a most suggestive paper on the dangers of infection in railway carriages, etc. He especially pointed to the wagon-lits, and asked that there should be not merely a general disinfection of such vehicles, but alterations in the material and arrangement of the upholstery, so as to allow of daily cleaning. He asked for special carriages for consumptives. The model railway carriages now on review at Rome were mentioned.

Dr. Posner gave the result of 1,300 necropsies in Virchow's clinics, showing that of the tuberculous cases 30 per cent. had tuberculous disease of the genito-urinary organs.

In the therapeutic section there was little new, iodoform being the favorite remedy, administered in every possible way. Professor Cervello had been expected to demonstrate his method of inhaling formic aldehyde. A proposal to abolish vaccination because of the risk of tuberculous infection received no support.

Dr. Germano gave an interesting account of the facility with which fish, especially the carp tribe, could be rendered tuberculous by feeding them on the sputum of consumptives.

Professor Iranzo had good reason to point out that the objects of the Congress would be more surely attained by the education of the public than by the passing of resolutions urging the Government to legislate on an infinity of professional whims.— *Lancet*. — *The American Practitioner and News*.

THE CHARACTERISTICS OF A PLAGUE INVASION.

The characteristic of invading plague, which is at once most dangerous and almost constant, is its insidiousness. In whatever latitude the plague appears this quality of the disease is displayed. Weeks and months may pass before epidemic proportions are reached. Even where plague is familiar, the stealth of its progress, so Barker tells us, frequently betrays health officials into premature announcements that the disease has been stamped out. In this respect the invasion of plague is to epidemic plague about as a slow-burning fuse is to a charge of dynamite. Hasty action upon the belief that the fuse has gone out is extremely dangerous.

This unperceived progress suggests to the sceptical mind the existence of very mild unrecognized cases, and there are instances among recent epidemics which support this suspicion. In Hong-Kong cases of mild adenitis were observed for some time before the first case of plague was recognized, and it is probable that the wide distribution of the infection was accomplished through these cases. Fortunately, epidemics usually begin with cases showing the typical bubo, other varieties of the disease appearing later. In this form the diagnosis is easy, and it is well within the ability of American physicians to recognize it. If an outbreak should begin with pneumonic cases, the probability of correct diagnosis is small. The recent outbreak at Kolobovka in Russia was of this type, presenting twenty-four cases with twenty-three deaths, all of the pneumonic type.

The quality of insidiousness is probably due in most instances to the spread of plague by rats. Many histories of epidemics begin with a single case, or one infected house. Two or three weeks pass without any apparent spread. Then a commotion appears among the rats, dead bodies are found, and the rats disappear from the vicinity. Following this, human plague occurs, perhaps at several points distant from the original focus. Sometimes the behavior of the rats attracts no attention in the infected locality, nor is their migration observed. The earliest premonition of a plague visitation has sometimes been a notable increase in the number of rats, coming from none knows where. A recent outbreak in Bombay, and one in Calcutta, followed such a migration of rats.

Possessing routes of travel so well hidden from the eyes of men, and clinical disguises so baffling, plague may put physicians and health officers to confusion about as easily in

our American cities as in the East. It is quite usual for those who write about plague to tell us that under the conditions of Western civilization plague will be easily controlled, and these views have a calming influence upon the popular mind. The hygienic condition of American cities and the habits of American citizens are probably not favorable to the spread of plague, but those of us who must bear the probable opprobrium of a first encounter will do well to examine whether our defenses are in fact as strong as they appear. No infected port is near enough to bring the time of transit to our shores within an incubation period of plague, and it is therefore unlikely that an unrecognized case in man will pass quarantine. But plague infected rats on board ship might escape observation. The rules of the United States Marine Hospital Service do not require the examination of cargo for the bodies of dead rodents. This suggestion was made by the Oporto Plague Commission, and affords one more safeguard along that most obscure route of invasion.—*Maryland Medical Journal*.

TREATMENT OF SYPHILIS IN GENERAL AND OF TABES POST-SYPHILITICA IN PARTICULAR.

BY H. TSCHIRIEFF.

Seventeen years' experience in the neurologic service of the military hospitals at St. Petersburg and at Kieff has convinced Tschirieff that syphilis is a constitutional disease and is never completely cured, and that iodide given with the mercury prevents the absorption of the latter. He describes tests which confirm this prevention of absorption of mercury by the iodide, and explains the more frequent recurrences of syphilis, and especially of syphilitic affections of the central nervous system, when iodide was combined with the mercury. The method he recommends is a daily bath at 35° C., twenty to thirty minutes in length. Half an hour to an hour after the bath the inunction is made, for which he prefers mercurial soap, as it requires less time than the ointment. The back and sides he considers best adapted for the inunctions, which are made for six days, then omitted the seventh, repeated for five to six weeks; the mouth rinsed with saturated solution of potassium chlorate seven to eight times a day. After five or six weeks of inunction and an interval of one or two weeks, a daily bath at 35° C. is taken three times a week and .5 to 4 gm. of a preparation of iodine three times a day, after meals in a glass of milk or milk and Selters' water.

Sleep is regulated with bromides and the heart supervised. This method of treatment requires three months and, usually gives remarkably fine results, not injuring the organism in any way, but actually raising the general tone and increasing the weight. One of his patients is a man of sixty, who for forty years has taken a hot bath every day and makes several inunctions every week, and his health is as perfect as is possible for a man of his years. The causes of the frequent affections of the central nervous system are inadequate treatment of the syphilis, abusum spirituosorum, excess of all kinds, including intellectual work, and frequent chilling of the body, especially the lower extremities, from climatic conditions. He treats post-syphilitic tabes with specific treatment, Charcot douches to the back, electrization of the spine and medulla oblongata, cauterization of the spine with the Paquelin every tenth to fourteenth day, strychnine pills to restore the function to the centers of erection and defecation, and subcutaneous injections of atropine and morphine for the lancinating pains. This treatment arrests and may possibly cure the sclerosis of the posterior columns of the spinal cord, which he considers the specific lesion of post-syphilitic tabes. Every case thus treated showed marked improvement.—*Dermatologisches Zeitschrift (Berlin) - The American Practitioner and News.*

MONOGAMY AND LONGEVITY.

In the *Lancet* (London), of June 9, Dr. Harry Campbell F. R. C. P.' Lond., contributes an article on the increase in the death rate from cancer, in the course of which he discusses monogamy in its relation to longevity and the diseases of late life. The author says :

"The increase in the death rate from cancer has of late attracted, and rightly attracted, the attention of medical men, and various opinions have been advanced to account for it. One reason doubtless is that, owing to the increased average length of life, more people live into the cancerous age now than formerly. Some hold this to be the entire explanation, and doubt if there has been any increase in the individual tendency to the disease. I believe, however, that I can see no reason why the individual tendency should increase, and though the suggestion I have to offer may at first sight appear chimerical, I yet hope to advance a convincing argument in its support. My contention is that monogamy tends to favor the increase in our race of all late-life diseases, cancer among them, and to shorten the vital span. * * * While, however, monogamy is thus exer-

cising an injurious influence on our race, polygamy is a sociological impossibility, and happily we have at our disposal a much more efficacious means than is afforded by it of securing to the fittest the largest number of offspring—of giving full play to that searching process of elimination which alone can sustain a high level of racial fitness. Nature's method of elimination is a merciless one; she unceremoniously sacrifices the individual for the benefit of the race—so careful of the type is she, so careless of the single life. The sole object of individual elimination, racially considered, is to prevent the unfit individual from leaving offspring to inherit his unfitness, and Nature in her rough-and-ready way achieves this object by simply wiping him out of existence. The same end can be attained, however, by the unfit abstaining from getting unfit offspring and choosing to join the ever-increasing army of the non-marrying. Elimination from the racial standpoint means not having offspring, and all who do not leave offspring are racially eliminated—unrepresented in posterity."

INJECTIONS OF ETHER IN SEBACEOUS CYSTS.

Emile Sergent, in *La Presse Médicale* of June 30, 1900, has an interesting article on the treatment of sebaceous cysts by injection. The proceeding was first employed by Vidal in 1883, and was practiced extensively by Lermoyez. Sergent has treated about thirty cases, all of which were radically cured. The manner in which the injection acts has been variously explained. By some it has been thought to be due to an inflammation excited in the wall of the sac, and by others to the power which ether has of dissolving the sebaceous matter contained in these cysts. The writer is of the opinion that the latter explanation is correct, for he says that inflammation is an accidental concomitant due to a failure in aseptic technique. It is possible to treat cysts of all sizes in this way, but those which are small, composed mostly of fibrous tissue with very little sebaceous matter, are not likely to be benefited. The method is inapplicable to cysts that have already undergone inflammatory changes.

Pure sulphuric ether is employed, and the usual operative aseptic procedures are used. A hollow needle connected with a sterilized syringe is thrust directly into the cyst. The cyst is then distended with ether, the needle being allowed to remain in position. The ether immediately dissolves the sebaceous contents of the cyst, and some of it escapes. Then more ether is introduced. The number of injections required

will depend upon the size of the cyst and the condition of its walls; commonly from four to twelve are necessary. When the cyst is much softened or fluctuation is apparent, and a brownish crust appears at the margin of the point where the needle is thrust into the sac, the contents may then be readily expressed by opening up the tract with a stylet. If this cannot be done, an additional injection or two may be given. After the contents of the sac have been evacuated, it is possible to remove the sac through a comparatively small opening. It is claimed that this is the best treatment for cysts of medium size. It is not painful, no blood is lost, there is no danger, and no cicatrices are left. The latter the writer regards is of especial importance, as he says there is really little to choose between a head which is covered with wens and one which is covered with scars left by their removal.

THE ABORTIVE TREATMENT OF BUBO.

H. M. Christian, in the *Therapeutic Gazette* of August 15, 1900, says that highly satisfactory results have been obtained by the abortive treatment of bubo. Successful application of the method depends upon its being instituted early, before suppuration has set in. Another condition is that it shall be due to gonorrhœa, chancroid, or herpes, as tubercular infiltration of the gland is not influenced by the treatment. The treatment recommended by the writer consists in the direct application of the following ointment:

R_y Ung. hydrarg.....
 Ung. belladonnæ.....
 Ichthyol.....
 Lanolin..... āā ʒ ij.

The ointment is spread upon a piece of surgical lint, and applied directly to the swollen gland. Cotton is next laid over the gland, and the whole is held in its place by a spica bandage, with firm pressure. This treatment is carried out every day until resolution takes place, which is usually accomplished in from ten days to two weeks. Twenty buboes have been treated in this manner, of which twelve were successfully aborted. Eight of the cases followed gonorrhœa and four chancroid. Of the eight cases where the abortive treatment failed, six were cases of tubercular adenitis. The result of this treatment has convinced the writer that fully 50 per cent. of buboes other than tubercular can be successfully aborted by this treatment, provided only that it be employed before the formation of pus.

SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

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AND

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PEROXIDE OF HYDROGEN IN HIRSUTIES.

Dr. L. Duncan Bulkeley (*Four A. M. A.*) says that the *bleaching* properties of peroxide have long been used for changing the color of the hair, and advantage may be taken of this in connection with the growth of superfluous hair on the face of women. In a very considerable number of cases he has employed it, where the hair was too fine to admit of removal by electrolysis, and yet where it was very perceptible and troublesome. Especially on the upper lips of girls, this condition is often the source of much distress. Here the slight downy mustache will be composed of innumerable fine hairs, perhaps with a few stronger ones at the ends, and it is quite impracticable in the early stages to practice electrolysis. Here the free and repeated use of the peroxide will produce a very material improvement in the appearance in a very short time. By blanching the hairs a moustache which was very striking will hardly be noticeable at a short distance. But another advantage in the use of the peroxide in hirsuties is a certain retarding influence which it exerts on the growth of the hair. This he has noticed in a number of instances for the past two or three years, much to the delight of some patients. In applying the peroxide to such cases it is often well to begin by diluting it one-half with water, and increasing the strength gradually, for when a strong specimen is applied to the healthy skin it will sometimes cause a desquamation which is extremely unpleasant to the patient.—*Indiana Lancet.*

THE DIAGNOSIS OF TUBERCULAR DISEASE OF BONE.

Acute tuberculosis of bone is comparatively rare. It usually occurs in the course of a general millitary tuberculosis, or as a secondary infection of the diaphysis of the long

bone from an epiphyseal focus. In these cases the diagnosis is usually easy.

By far the most common form of the disease which we meet with is the chronic tubercular osteomyelitis. In fact, about 95 per cent. of the chronic affections of bone may be classified under this head. It is essentially a disease of early life, as most tubercular affections are. It is safe to say that almost all affections of the long bones, especially when located in the epiphyses, and occurring in early life, are tubercular. If abscess is present the diagnosis is positive, for there is only one other condition which might produce it, —actinomycosis.

The family history in these cases is frequently tubercular, and should always be inquired into in every case of bone disease.

The subjective symptoms are: 1. Pain. This is present in all degrees of severity, from a mere tired, uncomfortable feeling, following prolonged use of limb, to the severe excruciating pain resulting from the destruction of the subarticular layer of bone, and involvement of the joint. In children, restlessness, and the so called "night-cries" frequently occur. As a rule, however, especially in the early stages, the pain is not severe, the function of the limb not being markedly interfered with, the only discomfort being an "aching" or disinclination to use the limb. With the infection of the periosteum and formation of granulation tissue, resulting later in abscess, the amount of pain is much increased, or if the joint become involved, it usually becomes severe. The pain in the early stages is very often referred, as instanced by pain in the knee-joint, in diseases of the neck or head of the femur.

2. Tenderness. This symptom Dr. Senn considers of great diagnostic importance, especially in the early stages. He says: "existence of an area of tenderness over a point corresponding to a tubercular focus in the interior of a bone is one of the surest indications of the existence of osteotuberculosis." This symptom can be elicited by pressure with the thumb or finger over the epiphysis of the bone. It is due to the presence of a circumscribed periostitis, situated above the tubercular focus.

3. Loss of function. This symptom should be considered under the head of tubercular arthritis, as it is unimportant in the early stage of tubercular osteitis.

The objective symptoms are:

1. Atrophy. This is usually present early, though in a slight degree, and is probably due to reflex causes. Vulpian

was the first to bring forward the theory that the atrophy is due to irritation of the terminal filaments of the articular nerves, which is reflected the centers of the muscular nerves. That in some cases the atrophy is direct is shown by its resulting from a neuritis involving both the articular and muscular branches of the same nerve, and from the fact that the atrophy is more or less permanent, even after the tubercular process has been cured.

2. Swelling. This symptom is usually not present in the early stage, and does not occur until the joint or periosteum becomes affected. There is usually no enlargement of the bone itself in cases of tubercular osteomyelitis, except in the condition known as spina ventosa, or in an extensive diaphyseal infection of the bone.

3. Changes in the color of the skin. With the occurrence of much swelling, the skin becomes very pale and is traversed by large blue veins. In the latter stages, when abscess formation occurs and the skin becomes involved, it has a purple or livid hue.

4. Abscess. Sooner or later, unless resolution occurs, the products of the inflammation undergo caseation and liquification, resulting in the formation of an abscess, which, sooner or later, finds its way into the joint or through the periosteum, burrowing in the direction of the least resistance until it opens through the skin, resulting in the formation of one or more sinuses. This is known as a cold abscess. It is usually slow in forming, and the symptoms of inflammation are not marked, whereas in those cases in which there is a mixed infection the local and constitutional signs are distinct.

5. Sequestration. As a result of the inflammation and disturbance of circulation, the formation of sequestra of greater or less size takes place. This can be demonstrated by the probe, or when of small size they are frequently seen in the discharge, which is of a peculiar, thin sanious character.

6. Rise of temperature. By carefully taking the temperature at frequent intervals, a rise of only perhaps one-half degree may be detected, especially towards evening, and is decidedly significant of tubercular trouble.

7. Anemia, emaciation, asthenia and hectic are not usually marked until we get a mixed infection. Then these symptoms become very pronounced.—Dr. Chas. G. Foote, in *Cleveland Medical Gazette*.

LARGE TRACT OF CHRONIC BURN ULCERATION HEALED BY SKIN-PROPAGATION IN BLOOD, FROM MINUTE POINTS OF DERMAL TISSUE

By T. J. BIGGS, M.D., Stamford, Conn.

Mary C——, aged 22, came on the 7th of February, 1895, to the surgical ward of Demilt Dispensary, showing a tract of four or five square inches on the right side of her face completely denuded of the skin and superficial fascia, in consequence of a burn which had been unsuccessfully treated by the usual methods in vogue at two of the city hospitals. The wound extended over the right malar bone, from a point just below the margin of the lower eyelid, downward and sideways over the nose and cheek, a distance of three inches, with an inferior diameter of an inch and a half. The sore was now covered with unhealthy granulations, and exuded smelling mucopurulent discharge. After cleansing the wound with Thiersch solution, its entire surface was cauterised with a 25 per cent. ethereal solution of pyrozone, and was dressed for three days with wet Thiersch dressing, until healthy granulation became established.

Ten minute points of skin, about one-sixth of an inch in diameter (shrinking to half that size) were then taken from over the right scapula, and distributed in an elliptical line, about half an inch within the periphery of the wound, leaving a like distance between the opposite sides of the elliptical line. These were protected with strips of sterilized rubber tissue, which does not adhere to the grafts so as to displace them when it is removed. The dressing was of gauze soaked in salt and water, 1 dr. of salt to the pint, which is found to be the application most favorable for the setting of the grafts. Over this, more rubber tissue, cotton and a bandage.

The dressing was removed on the third day, when every graft was found feebly adherent, and the general surface in a healthy condition. After cleansing with Thiersch solution, fresh rubber tissue was applied, and the dressing was now made of plain sterilized gauze soaked with bovine, and covered with oiled muslin, cotton and bandage. On removing this dressing on the second day, the wound was found in a healthy granulating condition, with every graft firmly adherent and healthy in color. The blood dressing was repeated in the same manner every day for a week, when all the grafts were found to be doubled in diameter and in a promising condition, which continued healthy granulation. Thenceforth, sterilized gauze soaked with bovine, and nothing else, was applied directly and daily to the surface

treated, for seventeen days, to March 9th, making thirty-one days in all from the first appearance of the patient at the dispensary, when the whole diseased tract was found to be perfectly healed and covered with new delicate skin. Dressing was discontinued and patient instructed to wash the part four or five times a day with sterilized water, reporting for observation, and after three days was fully discharged.

PERITYPHLITIS, CASE DESPERATE, BLOOD CURED WITHOUT OPERATION.

By T. J. BIGGS, M.D., Stamford, Conn.

Ellen F—, 27 years of age, American, admitted June 5th. Diagnosis: Perityphlitis.

Case had been brought to the hospital by Dr. B—, with a request that I operate immediately. So severe was the condition that I agreed with the Doctor that a laparotomy was advisable. This, however, the patient refused to have done, saying she preferred to die. Consequently, after assuring the patient of an unfavorable prognosis, I determined to do the next best thing.

The condition began two days previous with a feeling of weight, soreness and paroxysms of acute pain extending into the hip, thigh and abdomen. Examination of her after entering the hospital revealed a hard swelling in the right iliac fossa region. The patient had a temperature of $102\frac{1}{2}$, had irregular chills, followed by profuse sweats. The bowels were regular. In my mind two things were immediately indicated here:

1. That the digestive tract be given as near as possible absolute rest.

2. To try to reduce the inflammatory process. This I knew could be combated by bovine.

The patient was put to bed, an ice pack put over the vasum and a teaspoonful of bovine given every hour. For the first three days the patient showed no improvement, but held her own fairly well. On the fourth day she said the feeling of weight and soreness in right side was less, and she had fewer paroxysms of pain which were, by the way, confined to the right side. The temperature was now 101. Bovine was now ordered a tablespoonful every two hours in sterilized milk, and once every three hours a teaspoonful of bovine-Thiersch was given.

June 14th, the swelling and pain had entirely disappeared, temperature normal, and although well-nourished was

pretty weak. Bovinine was now ordered a wine glassful every three hours in milk.

On the 20th the patient was feeling well and strong. Bovinine continued.

On the 27th she was discharged, cured.

The action of the bovine in this condition is three-fold :

1. It requires little or no digestion, and at the same time, supplying perfect nutrition, gives the alimentary canal almost absolute rest, as no form of food will do.

2. It being a sterile preparation, acts as an antiseptic, which is exactly indicated in this condition.

3. It builds up and restores to normal the degenerated mucous membrane, by its nutritive power, and at the same time acts as an antiphlegistic.

NOTES ON THE ENEMATA EMPLOYED AFTER ABDOMINAL SECTIONS.

For the thirst which is sometimes so distressing after an abdominal section, an enema consisting of 500 cc. (one pint) of tepid water may be slowly administered, being repeated if necessary.

Nutritive enemata are often employed at intervals of three or four hours. They should not be given more frequently than this for fear of rendering the rectum intolerant of them. The enemata should consist of milk with whisky or brandy, together with white of egg and a little common table salt. The following proportions make a good combination and may be given by means of a hard rubber syringe or through a rectal tube :

℞ Peptonized milk, 30 cc. (̄i)
 Whisky, 30 cc. (̄i)
 The whites of two eggs
 Common table salt, 1.5 (grs. xxiv)

The rectum should be thoroughly irrigated every morning with warm physiological salt solution, which will keep it clean, so that the nutritive enemata will be better absorbed.

For opening the bowels a high enema consisting of 500 cc. (one pint) of soap-suds in warm water should be given. The rectal tube having been introduced well up into the rectum, the mixture of soap-suds and water is poured into a glass funnel attached to the external end and allowed to run slowly into the bowel. Sometimes a litre can be introduced

in this way. If the enema does not prove effectual, it may be repeated after three or four hours, or we may substitute one consisting of warm water, oil, turpentine, in the following proportions:

- R Plain warm water, 500 cc. (vj)
 Olive oil, 60 cc. (̄i)
 Turpentine, from two teaspoonfuls to a tablespoonful.

This may be repeated once or twice at intervals of two or three hours, but generally the first enema is followed by a satisfactory evacuation of the bowels. If preferred, from 120 to 180 cc. (4 to 6 oz.) of warm olive oil or glycerine may be first injected in order to soften any fecal matter that is in the rectum, an enema of soap-suds and warm water being given an hour or so later. Occasionally the addition of an ounce of Epsom salts to a pint of warm soap-suds and water will prove effectual when other enemata have failed.

In a series of 114 consecutive, unselected, abdominal sections without a death one or more of the above enemata were employed as a routine practice.—Dr. Hunter Robb, *Cleveland Medical Gazette*.

HEROIC TREATMENT FOR SOFT CORNS BETWEEN THE TOES.

Physicians should be more fully informed upon disturbances of the feet. Too often they brush aside these complaints and leave the victims to their own awkwardness or the tender mercies of itinerant and often ignorant chiropodists. We should realize that, owing to neglect of proper cleanliness, the feet may become potent dangers in the direction of general infection where self treated or improperly handled by others.

In discussing recently, at the New York Post-Graduate Medical College, the subject of soft corns, Dr. A. M. Phelps, the eminent orthopedic surgeon, said:

"We all frequently meet with cases of soft corn, occurring particularly in the working classes, between the toes. They are extremely painful, crippling the patient and rendering life almost unendurable. These cases come to the hospital and ask to have the toes amputated. Such corns are usually treated conservatively, and are cured, but immediately relapse. Deep sluffing ulcers are frequently seen.

"A simple procedure which I have followed many times during the past two years answers admirably and saves the toe. It consists in removing all of the soft tissues on the inner

side of two of the toes, removing the corn, and stitching the two toes together. This procedure does not in the least impair the usefulness of the foot, whereas, the removal of the toe must necessarily do so to a certain extent.

"Patients upon whom I have operated in this manner have expressed themselves as entirely satisfied, and I am certain that if I had a soft corn that caused me much trouble I would have no hesitancy in having the operation performed, and the toes 'webbed.' The nail of the little toe should be removed."—*Gaillard's Med. Four.*

ANKLE SPRAINS.

Sprains are by far the most common joint injuries, and of all the joints of the body the ankle is the one most frequently involved; in fact, ankle sprains are probably as numerous as all other sprains combined.

If one looks through the literature on this subject, one cannot help but be impressed with the chaos that exists on so simple a subject as the treatment of ankle sprains. A considerable number of text-books and teachers state in unmistakable terms that the only proper treatment for ankle sprains is a plaster-of-Paris cast, applied directly after the injury, and worn some weeks. Another almost equally large and authoritative number state with equal emphasis that the only satisfactory treatment consists in subjecting the sprained ankle to active and passive motion and massage directly after the injury. A minority recommend cold or hot applications with elevation of the limb and firm bandages; later, plaster-of-Paris cast, and, finally, massage and active and passive motion.

After thinking the matter over, it seemed strange to me that any one would care to confine himself so rigidly to either of the first two methods, as some of the authors would have one believe that they do. Of the three general methods outlined, the third certainly commends itself most highly to one's common sense, and it is the one that I would adopt were it not for the fact that I have seen a method demonstrated which is far superior to it in its results.

The method which I wish to describe comprises practically all of the good features of the three, without any of the objectionable ones. It consists in careful and systematic strapping with rubber adhesive straps. The straps are cut from half to three-quarters of an inch in width, and the proper length. The width depends upon the size of the limb. If a small ankle, the straps should

be half an inch wide ; if a large ankle, they may be three-quarters of an inch, but no wider. Upon this, and upon the accuracy with which they are applied, depends the success of the method. If the straps are too wide, or if they are applied in a haphazard manner, failure is sure to be the result.

The foot is held at slightly less than a right angle and a trifle everted. The former element in the position is observed because it is easier to walk on a painful ankle if it is held slightly in the calcaneum position than if held in the equinus position. The latter element is observed because, as you well know, ankle sprains are usually caused by a sudden inversion of the foot, thus injuring the external ligaments; hence, slightly everting the foot relieves the tension of these ligaments and places them at rest. With the foot in this position, one end of a long strap is applied to the inner surface of the foot near its posterior end, brought under the heel and up on the outer posterior surface of the leg to within a few inches of the knee. At the lower end this falls into the depression just posterior to the external malleolus. A shorter strap is now applied by placing one end to the inner surface of the heel near the sole of the foot, then bringing it around over the tendo Achilles to the outer surface of the foot, making it cover the first strap at a right angle and passing along parallel to the under border of the sole of the foot, then over the dorsum to the little toe. Another long one is now applied, anterior to the first, overlapping it about one-third of its width ; then a short one, and so on, alternately, until the outer anterior aspect of the ankle is reached. Over all this a hard rolled bandage is now carefully and snugly applied. The patient is directed to lie still with the foot elevated until the warmth of the body has caused the plaster to adhere firmly. In a great majority of instances the patient can walk, with reasonable comfort, after a few hours.

The question that all who have not tried this treatment are prone to ask is, "How is it possible that so simple an appliance, or dressing, can give such excellent results?" I can answer this only in part. Where it is applied before the swelling has taken place, it prevents, or at least limits, the effusion of blood and serum into the joint and surrounding tissues. It partly immobilizes the joint, and supplants, in a measure, the lacerated ligaments. It relaxes the muscles and gives the joint a feeling of security.

In older sprains, it supplies the very best kind of massage possible. The massage which a joint gets by the

unconscious or subconscious motion under a dressing which exerts uniform pressure, besides being much cheaper and more accessible to all, is infinitely better than the massage which the most experienced masseur can give. This constant massage and motion rapidly dissipates the swelling by causing absorption of the effusion. It quickly and surely relieves the pain. It overcomes the tendency to stiffness. It restores the muscles and ligaments to their original vigor and strength. It reduces the period of treatment from weeks to days. It does all this, while the limb may be used with reasonable comfort and perfect safety from the day the bandage is applied.—*Dr. E. H. Ochsner, in the Virginia Medical Semi-Monthly.*

Therapeutic Notes.

HEPATIC TROUBLES.

R Phosphate of soda..... I drachm
Chionia..... 8 ounces

M. Sig. A dessertspoonful three times a day.

SORE OR CRACKED NIPPLES.

R Castor oil..... I drachm
Subnitrate of bismuth..... I drachm

This is applied freely to the sore nipples.—*Hirst, Med. Rec.*

TO CHECK MILK SECRETION.

R Atropinæ sulphat..... $\frac{1}{32}$ grain
Magnes. sulphat..... $2\frac{1}{2}$ ounces
Infus. gentianæ..... 7 ounces

M. Sig. Tablespoonful every two hours.—*Gaz. Hebdomad.*

PIGMENT SPOTS OF PREGNANCY.

R Zinc oxide..... I drachm
White precipitate..... $1\frac{1}{2}$ grains
Castor oil..... 2 drachms
Ess. of rose..... 10 drops
Cacao butter..... 2 drachms

M. Sig. Apply morning and evening.—*Ex.*

FOR INFLAMED RHEUMATIC JOINTS.

Osler recommends Fuller's lotion :

R	Sodii carbonat.....	6 drachms
	Tincturæ opii.....	1 ounce
	Glycerini	2 ounces
	Aquæ	9 ounces

M. Sig. Saturate hot cloths with the lotion and apply to the parts — *West. Med. News.*

REMEDY FOR RIGID PERINEUM.

Dr. Southworth says the following he considers indispensable and infallible :

R	Chloroform	2 drachms
	Ether	1 drachm
	Cologne spirits.....	1 drachm

M. Sig. Apply locally.

He further says he has had large heads pass perineums which seemed impossible without extensive rupture, without even the beginning of a tear, when this preparation was used.—*Medical Times.*

FOR DELAYED RESOLUTION IN PNEUMONIA.

Small blisters over affected areas, and

R	Potassii iodidi.....	1 drachm
	Ammonii chloridi.....	1½ drachms
	Misturæ glycyrrhizæ comp..	6 ounces

M. Sig. Tablespoonful four times a day.—*De Costa, Texas Medical News.*

PALATABLE EFFERVESCING QUININE.

R	Quininæ sulphatis.....	3j
	Acidi citrici	3ijss
	Syrupi simplicis.....	} aa 3xv
	Syrupi aurantii cort.....	
	Aquæ destillatæ.....q. s. ad.	3vj

M. Sig. Add 10 or more drops to about two ounces of water, in which gr. v. of bicarbonate sodium has previously been dissolved, and drink while effervescing.—*The Practitioner.*

Jottings.

SALT WITHHELD IN EPILEPSY.

Richet and Toulouse announced, at a recent meeting of the Paris Academy of Sciences, that their experience with 30 female epileptics has demonstrated the fact that depriving the nervous system of the usual amount of salt in the blood renders the nervous tissue more susceptible to the absorption of medicinal salts, which it takes up to a remarkable extent, thus rendering an extremely small dose effective. Thus 2 grams of sodium bromide a day, administered under the conditions referred to, arrested the epileptic attacks, sometimes in less than a week, no matter how frequent they had been before. Several patients had shown no recurrence for six months since treatment. Richet proposes to call this the metatrophic method, and suggests that it may possibly apply also to affections treated with quinine, digitalis, atropine, etc., as well as those in which the alkaline salts are administered. The saltless food has no bad effect on the patient.—*Exc.*

ICE FOR NAUSEA.

A physician advances the theory that the distressing sensation of nausea has its seat in the brain and not in the stomach, and that relief may be obtained by cooling the base of the brain. He claims to have tested this often and thoroughly in the case of sick headache, bilious colic, cholera morbus, and other ills in which the nausea is a distressing symptom without a single failure; also, that he once relieved the nausea resulting from cancer of the stomach by the application of ice to the back of the neck and occipital bone. The ice is to be broken and the bits placed between the folds of a towel. Relief may be obtained by holding the head over a sink, or tub, and pouring a small stream of water on the neck. This is worth remembering, as a relief for sick headache, to which so many are subject.—*Exc.*

URTICARIA.

The agent to which I desire to call attention in this article is carbonate of potassium. Simple carbonate of potash—kali carbonicum. It is the remedy of all others for that common affection, hives, or, more specifically, urticaria.

The prescription is simple: Add ten or fifteen grains of

kali carbonicum to half a pint of water, and order a teaspoonful every hour until relief follows. Three or four doses a day for a day or two afterward may be required to confirm the cure. The size of the dose does not matter so much, so it is small enough to insure immunity from unpleasant drug action, and large enough to produce slight therapeutic effect.—*Amer. Med. Jour.*

Fifteen to twenty grains of camphoric acid will, as a rule, stop night sweats, especially of phthisis, better than does any other drug, it being free from all the objections against atropia or belladonna, and may be given even in larger doses.—*Med. Council.*

MINUTE DOSES OF CONIUM.

Conium acts as well upon the urinary organs as upon the reproductive. In feeble people, with frequent dripping urination, especially at night, with burning, cutting urethral pain, a turbid, thick, whitish or bloody urine, and a sense of weight or pressure about the bladder, it is the remedy that will satisfy patient and physician.—*Ec. Med. Journal.*

A COUGH MIXTURE.

Dr. L. M. Taylor (*Merck's Archives*, August) has used the following prescription with most satisfactory general results:

R Chloral hydrate.....	64 grains
Ammonium carbonate.....	32 "
Fluid extract of ipecac.. ...	1 fluid drachm
Spirits of nitrous ether (Squibb).....	2 fluid drachms
Syrup of tar,	} of each, 1 fluid ounce.
Syrup of wild cherry,	
Syrup of tolu,	
Camphorated tincture of	
opium,	

Shake well and take a teaspoonful when the cough is troublesome.

INCONTINENCE OF URINE.

According to the *Buffalo Medical Journal*, lycopodium has been used with success for this affection in children.

Twenty drops of the tincture should be given three times a day, and this dose may be increased to 40 or 50 drops. It is, in some cases, more efficient than belladonna.

TO KEEP THE HANDS SOFT AND WHITE.

In these days of asepsis the hands of the physician, and especially of the surgeon, suffer greatly from frequent scrubbing and immersions in antiseptic solutions. A preparation that will keep the hands soft and white and that will not at the same time be inelegant to use is always in demand. The following formula will be found to be one of the very best ever proposed for the purpose:

R Ol. rosæ, 15 drops.
Glycerin, 1 drachm.
Spt. of myrciæ, 3 drachms.
Ol. cajuput., 20 drops.

M. Apply at night before retiring, first washing the hands thoroughly in hot water. In cold weather this can also be applied to the hands before going out.—*California Medical Journal*.

CHRONIC ECZEMA.

A confrère asserts that he obtains the radical cure of eczema where it occurs in isolated patches on the upper extremities, and so rebellious to the ordinary method of treatment, as follows: After having washed thoroughly with soap and water the part and dried it, he rubs in vigorously a 50-per-cent. solution of caustic potash by means of a plug of cotton tied to a rod; he then washes the spot freely with water, and, finally, paints it over with a 50-per-cent. solution of nitrate of silver, and envelops the whole in aseptic cotton. This dressing is left in place until the cicatrix is formed beneath the slough, or from one to two weeks. The itching ceases immediately after the application of the caustics. Out of thirty cases thus treated, only one required the operation a second time.—*Med. Press and Circular*.

NOCTURNAL EMISSIONS.

Gould & Pyle thus sum up the treatment of nocturnal emissions.—“Too frequent emissions reduce the strength, make the patient irritable and weak, and gradually prey upon the mind. Nocturnal emissions occurring in normal males who are continent and chaste are not to be interfered with unless excessive. Unchaste literature and lascivious

thoughts are to be avoided. A hard mattress and light coverings are advisable. Avoid sleeping on the back. Tie a spool on the loins, so that if the sleeper roll upon the back he will be awakened by the pressure. Potassium bromid, 20 grains, or the same amount of chloral may be taken on retiring. Cold sponging of the perineum and loins night and morning has been of great benefit. Potass. citrate, 20 grains in water, three times a day, will render the urine unirritating and alkaline and allay a provocative cause of emissions. Arsenic alone, or in combination with strychnine, is often of service when given in full dose. Stimulating foods and drinks are to be avoided.

THE CONTAGIOUSNESS OF PULMONARY CONSUMPTION.

(Shurly, *Phy. and Surgeon*, Dec., 1899). Tuberculosis is considered by many observers to be contagious. The author thinks that, although the tubercle bacillus is an important factor in a large majority of cases of pulmonary consumption, other organisms, such as the streptococcus, staphylococcus and pneumococcus may play the greatest part in most cases, and that a predisposition to the disease must exist. Although the disease may be transmitted by the inhalation of dried sputum to animals which have a tendency for it and are in an unhealthy condition, the attempt often fails in those in good health and the best sanitary environment. There is not an instance based upon unmistakable evidence of a case of human pulmonary tuberculosis having originated, under ordinary natural circumstances from the inhalation of dried sputum in the air. The existence of a hereditary tendency to the disease is a very important factor. Until we have more unmistakable evidence we cannot formulate a principle upon which to decide whether consumption is contagious in the ordinary sense of the term, and, until this has been shown, we have no right to deprive patients of their natural rights.

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Editorial.

ANNUAL DINNER OF BISHOP'S MEDICAL AND DENTAL COLLEGE.

The Thirtieth Anniversary of the formation of the Medical Faculty of Bishop's College was celebrated by the Faculty, graduates and students by a Dinner on the 8th of November, at the Place Viger Hotel. The Dental College of the Province of Quebec, with its students, affiliated with Bishop's College, participated in the celebration. Over one hundred and twenty persons sat down to as fine a bill of fare as the Hotel could produce. Mr. E. A. Tomkins, Medicine '01, occupied the chair, supported on his right by Chancellor Heneker, Principal Whitney, Dr. McConnell, Vice-Dean L. H. Davidson, Q.C., Rev. Dr. Abbott Smith and the Rev. Dr. Ker. On his left sat Dr. F. W. Campbell, Dean of the Faculty, Dr. Wolford Nelson, of New York (a member of Bishop's first Medical graduating class), R. Wilson-Smith and C. F. Smith, Esq., President of the Western Hospital. The Vice-chairs were occupied by B. A. Planche, B.A., Dental '01, and I. A. Gillespie, L. Ph., Med. 01. A few of the graduates, who resided near Montreal, showed their continued interest in their Alma Mater by being present. Especial mention, however, must be made of Dr. Nelson, who came from New York especially for this Dinner, also of Dr. H. B. Chandler, the well-known eye

specialist, of Boston (M.D. Bishop's, 1880), who, having purchased a ticket, asked that his chair be kept vacant, if not there to fill it, for he would be with them in spirit. The speaking was of a high order; the address by the new Principal of the University, Rev. Mr. Whitney, was most noteworthy. He held his audience captive for fully half an hour, with his 'beautifully constructed English sentences. The University has in him a strong man for a most important post. Chancellor Heneker and Mr. Leo. H. Davidson spoke eloquently. Dr. Wolfred Nelson spoke in response to "Alma Mater," and noted the good work Bishop's sons were doing in the United States. Mr. R. Wilson Smith, in replying to the toast of our guests, said that he knew the great work which Bishop's Faculty of Medicine was doing, and he believed that they were on the eve of this work being recognized. Once the turn was made, all who had labored so nobly would receive their reward. Mr. C. F. Smith, as President of the Western Hospital, spoke of the good work that Hospital was doing, but felt that the present building was unsuited for its work. He felt sure that, just as soon as the public knew what that Hospital was doing, it would be surrounded by friends who would rally to its support. With their assistance he hoped ere long to have erected a new building on the Hospital property, which he believed to be one of the best sites for an hospital in Montreal. This building he hoped would contain fifty private wards. With speech, song and story, the hours flew quickly past, and, as God Save the Queen was started, one could hardly realize that the clock had already struck the hour of two. Principal Whitney remained to the last.

A PERFECT CURE FOR TYPHOID FEVER.

A late number of the *Dublin Medical Press and Circular* says:—According to Dr. Virgil Hubbard, of Atlanta, U.S.A., a treatment has been discovered by him under which typhoid fever ceases to have any mortality. Undeterred by the ridicule with which his proposals and statements were greeted at last year's meeting of the Medical Association of Georgia,

he again comes forward to insist on the unvarying success of his method. As the *New York Medical News* has thought the paper worthy of reproduction in full, we may mention that the treatment in question consists in giving the patient a capsule containing half a grain of calomel, two grains of carbonate of guaiacol, and from a twentieth to a fortieth of a grain of podophyllin, every two hours, for the first 24 or 48 hours. After four or five intestinal evacuations he stops the calomel and substitutes half a grain of menthol. This comprises what the author calls the antiseptic and eliminative treatment of typhoid fever. Should the bowels tend to become inactive he gives small doses of Hunyadi Janos water, and, if the temperature remains high after four or five days of treatment, calomel is again resorted to. In addition to this he frequently resorts to the administration of normal saline solution, *per rectum*, especially in cases where the skin and kidneys fail to act well. Unfortunately, the author does not give us any statistics to go by, but, after all, the real test of a treatment—we hesitate to call it a *new* treatment because the antiseptic treatment of typhoid is quite old, and the choice of a particular antiseptic scarcely justifies the claim to constitute a new treatment, is the result obtained in the hands of others.

PERSONAL.

Sir Henry Ackland, Regius Professor of Medicine in the University of Oxford, died on the 16th of October. He was born in 1815.

Dr. John B. Murphy has accepted a Professorship in Surgery and Clinical Surgery in the Northwestern University Medical School—Chicago Medical College. Dr. Murphy has been appointed Surgeon-in-Chief of Mercy Hospital, with the direction of the surgical teaching in that Hospital.

Dr. Archibald Church has been recently appointed Professor of Nervous and Mental Diseases in Northwestern University Medical School—Chicago Medical College—and head of the Neurological Department.

Book Reviews.

"Bacteriology and Surgical Technique for Nurses."

By Emily M. A. Stoney, Superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill., Author-ess of "Practical Points in Nursing," "Practical Materia Medica for Nurses," etc. Published by W. B. Saunders & Co., Philadelphia, 1900. Canadian agents, J. A. Carveth & Co., Toronto, Ont. Price, \$1.25 net.

This work is rather a new departure in the way of a text-book for nurses, and may be looked on as a sign of the times. Formerly a nurse was considered equipped for nursing who spent some years in an hospital, gaining practical knowledge but little theory; now a nurse not only receives lectures on anatomy, physiology, etc., and passes exams. on these subjects, but she must also read one or several text-books on the subject of nursing. The present work can be highly recommended to nurses who desire to grasp the reason why asepsis is so important and how to become and remain aseptic during operative work. It is written in a simple, easy manner so that anyone reading it can understand it. Its faults are few, perhaps the worst being the putting of Carbolic Acid at the head of the list of antiseptics. Taken altogether every nurse who desires to have a thorough knowledge of her work should possess a copy of this well-written text-book for nurses.

H. L. R.

A Manual of Otology. By Gorham Bacon, A. M., M.D., Professor of Otology in Cornell University Medical College, New York. With an introductory chapter by Clarence J. Blake, M.D., Professor of Otology in the Harvard Medical School, Boston. In one handsome 12mo. volume of 422 pages with 114 engravings and 3 colored plates. Cloth \$2.25 net, Lea Brothers & Co., Publishers, Philadelphia and New York.

The Manual of Otology is written in a clear and interesting manner, and, while the author treats his subject in a scientific and thorough way, he shows a conservative temper.

The pathology of the various diseases is given the prominent place it deserves. In discussing the treatment of chronic catarrhal otitis media, the operative treatment which exposes the patient to great risk, and holds out but little hope of betterment, is justly condemned. The chapters treating of mastoid disease and intracranial complications are especially good. On the whole the book is an admirable text-book for the student of Otology. That Dr. Bacon's work has been appreciated is shown by the demand for a second edition in less than two years since the publication of the first.

G. H. M.

Lessons on the Anatomy, Physiology and Hygiene of Infancy and Childhood for Junior Students. By Alfred C. Cotton, A. M., M. D. Chicago Medical Book Co., 1900.

This little volume (price \$1.50) of 174 pages is neatly executed, with numerous illustrations, many of them from excellent photographs.

Throughout the book the author has essayed not so much to give a treatise on Anatomy, Physiology and Hygiene, but to compare and emphasize the points of variance as seen in the infant and adult. To be able to absorb properly the many valuable points made in anatomy, and to some extent in physiology, the student must be well trained in the anatomy and physiology of the adult. To get the full benefit of this work it should be read conjointly with the larger works on Anatomy and Embryology, and certainly would aid the student materially in his subsequent clinical work.

In the consideration of the physiology of the body temperature, many useful hints are given, which influence clinical treatment, and the general care of the child in many ways. Among them we are glad to see that the old method of reducing respiration in the newborn by means of the cold plunge bath has been discountenanced as hurtful; surely there are as useful methods without the same drain on the vitality of the tender babe. The various foods receive due attention, and finally the hygiene of later infancy is discussed. We shall look forward to the more extended work which the author hints is to come.

G. F.

A Practical Treatise on Genito Urinary and Venereal Diseases and Syphilis, by Robert W. Taylor, A. M., M. D., Clinical Professor of Venereal Diseases at the College of Physicians and Surgeons (Columbia University), New York; Surgeon to Bellevue Hospital, and Consulting Surgeon to City (Charity) Hospital, New York. Second edition thoroughly revised, with 138 illustrations and 27 plates in colors and monoline. Lea Brothers & Co., New York and Philadelphia, 1900.

This volume is one of the most elegant which has this year been issued by medical publishers. Its entire get-up is most creditable. Its illustrations are beautifully produced and are so life-like that the disease can be recognized by any one of ordinary experience, without reference to the foot-note. The author has produced undoubtedly an up to-date, practical and compact treatise. His aim has evidently been to avoid on the one hand tediousness, and at the same time the disappointing brevity of an epitome. He has presented a thorough, systematic description of the various subjects embraced under its title, and it is given in terse and concise language. The text is not overburdened by describing in detail as morbid entities, symptoms and conditions which form part of well-recognized abnormal states. Over-elaboration of rare and unimportant diseases has been avoided, and there is no needless

repetition. The history and description of out-of-date operations, has evidently been avoided. Subjects are presented as the medical man encounters them in practical work. In the matter of treatment, surgical or medical, Dr. Taylor has been conservative and practical in his directions, and, while Surgery proper has received full consideration, he has recognized that its performance is but a part (and not the one aim) of the subject of general Therapeutics.

The subject of Gonorrhœa, in all its phases, is exhaustively written upon, and its treatment is full and practical. We are more than pleased to note that attention is directed to the fallacies, shortcomings and dangers in some of the views now-a-days advanced for the treatment of this disease. In fact, as regards some of them, an emphatic protest is made. No one who was in practice thirty to forty years ago, after reading this portion of the work, can but feel that the methods he then followed were deserving of the success which ensued.

Syphilis, in all its conditions and relations, has been comprehensively considered, and much care has been exercised in the presentation of a concise, practical and methodical method of treatment.

F.W.C.

Pathology and Morbid Anatomy. By T. Henry Green, M.D., F.R.C.P., Physician and Special Lecturer on Clinical Medicine at Charing Cross Hospital. etc. New (9th) American from ninth English Edition. Revised and enlarged by H. Montague Murray, M.D., F.R.C.P., Lecturer on Pathology and Morbid Anatomy at Charing Cross Hospital; Revised for America by Walton Martin, Ph.B., M.D., of the College of Physicians and Surgeons, New York City. Handsome octavo volume of 578 pages, with 4 colored plates and 339 engravings. Cloth, \$3.25 net. Lea Bros. & Co., publishers, Philadelphia and New York.

In presenting this volume to the profession the Messrs. Lea make the following statement :

“When the first edition of “Green’s Pathology” appeared it at once became the favorite text-book for medical students, and since that time it has easily maintained that position both in England and America. The frequent revisions that have been called for have enabled the author and editors to keep the book fully abreast of the times, and it is hoped that this ninth edition will be found more than ever to meet all the wants of the student of medicine. The English edition has been thoroughly revised by Dr. H. Montague Murray, who has rewritten nearly half the subject matter, re-arranged the text, and added several new sections, as well as no less than one hundred and eighty new illustrations. In order to adapt the work still more fully to the needs of American students it has been carefully edited by Dr. Walton Martin, who has supplied complete chapters on Malaria and on the Blood, and has added a chapter on the preparation and staining of tissues for microscopic study.”

This statement adequately describes the work in question.

which is the ninth edition, and to trace the various issues is to read the remarkable advance that has been made in Pathology since the first appeared. Another fact revealed by this quick succession of editions is the demand for fresh information and new ways of presenting accepted views. Students are no longer content to read their Pathology from books taken down from their fathers' shelves.

"Green's Pathology" was a pioneer, and it is pleasant to see it keeping well up in the present and more strenuous race. Teachers like it, and students like it, so that the new edition is sure to be popular and useful. The plates and illustrations, of which there are 343, really do illustrate the text, which, in itself, is both full and clear.

A. M.

A Text-book upon the Pathogenic Bacteria for Students of Medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia, etc. Third edition. Published by W. B. Saunders & Co., Philadelphia. Price, \$3.25. J. A. Carveth & Co., Toronto, Canadian Agents.

The first edition of this work was published in 1896, the second two years later, and now the third has appeared. Three editions of a book in four years by a publisher who knows the needs of the market prove its acceptance by students who, after all, are the final judges as to the usefulness of a work. Dr. McFarland's writings have been and are useful in presenting from time to time a fair and comprehensive view of the work in which he is engaged. Comparing the last with the other two editions, there are evident signs of maturity in the author's ideas and his expression of them. The outburst of poetry, for example, by "Mr. Dryden" has disappeared, though the fond dedication of the book remains. In other ways, also, the diction is improved, chiefly in the direction of simplicity and clarity. The only other instance, so far as the present reviewer remembers of a work in Pathology being adorned with versification, is Collins Warren's excellent book by the same publisher, and its insertion shows a very laudable intention.

Dr. McFarland's book has grown from 359 to 621 pages, and, as a result, many new subjects are treated and old ones receive more consideration. The most valuable chapters are those dealing in a general way with the deeper problems of Pathology, that on immunity and proceptibility being particularly good. The book is by no means elementary; indeed, it is decidedly learned and quite adequate to the needs of both students and physicians.

A. M.

Atlas and Epitome of Gynecology.—By Oscar Ichaeffler, privat docent of Obstetrics and Gynecology in the University of Heidelberg. Authorized translation from the second revised and enlarged German edition. Edited by Richard C. Norris, A. M., M.D., Surgeon-in-Charge, Preston Retreat, Philadelphia; Gynecology.

colologist to the Methodist Episcopal Hospital and to the Philadelphia Hospital; Consulting Gynecologist to the Southeastern Dispensary and Hospital for Women and Children; Lecturer on Clinical and Operative Obstetrics, Medical Department University of Pennsylvania, with 207 colored illustrations on 90 plates and 62 illustrations in the text. Philadelphia, W. B. Saunders & Company, 1900. Price, \$3.50 nett. Canadian Agents: J. A. Carveth & Co., Toronto.

The value of this "Atlas" to medical students and to the general practitioner will be found, not only in the concise explanatory text, but in the illustrations. It occupies a position midway between the quiz compend and the more pretentious works on gynecology. The large number of illustrations and colored plates, reproducing the appearance of fresh specimens, will give the student an accurate mental picture and a knowledge of the pathologic changes induced by disease of the pelvic organs that can not be obtained from mere description. Next to the study of specimens, which for evident reasons are not available outside of large clinics, well-chosen illustrations must be utilized. The "Atlas" serves that purpose well. The text is divided into two parts. The continuous text is written from a practical standpoint; the text of the plates on the contrary contains the purely theoretic, scientific, anatomic, microscopic and chemic notes, and facts of general significance (concerning sounds, pesaries, etc.) so that, in referring to the work, the one text will not have a disturbing influence on the other. While the text is both interesting and instructive, the plates and drawings are by far the most striking feature of the book. We have hardly ever seen them equalled, and certainly never excelled, and both author and publisher deserve the highest praise for having gone to so much trouble and expense as they evidently must have done. The careful observation of one of these plates will give one a better idea of the subject than the reading of many pages of description. The therapeutic table near the end of the book is a new departure, and one of great value. Altogether, the book is a remarkable one, and must be seen to be appreciated.

A. L. S.

Fractures.—By Carl Beck, M.D., Visiting Surgeon to St. Mary's Hospital and to the New York German Poliklinik, formerly Professor of Surgery, New York School of Clinical Medicine, Consulting Surgeon Sheltering Guardian Orphan Asylum, New York. Octavo, 225 pages, 170 illustrations. W. B. Saunders & Co., Philadelphia. Canadian Agents: J. A. Carveth & Co., Toronto, Price \$3.50.

The author has dedicated this work to "William Conrad Roentgen, without whose work much of this book could not have been written," and this statement shows that this volume owes its existence to the increase in the understanding of fractures, which has resulted from the frequent use of the X-ray in their diagnosis.

Before Roentgen's discovery, it was, of course, not possible

to make portraits of fractures from life; the illustrations in the older works were mainly made from the cadaver, and consequently the minute arrangement and disarrangement of fragments and splinters, especially in their relation to the joints, were necessarily disarranged by even the most careful dissections. The Roentgen ray depicts these details and all others undisturbed, and as they are in life, and thus leads to clearer understanding and consequently better treatment of fractures. The author has not attempted to produce an exhaustive work on fractures, but has dealt with all the ordinary varieties, which he has fully illustrated with ordinary cuts and skiagraphs. The skiagrams and most of the drawings presented in this volume are originals, being taken from the author's private and hospital practice, the whole representing a vast amount of excellent original work. The typography and illustrations, as well as the quality of the papers, are excellent, and the publishers are to be complimented on being able to give to the profession a work of this eminently practical character on a subject which is brought daily to our notice.

R. C.

Atlas and Eptiome of Diseases Caused by Accidents.

By Dr. Ed. Golebiewski, of Berlin. Authorized translation from the German. With editorial notes and additions by Pearce Bailey, M.D., Consulting Neurologist to St. Luke's Hospital and the Orthopedic Hospital, New York, and to St. John's Hospital, Yonkers; Assistant in Neurology, Columbia University; Author of "Accident and Injury, their Relation to Diseases of the Nervous System." Forty colored plates and 143 illustrations in black. Philadelphia: W. B. Saunders & Co., 1900. Canadian agents: J. A. Carveth & Co., Toronto.

The book under notice is another of the series of atlases which Saunders & Co. have been publishing during the past couple of years, and this little volume will undoubtedly prove to be one of the most interesting and instructive of the series. The "Atlas and Epitome of Diseases caused by Accidents" is divided into two parts, one dealing with injuries in general and the other with injuries of special parts of the body. The subject with which this little volume deals is important, only recently having been recognized and dealt with as a special subject, and is growing in extent all the time. This book contains much useful information upon the nature and effects of various forms of accidental injury, and should prove very useful to both practitioner and student. Both the translator and the editor have done their work excellently, and the colored plates are extremely good. A good index concludes the volume.