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Original Communications.

PAROXYSMAL HÆMATINURIA.

BY ALLEN BAINES, M.D.

The following case which occurred in my practice, being one not only of peculiar interest from the rarity of the disease itself, but because it presents certain features which give a distinct individuality amongst the recorded cases of the disease, I thought, might prove interesting and instructive enough to be worthy recording. On December 8, 1885, I was called to see Mrs. S—, a resident of Toronto. She is a young woman, aged 25, has been married seven years, has no family; she is a strongly built and apparently healthy woman, well nourished, having always been in comfortable circumstances.

She had enjoyed her usual good health until November 30th, but during the first three days of December had felt somewhat unwell, tired and inclined to yawn and stretch herself, appetite impaired and unable to exert herself; in short, her condition was that of general malaise, with no very definite symptoms. On the morning of December 4th she experienced a severe chill and consequently well-marked rigors, causing her whole frame to be shaken, there was great pain and tenderness in both loins, the slightest touch causing her acute pain. She at once went to bed and shortly after vomited freely, after which diarrhœa set in. In about two hours she became hot and flushed, but this state, which closely resembled

the second stage of ague, never passed into the stage of diaphoresis.

During the night she had no sleep, and from 4 p.m. on the 4th until the morning of the 5th she passed no urine. On the morning of the 5th she passed about eight ounces of very dark-colored urine, after which she felt immediate relief, and at noon got up feeling as well as usual, only tired from loss of sleep and exhaustion, consequent upon the pain and diarrhœa. During the afternoon and evening she passed what she considered to be a normal quantity of urine and of usual straw-color. On the following day she experienced a repetition of the attack of the day preceding, which also terminated by the passage of a small quantity of dark urine on the morning of the 7th, and again the same course was gone through in the evening and night of the 7th, and on the morning of the 8th she sent for me. I saw her about noon when she clearly related her case as described above and showed me four ounces of very dark urine which she had passed that morning and from which passage she had obtained the usual relief of all her urgent symptoms. Her condition at the time of my visit was: temp., 99; pulse, 110; tongue coated, skin dry, facial expression anxious, and she was also markedly anæmic; her bowels had been freely moved eight times during the night; this purgation had been going on since the beginning of her attack, which naturally had reduced her strength considerably. The pain in her loins being acute, I ordered linseed and mustard poultices, believing I had to deal with a

case of acute nephritis, and also ordered an anodyne diuretic; fluid diet bland and non-stimulating. On examining the urine it was found to be in color between eight and nine on Vogel's scale, sp. gr. 1033; heat and nitric acid showed it to contain about 33 per cent of albumen, but, from all symptoms, considered the coloring and albumen to be due to the presence of blood.

I saw her again in the afternoon, when she showed me some eight ounces of apparently normal urine; this puzzled me very much, more so when on examining it I found the sp. gr. 1018, a very faint trace of albumen, the color being about between five and six on Vogel's scale. Towards evening she again became gradually worse and had a repetition of the symptoms described as occurring on the 4th, terminating as usual by the passage of a small quantity of dark-colored urine. The only change in her general condition was that her stomach was becoming more irritable, rejecting nearly everything; her tongue was dry and brown, and her weakness from continued loss of sleep, vomiting, and diarrhoea, most marked. The urine passed at the termination of this paroxysm was unfortunately not preserved, but I obtained some from the succeeding micturition. This I took to Dr. E. St. George Baldwin, who reported that it contained a large quantity of amorphous urates but no albumen; under the microscope a considerable number of granular casts and one hyaline were found, crystals of hæmatin but no blood corpuscles. I told him in full the history of the case, when he suggested the strong probability of it being a case of paroxysmal hæmatinuria, he having seen one case of this rare ailment in Edinburgh, the crystals of hæmatin in the first urine voided after the dark urine, indicating almost with certainty that to their presence was due the dark coloration of the urine with which each paroxysm terminated; the color of the dark urine, moreover, according far more with the probable presence of hæmatin than with that of blood. I therefore gave a more favorable prognosis to the patient and her husband, who were getting very anxious. I suspended the poulticing of the loins, stopped the diuretic and gave the following:—

R. Ferri et. quiniæ cit. . . . . ℥ii.  
 Liq. strychniæ . . . . . ℥iss.  
 Tr. calumbæ . . . . . ℥i.  
 Syrp. limonis . . . . . ℥i.  
 Aq. rosæ . . . . . ℥vi. ℥.  
 Sig.—℥ii. et aq. ter die.

I also gave instructions to carefully save for microscopical examination the dark-colored urine, which I felt positive would appear at the close of the diurnal attack next morning, as I wished to obtain, if possible, more complete proof that the coloration of the urine was due to the presence of hæmatin in quantity, though no doubt of the correctness of the view has existed in my own mind, since the discovery of the hæmatin, in small quantities, in the urine as stated above. In this, however, I was to be disappointed, no return of the paroxysm having returned since the 9th.

In conclusion, I would draw attention to four chief characteristics in this case which render it interesting.

1st. The occurrence in a woman, the affection being almost entirely confined to men, only one case in twenty, recorded by Roberts, being that of a woman.

2nd. The great length of paroxysms considered individually, none of the cases I have been able to find giving any account of paroxysms lasting twelve to eighteen hours before relief by the voidance of the dark urine.

3rd. Each paroxysm causing but one evacuation and that so small in amount.

4th. The peculiarly rapid response to the tonic treatment which has been found so effectual and is so highly recommended by Roberts, Bristow, and others, although requiring generally considerable time before its effects are made manifest. The patient is now, one month after first attack, completely convalescent and engaged in her ordinary household duties.

A SIGN OF PERITONITIS.—In peritonitis following operations for hernia, ovariectomy, etc., patients lie constantly with their arms raised. When the inflammation is at its height the hands will be clasped behind the occiput. The object is to lift all pressure from the distended bowel by fixing the diaphragm, thus making all breathing thoracic.

## TREATMENT OF ABORTION.

BY A. H. WRIGHT, B.A., M.B., M.R.C.S. ENG.

(Read at a Meeting of the Ontario Medical Association, London, June 5th, 1885.)

I shall include under abortion the early expulsion of the ovum, *i.e.*, during the second to the fourth month of pregnancy, without any further discussion of the terms abortion, miscarriage, and premature delivery; and, in my remarks on treatment, I shall say nothing as to prophylaxis, but refer only to cases in which we have decided that abortion is inevitable. I wish particularly to compare the two ordinary methods of treatment, which have been designated the expectant and radical methods.

In the expectant plan there is no active interference. The expulsion of the contents of the uterus is left to nature, the patient in the meantime being kept quiet in bed, while ergot, or something of the kind, is being administered. Experience proves that in the great majority of cases such treatment is effective to a certain extent, *i.e.*, in time the products of conception are expelled. In many cases women call in no physician, but after enduring pains, and suffering considerable hemorrhage, the uterus is emptied, and recovery more or less complete ensues.

It will probably be pretty generally admitted, even by those who practise this manner of treatment, that grave dangers exist during this process when at all protracted. The immediate dangers are hemorrhage, sepsis, and inflammations; while among the more remote are secondary hemorrhages, chronic uterine or periuterine inflammations, and the presence of the so-called fibrinous polypi; while the anæmia which follows a serious hemorrhage, a septicæmia, a metritis, a pelvic peritonitis, or a pelvic cellulitis, may be very protracted.

In the radical method an entirely different course is adopted. Nature's efforts are largely ignored. The uterus must, according to this plan, be immediately emptied to guard against the evils to which I have alluded in the expectant method. If the cervix be dilated or dilatable, the cavity must at once be cleaned out by the fingers or suitable instrument. If the cervix be not dilated, steps must be taken

to dilate by the forced introduction of the finger or some form of tent. As soon as this dilatation has been accomplished, the contents of the uterus are to be removed. A wondrous zeal and energy are exhibited by some who adopt this plan. Their great aim appears to be to reach the fundus uteri in the shortest time possible, and the risks arising in attaining their main object are scarcely considered at all.

The dangers of this plan are sepsis and the various forms of inflammation which may arise from unwise and harsh treatment of the cervix and body of the uterus. The great advantage of this procedure consists in the fact that the hemorrhage is, as a rule, effectually stopped; but this immunity is sometimes purchased at too high a price.

The two methods to which I have referred represent the extremes of opinions existing at the present time on this subject, and it is certainly true that good results ensue in many cases from both forms of treatment; but, at the same time, neither can with certainty be recommended as the best and safest course to pursue in all instances. As usual, where difference in opinions arise on methods of treatment, the truth lies somewhere between the two extremes, and each practitioner who takes the trouble to think for himself must use his own judgment in discovering this truth, because it is simply impossible to lay down certain rules which will apply to all cases. I may say that I have no new ideas to impart on the subject, but wish to refer to some of the many grave dangers which are apt to arise, and to indicate some means of overcoming them.

I believe in the expectant plan of treatment as I think it should be carried out. If nature is able to complete the process without any accidents, I let her do it. I bear no malice against nature, nor am I envious of her success; but I must say that I am always suspicious, and watch her efforts with great care, and sometimes with considerable anxiety. If I find that the unaided efforts of nature are insufficient, or if dangerous symptoms appear, I consider it best to interfere. In a large proportion of cases the ovum is thrown off entire, without any rupture of the foetal membranes, and no interference of any kind is necessary.

In the more serious cases, as a rule, the sac is ruptured, and the whole or a portion of the contents being retained, the hemorrhage is more or less severe. The physician is frequently called in at this stage, and if the hemorrhage is only slight, and the clinical canal not dilated, he may enjoin rest and administer ergot. At the same time the patient requires careful wa'ching, and the doctor should not be far away. I consider such a condition a very serious and unsatisfactory one: it always gives me great anxiety. If the cervix is dilated to such an extent that I can introduce my finger, I always make it a point to completely empty the uterus before leaving my patient, *i.e.*, I adopt the so-called radical plan. The time has come, in my opinion, when any delay is dangerous. If the thighs are flexed slightly, the abdominal walls made as lax as possible, pressure may be made with the hand over the fundus, while the finger of the other hand is introduced into the uterus, and its contents removed. Under such circumstances I am in the habit of introducing the whole hand into the vagina if necessary, and then, by means of one or two fingers, cleaning out the uterus cavity completely. I then feel perfectly secure as to the result, and do not use any vaginal or uterine injections. I consider, if my fingers are clean, and if I have not used undue violence, that there is no danger of septicæmia; and as I look upon injections as a source of evil, I do not employ such unless serious symptoms arise.

If the cervical canal is not dilated or dilatable, and hemorrhage is severe, what shall we do? One of two courses must be adopted. We must either introduce a plug into the vagina, or a tent into the cervical canal. I am strongly opposed to the use of the tent if it can be avoided; but we must take some steps to prevent the hemorrhage. I prefer the vaginal tampon, which, when properly employed, answers our purpose admirably. It controls the bleeding, stimulates the uterus to contract, and promotes dilatation of the cervix. I adopt the plan, which I learned from Dr. Taylor, of New York, of introducing an ordinary roller bandage, a portion of which, at least, has been soaked in some antiseptic solution, and leave this in not longer than twenty-four hours.

At the end of that time the plug is easily removed by seizing the end of the bandage and pulling it out, without causing any pain. I need not say how important it is that this plug should be efficient, and to accomplish this it is better to use a Sims' speculum, and pack the cotton very carefully around the cervix and over the os in the first place, and then filling the vagina completely, and putting on a T bandage if necessary to keep it in a proper position. When this is removed it will generally be found an easy matter to clear out the uterus.

I have been sometimes surprised to hear some physicians speak lightly of the dangers of hemorrhage in abortions. Two cases of death from this cause have come under my observation. In one case, which occurred about twelve years ago, a fine healthy woman had an abortion early in the third month. After she had been ill four or five days, with some hemorrhage, part of the contents of the uterus came away, but very alarming hemorrhage followed. Two doctors were sent for, but could not be found; and after about twelve hours, during which there was great loss of blood, I reached her, and discovered a very serious condition—in fact she seemed beyond hope. I plugged in the way I have described, but the woman died the following day. There was no *post-mortem* examination, and I am unable to describe the exact condition of things, but I have reason to suppose that the abortion was brought on by artificial means, by the patient's own hands. In another case, which recently came under my observation, a woman died about the eighth day after the contents of the uterus were supposed to have been removed. She had reached about the end of the fourth month of pregnancy. At the *post-mortem* examination, all the organs of the body were found to be in a perfectly healthy condition, but a portion of the placenta, about one inch square, was retained in the uterus, surrounded by a blood clot. This was non-adherent, and slipped out of the uterus while it was being removed from the body. In this case there had been considerable bleeding, but the alarming hemorrhage had occurred on the night before her death. She was then plugged, but never ral-

lied, and her death was evidently caused by this hemorrhage.

I have objected to the use of the tent, because I think it is always accompanied with grave danger. Pelvic cellulitis and peritonitis are very apt to follow, and this may soon result in a fatal termination, or cripple a woman for life. Forcible dilatation is recommended by Dr. Goodell, in place of the introduction of tents; but the procedure has not thus far been generally adopted by the profession.

I have found, however, some cases in which the use of the tent seemed actually a necessity. After an abortion, something may be retained in the uterus for some time, and become the so-called fibrinous polypus. This must be removed, and to accomplish it I prefer the use of Thomas' blunt curette, which can generally be introduced without any process of dilatation; but if this cannot be done, I use a sea-tangle tent, adopting all the precautions which, so far as I know, can be used to guard against its dangers. After dilating the canal, I use my finger or fingers to remove the contents of the uterus in preference to any other instrument that I know of.

I have brought this subject before the Association on account of its great importance, and not because I could throw any new light upon it. In reference to treatment, I have endeavored to insist on sound conservatism as opposed to any radical measures which are unduly harsh in their character; while, at the same time, I have desired to condemn the "do nothing" treatment which will allow our patients to die or become chronic invalids, without any efforts to adopt those measures which are actually necessary in certain emergencies.

COFFEE AND NERVOUS PRURITUS.—M. Brown-Sequard has on several occasions observed that the use of coffee causes most annoying pruritus. He cites the case of a woman who, whenever she takes coffee for a few days, is affected with intense vulvar pruritus. When she leaves off taking coffee the pruritus ceases. A man suffering from anal pruritus obtained relief only on abandoning the use of coffee; whenever he returned to it, the pruritus returned also.—*Gazette des Hôpitaux.* R. Z.

## Selections.

### NUTRIENT SUPPOSITORIES.

A case was related by Mr. Godlee, for himself and Dr. Barlow, at the last meeting of the Clinical Society, in which the advantage to be derived from nutrient suppositories was well exhibited. The patient, as will be seen from a perusal of our report of the meeting, suffered from typhlitis. Mr. Godlee opened the abscess-cavity, and allowed a large quantity of foetid pus to escape. The patient eventually quite recovered, without any palpable evidence of the thick bands of inflammatory material which are so troublesome in many cases treated on expectant methods, and had since had no sign in any way of any trouble whatsoever about the cæcum. Dr. Barlow, speaking of the diatetic treatment after the operation, remarked "that in this case it was especially desirable to keep the stomach and intestinal tract at absolute rest. For many days, therefore, the very minimum of food, namely, a little barley-water, was given by the stomach, and the patient was fed by the rectum. The thirst was found to be entirely relieved by enemata of three-quarters of a pint of water, which were in all cases absorbed. With regard to rectal alimentation, it is often observed that after two or three days the rectum becomes intolerant of nutrient enemata. To avoid this result, food was given in the form of digestive suppositories. Of these, two very convenient forms were made by Mr. Gerrard, dispenser at University College Hospital. The first was made by diluting a good meat-extract with water, and peptonising it with Bullock's pepsin, neutralising, and then concentrating, to a soft paste. Cacao-butter was then added in fine shavings, and intimately mixed with one-third of its weight of the peptonised meat-extract, and rolled into cones weighing 100 grains. The second was made by peptonising milk with pancreatic solution, boiling and concentrating to a paste, mixing and dividing as in the first case. Peptonised milk being now sold in a concentrated form, it may be used instead of ordinary milk, which saves much time and trouble. The suppositories were certainly absorbed, and kept

the patient going for several days. One was introduced about every three hours. His tongue became very dry, and after a time he was given some pieces of underdone chop, which he was allowed to chew and swallow the juice derived therefrom, but not the fibre. Besides maintaining his nutrition fairly, the patient, who was rather an irritable, querulous subject, was satisfied and comfortable, and the advantage in keeping his abdomen quite quiescent was very great indeed." If other cases should confirm the favorable impression as to the advantages to be derived from this method of feeding, when contrasted with the failure which in a few days generally results from the attempt to sustain life by nutrient enemata, as the rectum generally soon becomes intolerant of them, there will doubtless be found a wide use for these suppositories in the very large class of cases in which the stomach requires to be kept at rest. Those who employ them may find, too, that the liquid which the system requires daily, may be in some cases administered by the stomach; this would, one might suppose, tend still less to the disturbance of the lower bowel, and leave it still more at rest to digest and absorb the suppositories alone.—*Brit. Med. Journal.*

INTRATRACHEAL INJECTIONS.—Some experiments made by Dr. Pernice show that liquids injected into the trachea drop by drop, or in little jets, run down the posterior surface and are thence evenly distributed throughout all the bronchial twigs. They are then absorbed by the pulmonary veins or by the lymphatic vessels, and thus exert both a local and systemic action. When the animal was placed in the supine position, with the head elevated a little, no cough was excited by the operation. Dr. Pernice used in his experiments distilled water, milk, and defibrinated blood. Absorption was complete, and no respiratory trouble of any sort resulted. He also employed solution of tannin, borax, benzoate of soda, quinine, morphine, and nux vomica and lime-water, without exciting any reaction in the respiratory mucous membrane.—(*Il Movimento*) *N. Y. Medical Record.*

INFLUENCE OF FASHION ON MODERN CHANGES IN TREATMENT.—The difference of treatment from a former age is due, partly to an advance, but more to a change in fashion. Then it was thought that disease implied some over-activity in the part of the body affected, and it was to be knocked down by depleting measures—such as bleeding, general or local, assisted by medicines of the nature of purges, emetics, and salines, combined with low diet. Now, the theory of modern medicine can be best exemplified by turning to the advertising pages of the medical journals, in which you will perceive that there is no insertion of any medicine of a lowering nature, and, if there were, not a single dose would be sold. Every patient is too low, and all the chemist's powers are exercised to produce strengthening remedies. After the clever combination of quinine and iron had existed for some time, strychnine was successfully added to them, and large was the number of people swallowing the compound. This continued until someone suggested the addition of phosphorus, as necessary for weak brains. As a fortune seems to be soon made with these invigorating compounds, we need not lament that it was soon to be superseded by a similar mixture, combined with cod-liver oil. Then some wary rival found that these would not digest without lactic acid or pepsine, and a new compound was framed. Then, the articles of diet are all made on the same principle; the strongest essences of meat are sold, so that a spoonful is equal to a chop or pound of beef, and a little maltine is as invigorating as, and less injurious than, a pint of beer. To prove the value of these things, I propose that a healthy chemist be taken, and made to live for a month, if possible, on his own essence of meat and maltine with perhaps a few peptones thrown in. If he fall into a bad way, he should then be revived by chemical food—such as the lactophosphates, Siegel's syrup, or some good blood-restorer. I have intended to imply, as you no doubt comprehend, that we are too much in the hands of the chemists and druggists; and that, instead of administering simple remedies of known effect, we have been content, through laziness, to prescribe these popular strengthening compounds. In this way the therapeutic art will assuredly

not advance; and it is equally evident that, if it were placed on a scientific basis, nothing could be more conducive to the death of all quackery. The latter could not exist if the prescribing a medicine implied a knowledge of its action and the proper occasion for its employment.—*Dr. Wilks, in British Medical Journal.*

**ISOLATING MEDICATION.**—In the closing portion of a book recently issued in Paris by Chevalier Robert de Latour, entitled “*De la Chaleur Animale*,” there is proposed a system of treatment which seems worthy of being noticed. The method is applicable especially to superficial inflammations, but by its author is asserted to be of almost equal value in the treatment of such deep trunkal inflammations as peritonitis and pleurisy. The idea of the plan is the formation of an impervious coating upon the surface of the body over the seat of the inflammation, the theory being that such coating will check the processes of oxidation in the capillaries beneath it. Under many circumstances, collodion suffices for the coating, but the form of the collodion should be that which is known in the U. S. Pharmacopœia as flexible collodion,—*i. e.*, that which contains castor oil. For many purposes Dr. Latour prefers, even to flexible collodion, a preparation made according to the following formula: Take of gelatin, white sugar, and gum arabic, each thirty parts (by weight), honey and glycerine each ten parts, and water 190 parts. Mix; then boil with an equal part of water, when a very thick plastic mass is formed, which is to be spread over the surface. Among the diseases in which this method of treatment is especially praised by the author is orchitis. He affirms that a single dressing, combined with the use of a suspensory bandage, often suffices when the affection is acute, and even in the chronic form the result is almost certain if the application be persisted in. The dressing must be renewed under these circumstances daily. In erysipelas these results are stated to be most satisfactory, and cases are given of the most malignant type in which the effect of the application was immediate. In peritonitis, the dressing is spread over the surface of the skin, corresponding to the portion of

peritoneum affected, and is affirmed to act with a “marvellous promptitude.” In rheumatism and in acute gout the author states that for forty years he has used “the isolating medication” without ever an accident, and with the utmost relief.—*Therapeutic Gazette.*

**INTESTINAL VERTIGO.**—“Vertigo a stomacho-*læso*,” has been especially recognized since the time of Trousseau. M. Leube describes an analogous intestinal vertigo. This is not, however, altogether new, as in children suffering from worms vertigo is common—ceases on their expulsion. M. Leube has observed patients suffering from intestinal troubles in whom vertiginous sensations disappeared on the passage of gas. The first patient suffered from obstinate constipation, accompanied by vertigo whenever the intestines became distended by gas or fecal matter; the vertigo disappeared as soon as he had a free passage. He was cured by rhubarb. Rectal examination caused violent vertigo. The second patient had attacks of vertigo when sitting; he had none when walking or lying down; efforts at defecation were especially dreaded. In this patient vertigo only occurred after rectal examination. In the third patient, suffering from chronic intestinal catarrh, the vertigo came on some hours after meals. He also suffered from tympanism. A single rectal exploration brought on vertigo lasting fully five minutes, although there had been none for five weeks. It is therefore certain that there is a vertigo of intestinal origin, caused by pressure on the last ramifications of the sympathetic, either by gas or by the finger in rectal examinations.—*Deutsch Arch. of Klin. Med.*—*L'Union Médicale.* R. Z.

**CASES OF ALBUMINURIA TREATED SUCCESSFULLY BY FUCHSINE AT THE ROYAL INFIRMARY, WIGAN.**—William R., aged 49, a collier, was admitted on May 8th. He had never suffered from any previous illness, and said that he had been a moderate drinker.

There was extreme anasarca of the head, face, and legs, and ascites; the tongue was coated, the breath very foul, and the skin hot and dry. On inquiry, he said he had been



working for some time in water in the pit. He complained of pain in the lumbar region. The urine, on examination, was of a pale straw color, and acid reaction, of specific gravity 1015; there was a slight deposit, and it became almost solid with albumen on boiling; under the microscope, granular casts were found. The quantity of urine passed was three to four ounces on the day after admission. The following treatment was adopted: a vapor-bath was to be taken three times a week, and a drachm of compound jalap powder every second morning. He was ordered:  $\mathcal{R}$  Tinct. digitalis  $\mathfrak{m}\times$ ; tinct. ferri perchloridi  $\mathfrak{m}\times$ ; aq. chloroformi ad  $\mathfrak{z}\mathfrak{j}$ ; to be taken three times a day. His diet was ordered to consist solely of skimmed milk, eight pints daily.

This treatment was continued until July 16th, with the exception that the jalap powder was discontinued on June 15th. During this period, the ascites and anasarca diminished, the amount of urine passed daily varied between sixty and seventy ounces, the amount of albumen also varied between one-half and one-third.

As he did not seem to improve under this treatment, a grain of fuchsine (in the form of of pill made up with compound tragacanth powder and extract of gentian) was prescribed to be taken three times a day, and he was allowed ordinary diet.

On July 20th, the dose of the drug was increased to two grains three times a day, the amount of albumen when the fuchsine was commenced being one-third, the urine containing crystals of uric acid and waxy casts. The urine (owing to the drug) now assumed a pinky-red color, and the fæces were also colored.

In ten days, the albumen was reduced to one-sixth, and on August 13th, there was a mere trace, which continued until he was discharged (at his own wish), and made an out-patient, still continuing the fuchsine, which was now reduced to three grains in the day.

His urine was examined every week or ten days, and on the last three occasions there was a total absence of albumen, and nothing microscopically, the fuchsine being reduced to one grain in the day.

On September 30th, the patient was discharged, and intended to recommence work.—*Brit. Med. Journal.*

## A NEW METHOD OF INTRODUCING MEDICINE INTO THE SYSTEM.

At a meeting of the French Academy of Medicine held September 22, M. Brondel read a paper on the introduction of certain medicines into the system by means of electricity. If the electric current is made to pass through a solution of a salt, the salt is decomposed, the metallic base passing to the negative pole, and the acid, or metalloïd, to the positive pole. The iodides are easily decomposed by electricity. In order to introduce iodine into the system, a rubber plate, moistened with a solution of iodide of potassium is placed upon the surface of the body. Over this plate the negative pole of a battery is applied, while the positive pole is placed upon a part of the body toward which it is desired that the iodine travel. The iodine separates from the potassium, which remains at the negative pole, and passes with great rapidity through the tissues toward the positive pole. This may be demonstrated by testing with a starched paper, which becomes blue. A great number of substances can thus be made to traverse the tissues, and the applications of this discovery are numerous and important. M. Brondel has in this way cured uterine fibroids, a case of perimetritis, rheumatic ovarian neuralgia, and several other cases of chronic rheumatism.—*Le Progres Medical.*

## ACUTE INFLAMMATION OF THE KNEE JOINT.

In a report on the Progress of Orthopædic Surgery and Diseases of the Joints, by Charles T. Poore, M.D., in the *New York Medical Journal*, occurs the following: "Mr. Richard Barwell (*Lancet*) advocates the treatment of acute inflammation of the knee joint by aspirating the joint in the following way: The knee is firmly enveloped, by preference, with a sufficiently broad band of elastic webbing; or an ordinary calico bandage will answer the same purpose, care being taken to leave between two of the turns a little interval on the inner side on a level with the upper margin of the patella. At this point a tubular needle is passed into the joint. The fluid runs away, as a rule, quite as easily, and often better, without

the aspirator vacuum. While it flows the hand should exercise a little pressure on the patella, effectually preventing the entrance of air, and when, the flow having ceased, the needle is withdrawn, the puncture is to be covered with sticking-plaster. Pressure by means of adhesive plaster must then be applied, and the limb placed at rest for a few days upon a splint. In traumatic cases the fluid is deeply stained with blood; in non-traumatic cases, if the evacuation is effected early, the liquid is quite clear. By this procedure the pain is immediately relieved, the temperature, if it has been high, subsides, and the patient is well in from ten days to a fortnight."

### THE PERILS OF MEDICINE.

One of the most distinguished and most promising of the lady-graduates in medicine of the University of London, Frances Helen Prideaux, has been cut down at the commencement of her career by one of those fatal risks incidental to the practice of medicine. We publish elsewhere a record of her life. During this week, also, we have to deplore the death of one of the house-surgeons of St. Thomas's Hospital, Mr. Robert Lawson, who has also fallen a victim to an infectious disease, scarlet fever, caught in the fulfilment of his medical duties. Mr. Lawson had won the affection and esteem of his colleagues and teachers, and had pursued an honorable and distinguished career at the medical schools, having obtained the Cheselden medal as well as the Treasurer's gold medal last year. Two incidents so painful occurring in the same week sadly emphasizes the peculiar risks incidental to medical practice. These dangers are always with us; and, even in most threatening form in times of epidemic, they are braved by medical men with a quiet courage and self-devotion which are part of our professional tradition, and which form recognized claims on public esteem. They strike us with peculiar force, and impress the imagination more vividly when those who are at the commencement of their career are thus suddenly cut off. But many a man falls unnoticed to his grave the victim of professional duty, and a sufferer from the more commonplace ills, under less romantic circumstances, but none the less a soldier of medicine who has met his death in the performance of his duty.—*Brit. Med. Jour.*

TREATMENT OF STRANGULATED HERNIA BY IRRIGATIONS OF ETHER.—Dr. Bartosz writes to the *Russkaia Meditszova* that during the past two years he has used with brilliant success irrigations of ether in the reduction of all cases of strangulated hernia that he has treated, amounting to seventeen in number. The irrigation was done after the method of Finkelnstein, which consists in pouring on the tumor, every half-hour, a large tablespoonful of ether, and allowing it to gradually evaporate. The hernia disappeared spontaneously, or in the worst cases by means of slight pressure, in the course of four or five hours at the most. The duration of strangulation varied in different cases from a few hours to some days. The author relates also a case of intestinal occlusion in a woman aged 60, with absolute constipation for nine days, incessant fecaloid vomiting, tympanitis, filiform pulse, etc., in which, after ineffectual trials of every known method, the irrigation of ether all over the abdomen caused at the expiration of an hour and a half very copious stools, and the cure of the patient. The method of irrigation extolled by Bartosz can readily be replaced by pulverization or by the evaporation by means of a bellows of the ether poured drop by drop on the tumor. In fine, whatever be the method adopted, the ether acts in the same way as an icebag, by the refrigeration that its evaporation produces. It is readily applied, and is to be cautiously advised in cases of strangulation that have lasted for several days, as in some of those in which the author has ventured to use it. To do so, is to return to the abdomen a loup of intestine, inflamed, altered, gangrenous, already perforated or on the point of rupturing. To one who has witnessed the perplexity of a careful surgeon, when it is a question of returning to the abdomen a loup of intestine whose integrity after a careful examination is still a matter of doubt, the method of taxis by refrigeration, after several days' strangulation, even when spontaneously successful, seems to be a very great risk which no practitioner would dare run. In these cases, to reduce after careful examination is a bold procedure; but to return blindly without examination is inexcusable. The articles of Kravosky and Filatoff

on this method of reduction by ether will be found in the *London Medical Record* of April, 1884, and May, 1884; *Russkaia Meditzovo*, No. 3, 1885, and the *Practitioner*, Vol. XXIX., page 365, and *Union Médicale*, 25th October, 1885, No. 147.—*Bulletin Général de Thérapeutique*. R. Z.

**MULTIPLE EMBOLISM.**—At the Medico-Chirurgical Society of Lyons, M. Renaut reported a case of successive embolisms. An embroiderer, aged 16 years, entered the hospital on October 6th, seriously ill with a temperature of 40° C., wasting, but without pulmonary or abdominal localization, and without albuminuria; with such symptoms diagnosis was reserved. During the following days the patient was in a mental state like that of dementia, with patches of anesthesia, and muscular pains; the wasting increased; the temperature remained about 40°, with oscillations of a degree. Antipyrin was given twice, and the temperature fell to 37°. M. Renaut became more and more of the opinion that it was not a case of typhoid, and leaned to the diagnosis of granulie. The examination of the right apex revealed a bruit of fine crepitation (*bruit de papier de soie*), pointing to an old tubercular deposit. On October 22nd, the temperature reached 40° 6; there was cough and rusty sputa. On the right side crepitant rales with pleural friction, which were attributed to a pneumonic process. Soon the thoracic symptoms disappeared and the temperature fell. On Nov. 5th, phlegmasia alba of the right leg supervened; finally, on the 19th, meningeal symptoms supervened (hydrecephalic cries, cheynestokes, slow pulse, vomiting); the patient died next day. M. Renaut dwelt upon the succession of the different phases of the disease, and upon its resemblance to granulie. At the autopsy some cretaceous tubercles at both apices, a similar degeneration of the pre-tracheo-bronchial glands, and a hemoptoique infarct of the size of a nut in lower lobe of right lung; but in no part of either lung was there a trace of recent tuberculosis. A thrombus obliterated the right femoral vein; the superior longitudinal sinews presented at the paracentral lobule an old thrombus in front of which was a more recent

thrombus, which completely occluded the vessel. These explained the symptoms of acute hydrecephalus. The heart was perfectly healthy; besides, during life, auscultation revealed only an extra cardiac souffle in the area of the pulmonary orifice, as well as a carotid and cephalic souffle; these were due to pressure by the bronchial glands, as in the cases reported by Baréty. In fine, this case, in which a diagnosis of granulie seemed to be certain, appeared very instructive to M. Renaut, who submitted it to his colleagues for discussion and comparison. How explain the successive thromboses? In the present state of science, the existence of inoplexia must be rejected; every thrombosis presupposes a lesion of vascular endothelium; in infectious diseases, carcinosis, tuberculosis, the puerperal state, thrombosis is produced by little foci arteritis with epithelial desquamation. Now, in this case there was neither recent tuberculosis nor the puerperal state, as examinations of the genital organs proved; it is, therefore, impossible to account for the production of the thrombosis. There had been no cough, no albuminuria, and the lungs, excepting a certain degree of atelectasis and some spots of *Tardien* from acute asphyxia, were perfectly healthy.—*Lyon Médical*. R. Z.

#### HABITUAL ABORTION AND KIDNEY DISEASE.

—Much has recently been written on albuminuria in pregnancy, and on the relation of the kidney to philological and morbid enlargement of the uterus. At the recent meeting of German scientists and medical men at Strasburg, Dr. Fehling, of Stuttgart, read a memoir on habitual death of the embryo in kidney-disease. In the first case under his observation, premature expulsion of a dead foetus occurred six times, and there was no evidence of syphilis. At every pregnancy, anasarca, albuminuria, and death of the foetus, with severe cramp of the abdominal muscles, occurred, between the fifth and sixth month; the dead foetus was expelled from three to ten weeks later. In the second case, similar symptoms appeared in a young unipara; the foetus died, and thereupon the albuminuria abated. In the third case, the patient had borne two healthy children. During

her third pregnancy, albuminuria and characteristic changes in the retina occurred; and, during the fourth, she was seized with hemiplegia; in both, a decomposed foetus was expelled at the fifth month, with subsequent decrease of the albuminuria. In the fourth case, the patient, in her first pregnancy, aborted at the fifth month; then she gave birth at term to a recently dead child. In the third pregnancy, great œdema and albuminuria supervened, the child was still-born, and the mother died of uræmia. Dr. Fehling believed that, in all these cases, kidney disease existed before pregnancy, which aggravated the renal symptoms. Winter had described two cases of premature detachment of the placenta, normally situated, where albuminuria existed. Dr. Fehling found atrophy of the villi of the chorion, with wedge-shaped or spherical infarcts in the placenta, in his cases, similar to renal infarcts. The infiltration of the chorionic villi and vessels of the umbilical cord with small cells, as seen in syphilis, was absent, nor did any of the embryos exhibit a trace of congenital syphilis.—*Brit. Med. Journal.*

#### CONTROLLING SEX IN GENERATION.

We are loth, most of us, to accept new theories concerning any vital phenomena. Such acceptance involves a rude disturbance of our mental ease, and we hesitate to bestir ourselves, particularly as we do not know whither our steps may lead us. If any new theory is to be entertained its logical conclusions necessarily enforce themselves, though we may not at first see their relations to previously existing facts. Often our first ventures are hindered by our recollection that the promulgators of new theories have very biased views. Collateral proof strengthens us, particularly when it comes from one approaching the subject from a standpoint which differs from that of the original champion of the new idea. An illustration of this fact is found in the recent publication, by a layman, of a volume with the title, "Controlling Sex in Generation."

The author is Mr. Terry, whose residence is not given. The publishers are a well-known firm in this city. To anticipate, the conclusions

reached in regard to the subject are identical with those obtained some time since by scientific observers, viz., "That at the generation of male offspring the mother must be in a higher degree of sexual excitement than the father. And, reversely, at the generation of female offspring the father must be in a higher state of such excitement than the mother." The value contributed by this particular volume to the question lies (as we have indicated) in the fact that its author is an intelligent layman, who writes in a spirit of candor, and who presumably is free from the many tendencies to one-sided opinions which encompass purely scientific men.

The writer has been, according to his preface, a husband and father for over thirty years. His first five children were all girls. A natural desire for sons led him to look into the subject of origin of sex, and to collect and collate facts bearing thereon. From these facts he adduced the theory we have stated. Experiments with some farm stock confirmed it in his own mind. This physical law, he frankly tells us, he has put in practice in his own marital relations, with the result that of the last four children born to him three were boys.

He regards the subject as one of importance, in view of the existing and increasing excess of females over males in all the fully-settled portions of our country. He argues that this is partly owing to the gradual decline in the strength of mothers, taking them as a class. This decline has three material indications: the first is shown in the proportionally increased number of deaths of boys in early infancy from debility, marasmus, etc.; the second in the increased proportion of boys among the still-born children; the third in the decrease in the conception of boys. These facts are illustrated in extensive and carefully prepared statistical tables, compiled from the mortality records of some of our largest cities and states. The relative mortality of boys to that of girls is, in still-births 100 to about 68; in brain diseases, 100 to 82; in diseases indicating feeble vitality (debility, marasmus, etc.), 100 to 85; the same ratio holds true in diseases of the respiratory organs; in diseases of nutritive organs, 100 to 91; contagious diseases he finds about equally fatal

in both sexes. From the study of the lower forms of life he advances to the assumption that any physical law governing sex operates either before or at the moment of conception or impregnation, and not afterward.

The natural sequence follows that in order for parents to have male offspring, it is necessary for them to put themselves under those conditions wherein this physical law may act. Inasmuch as most of our women in modern civilized life are physiologically below par, every favorable circumstance of environment ought to be brought to bear upon them. Fashionable follies should be shunned. In the large and influential class of women who avoid these—the class known as the religious world—the desires connected with maternity should receive a higher respect; a holier and less sensual idea should be accorded to the fulfilment of the maternal duty. Physical debility in the wife renders proportionally stronger the sexual impress of the husband. Under the operation of the law female children result. The more sickly the wife, the more debilitated the children. Says the author: "There was never yet a right-minded wife who would not be proud to be surrounded with a round dozen of stalwart, clear-headed sons and rosy-cheeked daughters; but when they come forth pale, stunted, scrofulous, and spine-distorted, fit only for the physician's hands, one or two quite suffice to satisfy the mother's pride."

The conclusion drawn as the final one is, that given a wife in average health desiring male offspring, she should carefully observe her disposition in regard to sexual desire with reference to the days following menstruation and the time when this disposition is felt most strongly should be chosen for the performance of the marital function.—*N. Y. Med. Recorder.*

A DOUBT CAST ON PASTEUR'S SUCCESS.—A German journal publishes a statement to the effect that the dog which bit Joseph Meister bit another boy the day before, and that the latter, not having been sent to Paris, still remains in excellent health. On the strength of this statement, the journal in question doubts if the dog really had rabies.—*N. Y. Med. Journ.*

## TREATMENT OF PSORIASIS BY MEDICATED PLASTERS.

The medicated plasters constitute a neat and convenient method for the treatment of psoriasis, which has an additional advantage in that it may be carried out by the physician himself.

The applications require to be renewed less frequently than when simple inunctions are employed. They are usually contra-indicated if the disease is seated on the face or scalp.

The chrysopanic plasters appear to be as efficacious in cases of psoriasis as the ointment compounded of the same agent, while unpleasant symptoms are less liable to be occasioned by their use. The average duration of treatment with the plasters is about three weeks.

They exert no influence in the prevention of relapses.

Pyrogallic acid plasters are less serviceable than those of chrysopanic acid.—*J. BELLAN, Thèse de Paris.—Jour. Cutaneous and Venereal Diseases.*

OVERFEEDING IN PHTHISIS.—Many attempts have been made to arrest the development of the bacilli of tubercle by means of parasitides, but hitherto without much success. For the last three years, Dr. Debove, of Paris, has endeavored, by means of a process of "overfeeding," so to improve the general nutrition of the tissues as to compensate for the previous loss from fever, expectoration, etc. For this purpose, he introduces, through an œsophageal tube, a chyme made by suspending meat-powder in milk, with the help of eggs. The meat-powder is thus prepared: several pounds of finely minced beef is thoroughly dried over a fire, and then pulverised. Twice or thrice a day, 100 grammes of this in milk were administered by means of the tube; and, under this treatment, the fever and diarrhœa disappeared, and, though the tubercular disease was not cured, the conditions of life were rendered more endurable. Dr. Peiper has repeated Debove's experiments in Professor Mosler's clinic in Greifswald, but has found himself able to dispense with Debove's irritating œsophageal tube. The quantity of meat-powder was gradually increased to 300 grammes,

which was given at meal times along with a Hungarian wine or some stomachic. In fourteen cases the result was very satisfactory, the weight of the patient increasing from five to twenty-two pounds; the cough and expectoration, too, decidedly diminished; and, in one case, the number of bacilli decreased. In three cases, gouty symptoms made their appearance, but there were no gastric troubles. Dr. Peiper attributes the failure of this treatment to effect a complete cure to the fact that all the patients were in advanced stages of phthisis; and he thinks that, if adopted earlier, it might, by improving the general condition, and giving more power of resistance to the lungs, render the poison of tubercle innocuous to the system.—*British Medical Journal*.

**TUBERCULAR MENINGITIS CURED BY IODOFORM**—A Swedish physician, Dr. Emil Nilsson, alleges that he has cured an undoubted case of tubercular meningitis by frictions on the shaved scalp with iodoform-ointment (1 to 10). The patient was a boy, aged 8, whose mother had a family history of phthisis, and four of whose brothers and sisters had died from tubercular meningitis. The symptoms in this child's case were similar to theirs—headache, torpor, convulsions, strabismus, and pyrexia. He was at first treated with calomel and iodide of potassium, but did not improve; and, after having been under treatment a week, became distinctly worse, being unable to take food or medicine. The pallor of the face, which had pre-existed, gave way to flushes on the cheeks. The child threw himself out of bed, and presented severe clonic spasms of the limbs and facial muscles. The head was then shaved, and iodoform-ointment rubbed in, an oil-skin cap being put on. The friction was repeated three or four times in the day; and the next day there was a decrease in the convulsive movements, the sleep was calmer, and the spasmodic contractions, which had previously been excited by the slightest noise, now ceased to be so. Consciousness shortly afterwards returned, and the child's face became of a more natural color. This, however, was accompanied with a coryza, redness of the lips, and an irritable cough, the breath smelling

strongly of iodoform. The ointment was discontinued, and syrup of iodide of iron given. The unpleasant symptoms rapidly disappeared, and the child was soon running about in good health.—*Brit. Med. Journal*.

**MEDICAL MEN IN THE BRITISH PARLIAMENT.**—The *Medical Times and Gazette* announces that the following-named graduates in medicine have been elected to the new House of Commons: Chas. Cameron, M.D., Glasgow; Robt. Farquharson, M.D., F.R.C.P., West Aberdeenshire; Robert Bannatyne Finlay, M.D., Q.C., Inverness Burghs; Balthazar W. Foster, M.D., F.R.C.P., Cheshire; Henry Mitchell, F.R.C.S., Glasgow; Sir Guyer Hunter, M.D., F.R.C.P., K.C.M.G., Hackney; Sir J. J. Trevor Lawrence, Bart., M.R.C.S., Surrey; R. Macdonald, M.D., Ross and Cromarty; Kevin Izod O'Doherty, F.R.C.S.I., North Meath; L. J. N. Tanner, L.R.C.P., L.R.C.S., Mid-Cork; and Philip J. Vanderbyl, M.D., M.R.C.P., Portsmouth. Mr. Ernest Hart, Dr. Herbert Watney, Dr. Alfred Carpenter, Mr. Peter Royle, Dr. Danford Thomas, Dr. R. D. Lyons, and Mr. Erichsen have been defeated. Among the scientific men elected who are not medical graduates are Sir Henry Roscoe, the chemist, Sir Lyon Playfair, and Sir John Lubbock, who, as our contemporary remarks, "will form a scientific trio whom it would be difficult to match.—*N. Y. Med. Journal*.

**ANTIPYRIN AS A STYPTIC.**—That antipyrin is a reliable antipyretic remedy nobody can doubt, who has read the many reports which the *Medical and Surgical Reporter* published during the last six or ten months. Reliable authorities have fully determined this antifebrile action of the drug. Dr. Thucharh (*Bullet. et Med. de la Soc. Ther.*, 1885) has of late investigated the new remedy with a view to discover any possible other effects, and he found it a reliable styptic. The bleeding extremity of a rabbit, when placed into a solution of antipyrin (1:20), continued to bleed for four minutes; while in ergotin it was checked within seven, and in Monsel's solution within nine minutes. Soon after this

experiment, the opportunity offered itself to test the hæmostatic action of the drug on the human being. A large abscess, having been opened by the knife, gave rise to considerable hemorrhage. A cotton tampon, thoroughly saturated with a solution of antipyrin was brought in contact with the bleeding surface, and the hemorrhage ceased at once. Later, bleeding from the nose and from the rectum—in the latter case due to hemorrhoids—was stopped in a similiar and rapid manner. In both cases the antipyrin was added to ol. theobromæ, and administered the form of suppositories.

During these observations it was also discovered that under the effect of antipyrine all purulent discharges cease, so that it seems that antipyrin has also strong disinfecting and antiputrid properties.—*Med. Age.*

**A NEW HYPNOTIC.**—A mixed acetone, known as phenyl-methyl acetone, the actions of which have been studied by Popof, of Warsaw, has been found by Dujardin-Beaumez and Bardet, to possess valuable hypnotic properties. Within the body it is transformed into carbonic and benzoic acids, and is finally eliminated in the urine as hippurates. A dose of from five to fifteen centigrammes, mixed with a little glycerine, and given in a gelatine capsule, causes in an adult a profound sleep. In alcoholic insomnia it seems to act better than chloral or paraldehyde, and in nine cases no ill effects were observed. The odor of the breath is rendered unpleasant by the elimination of acetone from the lungs. Injected beneath the skin of a guinea-pig it produces a remarkable torpor, which gradually deepens into coma, and the animal dies in five or six hours.

The name *hypnone* is suggested as a more suitable designation for this acetone.—*Phil. Med. News.*

**CELERINA.**—Dr. B. F. Nicholls, of Philadelphia (*Medical Brief*), relates the histories of a number of cases in which he has used this preparation, made by the Rio Chemical Company. From his experience with it, he believes it to be a remedy that will meet the indications

in all cases where nervous prostration plays an important part. He has used it for nervous headache, nervous dyspepsia, spermatorrhœa, heart trouble dependent on disordered nervous action, and a number of other affections of like origin, and says that it has proved more satisfactory than any other remedy.—*N. Y. Med. Journal.*

### Therapeutical Notes.

An erythematous eruption has been seen to follow the use of antipyrin in small as well as large doses.

**FOR ACUTE CORYZA.**—The inhalation of vapors of tincture of benzoin are highly recommended as an immediate cure for acute coryza.

Hypodermic injection of pilocarpine is said to be a sure antidote to poisoning by stramonium or daturine.

**PREPARATION OF IODOFORM GAUZE.**—Carefully wash and dry the gauze, then soak in an ethereal solution of iodoform and spread in the air to dry and allow the ether to evaporate.

**TORTICOLLIS.**—DaCosta relieved a boy, at the clinic, almost entirely of a severe torticollis by having injected over the sterno-mastoid atropiæ gr.  $\frac{1}{16}$ , combined with morphia  $\frac{1}{8}$ th grain.

**LUMBAGO.**—DaCosta advises the use of acetate of potash in scruple doses, four times daily, together with  $\frac{1}{8}$ th grain morphiæ sulphat. and  $\frac{1}{32}$ th grain atropiæ sulphat. hypodermically.

**PAINS OF LOCOMOTOR ATAXIA.**—DaCosta thinks one of the most efficient remedies for the pains of locomotor ataxia is hyoscyamine gr.  $\frac{1}{16}$ th every night, to be increased to gr.  $\frac{1}{8}$ th.

**DIARRHŒA OF PHTHISIS.**—Bartholow considers nitrate of silver at the head of the list of remedies for the treatment of the *diarrhœa of phthisis*. He recommends the use of the same drug in proctitis, applied by irrigation, in the strength.

Dr. Squibb advises that when cantharides fail to produce a blister, washing the surface with vinegar or dilute acetic acid and then applying the cantharides will often prove efficient.

**TO REMOVE WARTS.**—Castor oil, constantly applied for two to four or six weeks—that is, once a day—has not failed in any case of any size or long standing, in the hands of Dr. Dumm, of Columbus, Ohio.—*Therap. Gaz.*

**SALICYLATE OF POTASSIUM.**—Dr. E. L. Miller, of Eaton, N.Y., writes in the *Therapeutic Gazette*, that when he finds salicylate of soda causes nausea and vomiting and other toxic symptoms, he substitutes the potassium salt with marked successive acute rheumatism.

Bihydrobromate of quinine, internally or hypodermically,  $2\frac{1}{2}$  to 5 grains in 16 minims of water heated and filtered, is recommended by Dr. J. Maximowitsch in all cases in which quinine is indicated and a special sedative effect is besides desirable.—*Med. and Surg. Reporter.*

**DR. N. CHEEVER** says, in the *London Med. Times*, that laudanum acts as liquid fire on the sensitive membrane of the ear, and is, hence, about the worst application in a case of earache. He rubs opium up with olive oil and thus makes a preparation which gives him satisfactory results.—*Med. Age.*

**KOLA.**—Kola is a Congo fruit with properties analagous to coca. Its active principles are caffeine theobromine, tannin, and fatty matters. It is stimulating to the nervous centres. Experience has shown good results in phthisis, dyspepsia, and phthisical diarrhoea. The dose is 10 to 15 centigrammes.

**FROSTBITTEN FINGERS AND TOES.**—Dr. Lapatin advises that fingers and toes which have been slightly frostbitten, and which subsequently suffer from pain, burning, itching, etc., should be painted at first once, and afterwards twice a day, with a mixture of equal parts of dilute nitric acid and peppermint water.

For tremor due to exhausted nervous system, Prof. DaCosta directed to be taken:—

R. Acid. phosphoric, dil. . . . . gtt. xx  
Strychninæ phosphat. . . . . gr.  $\frac{1}{10}$   
Elixir. simpl . . . . .  
Aquæ . . . . . āā fʒss. ℥  
Sig.—Ter die, in water.

**ALCOHOLIC INSOMNIA.**—Dr. A. B. Isham, in the *Medical News*, tells us that pilocarpine has a wonderful effect after a debauch. After sleep the patient arouses perfectly rational and subdued. The tense, red, bloated countenance, the bleared, congested eyes, and general repulsive facial aspect pass away. The dose is one-third of a grain of the muriate.

**FAVUS OF SCALP.**—Da Costa directed in case of favus of the scalp of ten years' duration, that the mass of crusts be softened and removed with this solution:—

Sig. potassa . . . . . ʒp.  
Glycerine . . . . . ʒp.  
℥. Aq . . . . . ʒiii.  
Put on as a fomentation. Then as a germicide use corrosive sublimate, 4 grains to the ounce.

**DILATATION OF THE HEART.**—Professor Da Costa recommends:

R. Pulv. digitalis . . . . . gr. iv.  
Strychnia sulphatis . . . . . gr.  $\frac{1}{2}$ .  
Ext. belladonnæ . . . . . gr. ij.  
Ferri sulphatis . . . . . gr. xvj.  
℥. Ft. pilulæ No. xvi.  
Sig.—One pill after meals.

—*Med. Bulletin.*

**FOR ASTHMATIC PAROXYSMS.**—

R. Tinct. lobeliæ . . . . . ʒij.  
Ammon. iodidi . . . . . ʒij.  
Ammon. bromidi . . . . . ʒij.  
Syr. toltutan . . . . . ʒij.  
℥. A teaspoonful every 1, 2, 3 or 4 hours.

Bartholow says the above gives relief in a few minutes, and sometimes the relief is permanent.

Prof. Bartholow is opposed to the use of the soluble salts of bismuth. In the various disorders in which the insoluble salts are prescribed,



especially in the stomachal diseases, he prefers this combination :—

|                          |            |
|--------------------------|------------|
| R. Bismuthi subcarb..... | ʒj         |
| Creasoti .....           | ʒj         |
| Glycerini .....          |            |
| Aque .....               | āā fʒss. ℥ |

**PITYRIASIS CAPITIS BAZIN.**—One or more spoonfuls of tar soap is dissolved in half a litre of bran water, and used as a lotion. Tar soap, tar ointments, tar water, or lotions of balsam of tolu, mercurial ointment, and notably those containing turpentine (1 gramme to 30 of lard), may also be used to advantage. Ammonical lotions, lotions of corrosive sublimate and of chloral hydrate, are also useful topical applications.—*L'Union Médicale.* R. Z.

**INJECTIONS OF BROMIDE OF POTASSIUM IN GONORRHOEA.**—

|                       |             |
|-----------------------|-------------|
| R. Water.....         | 150 grammes |
| Glycerine.....        | 10 “        |
| Bromide of potassium. | 6 “         |
| Laudanum .....        | 2 “         |

℥. Use as an injection in the 24 hours. Erections generally subside and sometimes are completely suppressed.—*Journal de Médecine de Paris.*

**ACUTE RHEUMATISM.**—Dr. R. H. Fox states in the *British Medical Journal* that in a severe case of rheumatism in which salicylate of sodium, potassium, quinine, colchicum and liniments had all failed to relieve the fever and pain, the relief was immediate after sponging with cold water and quickly drying the skin afterwards. Although this is no new treatment, it is one which requires some courage to practise, and yet may be well adapted to certain severe cases in which the salicylic remedies are ineffectual.

**ELIXIR OF TERPINE AND GLYCERINE.**—The following is the formula proposed by M. P. Viger for a tablespoonful of elixir:—

|                     |                  |
|---------------------|------------------|
| Terpine .....       | 50 centigrammes. |
| Glycerine .....     | 6 grammes.       |
| Alcohol (95°) ..... | 7 “              |
| Simple syrup .....  | 8 “              |

Dissolve by heat the terpine in the glycerine;

add to this solution the mixture of syrup and alcohol; shake and heat gently until completely transparent, and keep it in a well-corked vial. This elixir is agreeable to the taste, but must not be mixed with water, which precipitates the terpine.—*Gaz. heb. de Paris.*

**OTORRHOEA.**—Brückner employs the corrosive sublimate and red precipitate in various affections of the ear. The red precipitate is either used alone or mixed with an equal quantity of alum. If the external auditory meatus presents granulations or furuncles, the precipitate, used in the form of a pomade, is very appropriate.

|                          |          |
|--------------------------|----------|
| R. Red precipitate ..... | 2 parts. |
| Vaseline .....           | 30 “     |

If the suppuration of the middle ear is abundant and fetid, Brückner uses an instillation consisting of one part of corrosive sublimate to 500 of alcohol.—*Therap. Gaz.*

Dr. Neff has used, with perfect success, the new drug pyridine in the treatment of the paroxysms of asthma in six different cases, independently of the cause, whether bronchial, cardiac or renal. It seemed not only to relieve the paroxysms, but also to prevent the return in a measure. As the remedy is so very irritating to all the mucous membranes, the following method is used in its administration. The patient being placed in a small room, from thirty to forty drops of the drug are put on a plate and placed at a little distance from the patient. This may be repeated if necessary, and the inhalations kept up from five to thirty minutes, but relief usually is obtained in from one to five minutes.

In chronic diarrhoea, Prof. DaCosta speaks favorably of the following remedies:—1. Bismuth, gr. x, with opium four times a day. 2. Mineral acids. 3. Copper, zinc, silver, iron. Copper is very effective, given in the dose of gr.  $\frac{1}{2}$ — $\frac{1}{3}$  of sulphate, four times per diem. It nauseates at times. Zinc sulphate, gr. j-ij, guarded by opium, gr.  $\frac{1}{2}$ — $\frac{1}{4}$ , is very useful. Injections of zinc sulphate are of value. Silver

nitrate, gr.  $\frac{1}{4}$ , or the oxide, gr.  $\frac{1}{2}$ , both with opium, is often efficacious. Iron does not agree with all—dose of sulphate = gr. ij or Monsell's sol., gtt. iij-v. dil. Solution of nitrate of iron gtt. xx-xxx, four times daily. Turpentine has effected many cures in his hands—dose gtt. x in emulsion. He does not use vegetable astringents.

THE THERAPEUTIC VALUE OF CHLORIDE OF CALCIUM.—Dr. W. Crighton (*Pract.*, Sept., 1885) states that in glandular enlargement of the neck in children, where the glands seem massed together and are almost of a stony hardness, and in which both iodine and cod-liver oil have failed, chloride of calcium will frequently produce the most satisfactory results. After some weeks' patient use of the chloride, with careful attention to diet and hygiene, there seldom fails to be noticed a softening and separation of the individual glands, and generally in a few months such a reduction in size and complete disappearance in milder cases has taken place as to warrant the term *cure* to be applied to the case. On the continuance of the remedy, however, an increase of size often takes place, necessitating its continuance for intervals of a year or more. Dr. Crighton has also found the chloride of calcium useful in cases where suppuration has occurred. In pulmonary phthisis he has not found the chloride so useful as it is claimed to have been in the hands of others. He thinks that its employment should be restricted to cases where there is evidence of the bronchial glands being decidedly enlarged. In scrofulous caries he has also obtained very satisfactory results.

Crystallized chloride of calcium should always be prescribed, as the anhydrous salt forms a turbid solution and has an unpleasant taste. The recognized dose is from 10 to 20 grains and even more, but he has generally used a smaller dose of 1 or 2 grains for young children, and rarely over 12 or 15 for adults. The formula which he uses is five ounces of the crystallized salt to seven ounces of syrup, the dose varying from 5 to 40 minims, according to the age. He always gives it in milk after meals.

THE  
Canadian Practitioner.  
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 68 Gerrard St. East.*

TORONTO, FEBRUARY, 1886.

IS THE PRACTICE OF MEDICINE A  
SUCCESS FINANCIALLY?

It is the usual custom for medical men in their public utterances to speak disparagingly of the very insufficient remuneration of medical men. Professors also, in their opening lectures to students, almost invariably warn the unfortunate freshmen that they are entering a profession in which their labors will never be properly rewarded, and all they can look forward to is the probability of their earning a good living for themselves and their families.

As this is the time of the year when practitioners in the cities and towns send out their accounts, a few words on this subject may not be inappropriate.

We do not take the gloomy view above given, but are strongly of the opinion that the profession of medicine compares very favorably with other professions and callings so far as emolument is concerned, and that in almost all cases where complaints are heard from medical men it will be found on investigation that the fault is their own, and should not be laid to the profession. Let us for a moment examine some of these cases.

1. Physicians often fail on account of their natural inaptitude, in the first place, for acquiring a proper knowledge of the profession, and, as the result, want of ability in practising it. Is not this also the case in other professions? We see men from the same cause quite as great failures in any of the other callings of life. A poor physician may, if he has a pleasing manner, make a fair living on very small capital indeed.

2. We often meet with medical men of good ability, and who have graduated with honor, who are still failures and who blame the profession in consequence. This is frequently the result of a bad form of education. Too much attention is paid to the merely theoretical part of the study and too little to the practical. Graduates when thus equipped are non-plussed over the simplest cases and shortly become discouraged and disgusted.

3. Another class of practitioners, who may have received a thoroughly practical training, and may have passed with honor, do not succeed—not from want of ability, but from absolute want of attention to the further study of their profession. They think that when they received their diplomas they had nothing further to learn. How often we meet with medical men who use the methods of thirty or forty years ago, to the total exclusion of many later and better means. Does not, however, the same thing occur in theology, architecture, etc.? Would the architect succeed who had learned nothing of the sanitary arrangements of our modern dwellings?

4. Another cause of ill-success financially of medical men, is want of union between the various members of the profession. This is a subject upon which a great deal might be said, and to which we hope again to refer. We know of towns in this Province in which the physicians actually rob themselves of hundreds and even thousands of dollars yearly by their petty jealousies and quarrels. This is the age for unity of action upon these matters. What power is possessed by the Trades' Unions in the matter of remuneration for work! How they stand together, and how they succeed, too, in securing the wages they demand! Is it any wonder that the members of other professions and the public generally are amazed at the petty quarrels, which only injure those who indulge in them?

Having thus briefly referred to a few of the causes of ill success, we return to our first position.

Given a physician of moderate ability, one who possesses a good sound, practical education, who is attentive to his practice, and keeps up a knowledge of the progress of his profession, by reading and by regular attendance upon medi-

cal societies, and who, moreover, has sufficient good sense to keep on friendly terms with his brother practitioners,—we say such a one will reap as great a reward financially as the average man in any other calling or profession in the same city. Some have a habit of pointing to the large income of certain brilliant lawyers. We are, however, convinced that, in this province at least, the average income of the physicians is greater than the average income of lawyers.

Gentlemen, the fault lies with ourselves. Want of unanimity and want of interest in our work prevent us from taking the standing socially and financially which we ought to take.

#### TORONTO BOARD OF HEALTH.

The report of the able and energetic Medical Health Officer of Toronto, Dr. Canniff, for the last year is very satisfactory in many respects, especially in the result of the house to house inspection, and the most gratifying results of the efforts of Dr. Canniff and his assistants in preventing the spread of small-pox. It is impossible to estimate how much the city has gained by the prompt and strenuous exertions of these parties in this connection; but some idea may be formed by considering the fearful ravages in Montreal, where such amazing indifference was at first shown by men in authority, notwithstanding the prompt action of Dr. Rodger in reference to the first case, and the warnings he gave concerning it.

We regret to state, in connection with Dr. Canniff's report, that the statistics of infectious diseases for the year, founded on the reports of our city physicians, are so incomplete as to be practically worthless. It has generally been supposed that little or no attention was paid to such reports, and that the trouble of making them out and sending them was useless. While there is some foundation for such suppositions, still the report shows that they are not ignored, and matters in connection with public health are improving every year. Let physicians, therefore, help the Board by sending their reports regularly. We regret to have to confess that we ourselves have been among the delinquents in the past, but hope not to remain so in the future.

## TEREBENE IN WINTER COUGH.

Chronic bronchitis is one of the most obstinate and most common diseases that we meet. It is exceedingly prevalent in Great Britain, and we have our own share of it in this country. It is generally worse in cold weather, and hence we have in many cases a cough continuing during the winter, while it is scarcely noticed during the summer. It is frequently associated with, and dependent on Brights' disease of the kidneys, being frequently the first symptom noticed in that disease.

Dr. Murrell, in an article in the *Brit. Med. Jour.*, December 12th, 1885, speaks in the highest terms of pure terebene in the treatment of chronic bronchitis. This remedy, which is not the same as the patent medicine sold under the name of 'terebene,' is prepared by the action of sulphuric acid on oil of turpentine. It is agreeable to taste, a clear, colorless liquid, with an odor like that of fresh-sawn pine wood. It will not mix with water, but can readily be given on sugar, or it may be given in an emulsion made with tragacath powder, etc.; or it may be used as a spray. Dr. Murrell generally commences with doses of 5 or 6 drops in loaf sugar, gradually increasing, if necessary, to 20 drops every four hours. The remedy generally relieves acidity and flatulence, which so frequently accompany winter coughs.

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 AMENDMENT TO THE ONTARIO MEDICAL ACT.

The Legislative Committee, with Dr. Day, of Trenton, chairman, appointed by the Council, met in Toronto, January 20th, and after considering carefully the amendments to the Ontario Act, had a somewhat lengthy interview with the members of the Government. The result was apparently very satisfactory, and it is generally hoped that the amendments which we outlined in the December issue will be carried. The Committee has worked faithfully and well in this cause, and we hope its efforts will be crowned with a fair amount of success, although it is tolerably certain that, in some respects, we will not gain all we desire.

## ONTARIO MEDICAL ASSOCIATION.

The next meeting of the Ontario Medical Association will be held in Toronto, on Wednesday and Thursday, the 2nd and 3rd of June. The success of this association since its inauguration has been most gratifying to the profession of the province. The attendance has always been large, and the proceedings exceedingly interesting and instructive. It has been a matter of regret that the Eastern section has not been more fully represented, but it is hoped that this year it will show a better record. With this end in view, the Vice-President for Eastern Ontario, Dr. W. H. Henderson, of Kingston, and the Secretary, Dr. J. C. Mitchell, of Eganville, have issued a circular, with the sanction of the President of the General Association, Dr. G. A. Tye, of Chatham, appealing to their constituents for a large attendance in June.

We can assure our worthy friends from the east that they will receive a cordial welcome from all if they decide to act on the suggestions offered in the circular issued by their able representatives.

We are indebted to the indefatigable General Secretary for the names of committees selected by the President, which we give below. There has been some misconception as to the duties of the committees on medicine, surgery, and obstetrics. The chairman of each is expected to choose some subject of general interest connected with his department, upon which he will deliver an address or read a paper. The other members are expected to discuss the subject or subjects contained in the address, without introducing any new matter. It is also intended that other members of the Association shall engage in such discussions.

The following are the committees selected by Dr. Tye:—

*Medicine.*—Dr. Gillies, Teeswater, chairman; Dr. Card, Parkhill; Dr. Hunt, Clarksburg; Dr. Geikie, Toronto.

*Surgery.*—Dr. Atherton, Toronto, chairman; Dr. Stark, Hamilton; Dr. Thrall, Woodstock; Dr. Elliott, Brucefield; Dr. Gilpin, Brechin.

*Obstetrics and Gynecology.*—Dr. Eccles, London, chairman; Dr. Macdonald, Hamilton; Dr. Brouse, Brockville; Dr. A. H. Wright, Toronto.

*Ophthalmology and Otolology.*—Dr. Palmer,

Toronto, chairman; Dr. Reeve, Toronto; Dr. Ryerson, Toronto; Dr. Burnham, Toronto; Dr. Rosebrugh, Toronto.

*Ethics.*—Dr. Holmes, Chatham, chairman; Dr. McLean, Sarnia; Dr. Moorhouse, London; Dr. Mullin, Hamilton.

*Neurology.*—Dr. Fulton, Toronto, chairman; Dr. Harrison, Selkirk; Dr. Wishart, London.

*Audit.*—Dr. Oldright, Toronto, chairman; Dr. Teskey, Toronto; Dr. Yeomans, Mount Forest.

*Papers and Business.*—Dr. Sheard, Toronto, chairman; Dr. Graham, Toronto; Dr. Edwards, London; Dr. Hillary, Aurora; Dr. Walker, Dundas.

*Arrangements.*—Dr. Temple, Toronto, chairman; Dr. A. H. Wright, Dr. Rosebrugh, Dr. W. H. B. Aikins, Dr. Powell, Dr. White, Dr. Pyne, Dr. Sheard.

### TRIAL FOR MALPRACTICE.

We congratulate Dr. Farewell, of Glanford, upon the result of the recent trial for malpractice. The facts of the case are briefly these: The doctor was called some months ago to attend a child who was suffering from fracture of both bones of the forearm. The limb was dressed in the ordinary way and carefully watched from day to day. During the course of treatment a circumscribed slough took place on the posterior and radial side of forearm. The cicatrix which followed the slough, by producing contractions of the muscles, caused some deformity of the hand. The bones united without difficulty. The child's father, the plaintiff, asserted that the sloughing was the result of tight bandaging. After a trial of three days' duration, in which a large number of medical witnesses were called, it was established that the unfavorable result was due to the severity of the injury and not to any fault in treatment. The jury gave a verdict in favor of the defendant, the plaintiff to pay the costs. The profession owes a debt of gratitude to Dr. Farewell for thus manfully holding his ground. It is our opinion that in all such cases, if the surgeon is quite confident that he has performed his whole duty, he should not compromise, but fight it out regardless of consequences.

### DAMAGES FOR REPORTING A CASE OF CONTAGIOUS DISEASE.

A most extraordinary suit for damages has been brought against Dr. A. E. M. Purdy, of New York, the report of which will be of interest to our readers. We give the facts of the case as quoted from the *New York Medical Record*.

"In November, 1879, Dr. A. E. M. Purdy was called to see Miss Angelina Brown. On his arrival he diagnosticated small-pox. He saw her later in the day with Dr. A. S. Purdy, who likewise diagnosticated small-pox. Still later he saw her again with Sanitary Inspector Dr. C. E. Lockwood, whom he had notified of the case. Dr. Lockwood's diagnosis was small-pox. The patient went or was sent to the small-pox hospital. On her arrival the house-physician, Dr. Bowen, made a diagnosis of small-pox, and so reported to the Board of Health. He subsequently revised this diagnosis and certified that Miss Brown was only suffering from eczema, and told her that she need not remain in the hospital. She voluntarily remained there, however, for some days.

After leaving the hospital she brought suit against the Drs. Purdy, claiming damages to the extent of \$10,000. She asserted that the diagnosis made by Drs. A. E. M. Purdy, Dr. A. S. Purdy, and C. E. Lockwood was incorrect, and that she had been damaged to the above-named amount by being sent to the small-pox hospital, and that she was sent there through the agency of the Drs. Purdy.

On the trial of the case in November, 1885, in the Superior Court, before Judge Ingraham, the counsel for the defendants moved to dismiss the complaint, on the ground that the defendants had not sent the plaintiff to the small-pox hospital, but that the sending of Miss Brown to the hospital was the act of the Board of Health, for which the defendants were not responsible.

His Honor denied the motion, and ordered that the trial proceed before the jury.

The plaintiff on the stand gave a lengthy history of her experiences, and declared that she was not suffering from the small-pox in November, 1879, but from the effects of a local irritant that she had applied to the skin.

The defendants testified minutely as to the

symptoms and eruptive appearances presented at the time of their examination, and declared that they were unmistakably indicative of small-pox.

Dr. Lockwood testified to the same effect, and that his opinion was formed independently of the Drs. Purdy, and *that Miss Brown was sent to the hospital in conformity with the rules and regulations of the Board of Health.*

Drs. Austin Flint, E. L. Keyes, and Geo. H. Fox testified that, from the recital of symptoms and character of the eruption as detailed by witnesses, Miss Brown was undoubtedly suffering from small-pox at the time referred to. Other physicians were in court prepared to testify to the same effect.

At the close of the testimony the counsel for the defence again moved that the case be dismissed, on substantially the same grounds as before, to wit: that it was the Board of Health and not the Drs. Purdy that caused the transfer of the plaintiff to the hospital.

His Honor again denied the motion, and in his charge to the jury said in effect, that *the defendants had set in motion the machinery* that led to the plaintiff being sent to the hospital.

The jury brought in a verdict of \$500 against the defendants."

The decision of the court appears to us to be unjust in the extreme. In the first place the mere statements of the plaintiff appear to have had more weight than the united opinions of many of the leading members of the profession. The Drs. Purdy are themselves among the most distinguished and highly esteemed practitioners of New York city. If the diagnosis had been incorrect, which was very unlikely, how could the Drs. Purdy be held responsible? Their action was simply in compliance with the law, viz., to report to the proper authorities. Any person with ordinary common sense would have held the Board of Health responsible for any wrong done to the plaintiff. But no; the very learned judge said in effect "that the defendants had set in motion the machinery that led to the plaintiff being sent to the hospital."

We can't help thinking, however, that the decision of the court might, perhaps, be more fully explained if one knew the "politics" of the case. It was certainly in direct opposition to

justice and common sense. We of the profession in Canada may congratulate ourselves that we have a judiciary whose decisions in such cases have always been on the side of truth and equity. We venture to say that there is not a judge in the Dominion who would have allowed such a case to go before the jury. We are not surprised at the verdict of the latter. It is equally true here, as in all other countries, that the general public is the enemy of the profession, and the verdicts of juries are, as a rule, unfavorable. Another extraordinary circumstance is the length of time—six years—which was allowed to pass before the action was brought before the court.

#### THE DIAGNOSIS OF ABDOMINAL TUMORS.

Notwithstanding the marvellous advances made in abdominal surgery during recent years, we cannot but feel that we have yet much to learn in this department, especially in connection with the subject of differential diagnosis. We note with pleasure the fact that Mr. Lawson Tait will contribute a paper on "Methods of Diagnosis" at the meeting of the Medical Society of the State of New York in February. It will be remembered that Mr. Tait has compared the abdomen to a table with a cover, saying we cannot tell what is underneath the cover until we remove it. Similarly he opens the abdominal wall to discover the condition of things within the cavity. At the same time it is generally acknowledged that no surgeon can form a more correct idea of the abdominal contents before section than he; and the profession will gladly welcome this contribution from him on the subject. We can hardly look on exploratory laparotomy as an innocent procedure (to use the words of the *N. Y. Medical Journal*), and will look forward with interest to any hints which will aid us in forming a diagnosis without the radical method of abdominal section, although this will probably continue to be necessary in obscure cases.

#### THE BOSTON OBSTETRICAL SOCIETY.

This is the oldest organization of the kind in America, having been founded Jan. 5th, 1861. It is, strictly speaking, a private medical club, with thirty active, and thirty honorary members.

### DR. HEYWOOD SMITH AND THE STEAD CASE.

Dr. Heywood Smith will be remembered as one of the Englishmen who attended the meeting of the Canada Medical Association at Montreal in 1884. He has been for years one of the most prominent physicians connected with the Hospital for Women at Soho Square, London, Eng. Mr. Stead wished to get a certificate of virginity of the young girl who was supposed to have been sold by her parents for immoral purposes. His object was to clear his own character by showing that the girl had received no harm while in his hands. Application was made to Dr. Robert Barnes, who promptly declined to have anything to do with the case. Dr. Smith, however, was more complaisant and had the girl removed to a private hospital where she was examined under chloroform. For this act the doctor was severely censured by the judge, and also by the College of Physicians of London. In the official reprimand of the latter body, written by the President, Sir Wm. Jenner, we find the following, as taken from the *N. Y. Medical Journal*: "It is in the opinion of this College a grave professional and moral offence for any physician to examine physically a young girl, even at the request of a parent, without having first satisfied himself that some decided medical good is likely to accrue to patient from the examination."

### THE BRITISH MEDICAL ASSOCIATION.

The next annual meeting of this, the grandest Medical Association the world has ever seen, will be held at Brighton, commencing August 10th, under the Presidency of Dr. Withers Moore. All arrangements are fairly well completed. A novel feature will be the delivery of the address on Medicine by the distinguished and worthy American physician, Dr. Austin Flint. This act of international courtesy is a very graceful one, and will be highly appreciated by our American brethren. Among the names of presidents of sections, we find Dr. Broadbent in the medical section, Mr. Erichsen in the surgical, Dr. Meadows in the obstetric, and Dr. Lauder Brunton in the section of therapeutics and pharmacology.

### THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The eighteenth annual meeting of this very prosperous society will be held at Albany, February 2nd, 3rd, and 4th. A large number of papers on practical subjects have been promised from an unusually able body of contributors, and there is every prospect of a successful gathering. Among these contributors we find the following names: Mr. Lawson Tait, of Birmingham, England; Dr. Powell, formerly of Edgar, Ontario, now of Toronto; Drs. Gibney, Jacobi, Howe, Morris, Roosa, Otis, Loomis, Carpenter, and Gill Wylie, of New York; Drs. Howe and Potter of Buffalo; Dr. Chase, of Brooklyn, etc.

Dr. Canniff wishes to call the attention of the profession of Toronto to the requirements of the Public Health Act with respect to reporting cases of contagious diseases. This should be done promptly and every question answered. Any practitioner not supplied with blank forms can obtain them on application, stamped ready for mailing.

### Meetings of Medical Societies.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

(From our own Correspondent.)

At a meeting of the above society, held on Dec. 18th, Dr. Laphorn Smith read a paper on "The A. C. E. Mixture in Midwifery Practice."

He began by stating that all anæsthetics were dangerous, some less so than others. All deaths, however, occurring during anæsthesia were not due to it, but were sometimes merely coincident, and he related several cases to show this.

He said that it was generally admitted that alcohol killed by apoplexy or coma; that chloroform killed by syncope or by the heart, and that ether killed by apncea or by the lungs. By administering, therefore, any one of these alone, to the point of complete insensibility, we throw all the dangerous strain on one part of the machinery, so to speak. But by combining

them we require a much less quantity of each to produce the same effect, and we thus spread the dangerous effects over three different organs, and to an extent which they are quite able to bear.

Apart from its dangerousness chloroform had no bad qualities; ether, apart from its safety, had no good ones. By combining them we obtained a liquid which had all the advantages of both, namely, rapid, pleasant, non-irritating, effective; having no period of excitement, and causing no vomiting or other unpleasant after effects. The mixture of chloroform and ether is less dangerous than the former, but more dangerous than the latter; by adding alcohol the mixture was rendered less dangerous than either.

The large quantity required, the period of excitement and intense inflammability, rendered ether especially unsuitable for midwifery, where the physician was frequently required at night, was unassisted, and required all his attention for the instruments; while chloroform was especially unsuitable on account of its danger in the hands of a lay person, and because it predisposed to relaxation of the uterus and consequent flooding. The A.C.E. mixture was nearly free from these objections. He admitted that chloroform was less dangerous in midwifery than in any other case, because the patient was always in the recumbent position, and the strong expulsive efforts guaranteed that the brain would be kept well supplied with blood. For the same reason the dental chair is the most dangerous place in which to give chloroform, because the patient is in the erect position, and instead of making expulsive efforts during the extraction, he is making efforts of inspiration which draw the blood into the thorax and away from the brain.

The chemical formula of the A.C.E. mixture, which contains one, two, and three parts respectively of alcohol, chloroform, and ether, is very similar to that of bichloride of methylene, but it has the advantage over the bichloride that it can be made fresh every time it is required, and you know exactly what you are giving.

Dr. Laphorn Smith said that since he first called the society's attention to this mixture,

six or seven years ago, he had employed it in over one hundred cases of obstetrics and surgery, and was very much pleased with its effects, being such that he felt justified in using it at every confinement. He did not, however, push the administration to complete insensibility, except just when the head was passing the vulva. During the first stage (of dilatation of the os), and during the first part of the second stage, he merely allowed the patient to smell it from a handkerchief, held in her hand, whenever the pain came on, and he instructed her to sprinkle it on the handkerchief herself from a scent bottle with a sprinkler. By this means a very small quantity sufficed. After urging the importance of giving the patient plenty of air, no matter what anæsthetic was used, as no other vapor can replace it with safety for more than a couple of minutes, he concluded by asking the members to give it a trial so that among them they might get a record of ten thousand cases without a death.

A discussion ensued in which nearly all the members joined, and which was terminated by the president, Dr. Roddick, in some very interesting remarks.

At the meeting held on January 8th, Dr. Trenholme exhibited a composite ovarian cyst, of which he gave the following notes:

Patient 21 years old. Never ill till eight weeks ago, when she had pains over stomach, and was one night unable to lie down. Recovered from this attack after a few days, but since then has not been quite well—the chief trouble being fulness at pit of stomach. As she was not relieved by her medical attendant she came into the city to consult me. Upon exam. *pr. vag.* found uterus turned backward, and somewhat to the right side; tumor was felt over brim of pelvis, about size of adult head. Fluctuation perceptible, but indistinctly so.

*Operation.*—On 5th January, made exploratory incision, which was enlarged when it was found that the contents of the cyst would not flow through the canula. On attempting to break up the cyst sacs the walls of the cyst gave way in several places, and the fluid contents escaped into the abdominal cavity. When the pedicle was ligated the cyst was removed,



and the cavity was washed out, sponged, re-washed and carefully sponged before closing the incision. Three deep sutures (silver) and a number of superficial sutures (horse hair) were used. The dressing consisted of a pad of carbolized gauze, over which were placed two straps of adhesive plaster to retain it in place. No bandages.

*After treatment.*—Patient came out from the effects of the ether in a short time, and as is the doctor's custom, was allowed to move about her body and limbs at her will. In a little time she turned upon her left side, as the most comfortable, and had a good rest. The febrile tendency was met by frequently repeated doses of extract of aconite (three drops to a tumblerful of water, and of this one teaspoonful every five minutes till the skin acts freely.)

To the freedom of movement, the absence of the abdominal bandage—which the doctor considers to be an abomination,—the use of the aconite, and also, a little later on, the frequent administration of flaxseed tea enemata, much of the remarkable success which follows his practice is supposed to be due. This patient passed flatus about the fortieth hour, and before the end of the second day was caught reading a story, her pulse and temperature both being normal. The wound healed by primary union throughout—not one drop of pus. This is now the rule, since the doctor makes his incision exactly in the median line, and never divides even a fibre of muscular tissue; also, in closing the wound no muscular tissue is embraced in the sutures.

Dr. Alloway related the following case, and illustrated, by means of diagrams, an extensive posterior laceration of the cervix uteri of long standing; and also demonstrated the operation performed for its cure.

On the 17th of June last he was requested to see a lady, stated to be in a dying condition. He found the patient in a hysterical state, lying on her back in bed, making very exaggerated respiratory efforts—gasping for breath—pulse and temperature normal. She seemed unconscious of his presence. Administered a hypodermic injection of morphia, and assured her friends that she would not die. At the morning visit next day Dr. Alloway obtained the following history:—

She was 48 years of age; had given birth to eight full-term children; one miscarriage, at third month, about ten years ago. Oldest child 25 years of age, youngest 14. She stated that she had not been able to do her housework for some years past. She suffers from intense pain in her back, limbs and head; has constant irritation of bladder. States that when young she was an exceptionally strong and robust woman, but for some years has been losing flesh. She takes "nervous spells," somewhat like the one she was found in the previous day. These spells came upon her without warning, and have been increasing in frequency of late years. Her attendants and friends become greatly alarmed during the attack, which gives her the appearance of being in a dying condition. She had been treated for heart disease, liver complaint, epilepsy, passing of gall stones, ulceration of the womb, and a host of other maladies, without benefit. She suffers from intolerable attacks of indigestion—reflex pains in almost every part of her body. She spends most of her time in her bed, and carries a mixture of bromide and another of laudanum to make her condition tolerable. Her menstrual function is still active, but irregular. The flow has always been, until the last two years, very excessive in quantity, and accompanied with much pain. On vaginal examination the pelvic peritoneum and parametric cellular tissues in general are found free from evidence of recent inflammation. The uterus was freely movable in all directions, and there were no tender points to be found. The vaginal walls were normal; the uterus acutely antiflexed when at rest. If the perineum be now retracted by a Sims speculum, a very odd-looking, large, tongue-like body is seen hanging down into the vagina from the vault above. In searching for the external os it cannot be found in the normal position, but high up on the posterior surface of this cervix-like body, about half an inch from the vaginal vault, the point of the sound disappears in a small opening, and passes directly forward to the depth of about two and a half inches. On carefully examining this peculiar looking cervix, the anterior surface appears to be of the normal squamous epithelium of the posterior vaginalis exterior, while the posterior surface has the microscopic appearance of the gland

tissue lining the cervical canal. From these few carefully observed facts it will be seen that the lesion was an extensive posterior laceration of the cervix, passing, probably, into the sub-peritoneal parametric tissue. Hypertrophy, with an advanced state of cystic degeneration, and other chronic changes, were now apparent in the cervix, consequent upon the constant and long-continued irritation to which the gland tissue had been subjected.

The operation for the cure of the lesion consisted in making a long, horseshoe-shaped denudation, three-eighths of an inch wide and very deep, so as to remove as much cicatricial and cystic tissue as possible; and then draw the edges together by six silver wire sutures, rolling the denuded edges of the cervix inward on the longitudinal axis. In this way the cervix was re-formed, and the external os occupied its original position at the apex. The sutures were removed on the tenth day, and union was found to be complete throughout. The convalescence was a little protracted, however, from debility, but the patient is now in perfect health, and takes a great deal of exercise. She is free from indigestion, nerve spells, etc. She is no longer troubled with heart disease, liver complaint, and has not passed any more gall stones. The menstrual flow has returned two or three times since the operation. When she was last heard from, eight weeks had passed since last period, probably the menopause had set in. Dr. Alloway drew attention to the extreme rarity of this lesion. Emmet states that of 164 operations, only four were for posterior laceration. Goodell in 113 successful cases records no posterior laceration, and in no other reliable authority can a report of so extensive a lesion be found. Emmet supposed when it does occur it heals spontaneously, but that it often causes parametric inflammation, with cicatricial bands and retroflexion resulting.

Readers of George Eliot will remember that she has one of her characters assert that child-bearing is done by woman in "a poor, miserable, makeshift sort of a way, and that it would have been better if they had left it to the men." But to this judgment of a misogynist Scotch bachelor, few men would joyfully respond amen.

## TORONTO MEDICAL SOCIETY.

MEETING ON JAN. 20TH, 1886.

The president, Dr. Cassidy, in the chair.

Dr. Baines read a paper on "Paroxysmal Hæmaturia," relating the particulars of a case. (The paper appears in this number of the PRACTITIONER.)

Dr. Graham observed that the diagnosis was narrowed down to three diseases—paroxysmal hæmaturia, paroxysmal hæmaturia, and acute nephritis. Its paroxysmal character showed that it was not a case of acute nephritis, while the microscopical examination, showing the presence of hæmatin crystals but no blood cells, proved that the case was one of hæmaturia, not hæmaturia. He related a case in his practice, of a man whose whole body was at first covered with bullæ (hydroa); these dried up and formed scales, and the case then presented the features of exfoliative dermatitis. While under Dr. Graham's care this man had three attacks of paroxysmal hæmaturia. He thought there was some connection between the two affections in this case, and that the pathology of each involved some lesion of the sympathetic nervous system.

Dr. Cameron said the clinical details of Dr. Baines' case pointed rather to hæmaturia than hæmaturia. He would like to have had the patient's blood examined microscopically. The high specific gravity and large amount of albumen present were more characteristic of hæmaturia than the other affection.

Dr. Carson spoke of the use of terebene in winter-cough. Unsatisfactory results should often be attributed to the fact that the druggist often dispensed the crude drug, which should never be used internally. Care should be taken to obtain the pure drug.

Dr. McMahon related the particulars of a gastro-elytrotomy performed by Dr. Groves, of Fergus. Delivery *per vias naturalis* was impossible on account of a hard tumor, the size of the foetal head, occupying the concavity of the sacrum, and narrowing the antero-posterior diameter of brim to one inch. The patient, who lived twenty miles from the doctor, had been in labor forty-eight hours before operation was performed. She did very well for twenty-

four hours, when vomiting set in, and she sank at the end of thirty-six hours. The child is alive and healthy. Dr. McMahon asked if this was not the first gastro-elytrotomy performed in Canada. The gentlemen present had not heard of any other.

Dr. Powell questioned the correctness of the diagnosis. He thought the tumor was probably a pelvic abscess, the result of cellulitis, and that it might have been aspirated.

Dr. McMahon, in reply, said that the extreme hardness of the tumor and the absence of fluctuation showed that it was not a pelvic abscess.

Dr. Graham spoke of some cases of diphtheria where the patients were exposed to infection on Thursday and taken sick the following Sunday. An interesting discussion on the etiology of diphtheria followed.

Dr. Cassidy thought the contagion was portable, and might be carried many miles on the clothing.

Dr. Powell said that in his experience the mortality was in direct proportion to the saturation of the soil.

Dr. Cameron showed two pathological specimens :

1. A foetus of two months, where intestines protruded from the anus as well as from adominal cleft.

2. An abdominal cancer from which patient, a woman aged sixty, died. She had an epithelioma removed from cheek last May.

The meeting adjourned at 10.30.

T. F. McMAHON, *Sec. pro. tem.*

## HAMILTON MEDICAL AND SURGICAL SOCIETY.

January 5th, 1886.

The annual meeting of the Hamilton Medical and Surgical Society was held at the Royal Hotel, January 5th, 1886, when a large number of members were present.

Dr. Cochrane tendered his resignation, which was accepted.

Dr. Stark was elected president ; Dr. McCargow, vice-president, and Dr. F. E. Woolverton, secretary-treasurer.

Dr. Shaw related a case which occurred in his

practice, of intestinal hemorrhage in infancy, terminating fatally.

Drs. Shaw, McKelcan, Malloch and others took part the discussion.

F. E. WOOLVERTON, *Sec'y.*

## THE WASHINGTON MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

(Specially reported for the PRACTITIONER.)

Dec. 8th-11th, 1885.

The Thirteenth Annual Meeting of this Association was held as above stated, and in its number of representatives from different states and provinces was by far the most important and representative meeting of the body ever held, unless we except the last meeting in St. Louis, where cholera quarantine gave especial point to the discussions. The meeting possessed some features of especial interest for Canadians, owing not only to the fact of the large number of our representative delegates present, but also from the fact that some of these were, for the first time, by a resolution of the Association, made members of its Advisory Council. Last year a representative of Ontario was appointed on the Committee of State Boards ; but Canadians have now been received into full membership by having on its Council representatives of the Dominion (Ontario and Quebec) in the respective persons of Dr. Montizambert, Quarantine Officer, Grosse Isle ; Dr. C. W. Covernton, Chairman of the Provincial Board, Ontario ; and Dr. Hingston, President of the Central Board, Quebec.

Besides the above delegates, Dr. P. H. Bryce, Sec. Prov. Board of Health, and Dr. J. S. Covernton, Chief of the Staff of Ontario Medical Inspectors, were present from Canada. At this meeting delegates were present representing thirty-two different governments, either federal, state, or provincial, and as might be expected, the subjects discussed were as varied as the many-sided conditions affecting mankind spread over so wide a geographical area as the United States and Canada, with various climates, different commercial interests and problems, complex and difficult of solution,

bearing upon crowded cities on the seaboard, or isolated village communities in undeveloped Western States.

The opening address was made by J. E. Reeves, M.D., Wheeling, W. Va., President of the Association.

He said: "Every such assembly as this moves forward another day's journey the ark of the sanitary covenant, and humanity is bettered and made happier thereby." He further remarked that agricultural, manufacturing, mining, lumbering interests, etc., are advanced and protected by legislation, but the preservation of the health and lives of the individuals of communities seems to be little regarded, judging from the amount of legislation for protecting them. In Britain and many European countries, he stated, liberal and wise provision is made by government for the promotion of sanitary science; but in the United States, what Commissioner of the Federal Government have they to send anywhere to investigate epidemics of disease affecting mankind, although Prof. Salmon investigates the bacterium of hog cholera and Texas cattle plague, and \$2,368,100 is appropriated to save life at sea by the maintenance of lighthouses, fog signals, etc.? He thus led up to the point that the Association must push for the rehabilitation of the National Board of Health on some broad basis, and supplied with an appropriation similar to that given it after the yellow fever years, 1878-79.

Many important papers, provoking much discussion, were read. Dr. D. E. Salmon, Bureau of Agriculture, read a paper on "The Virus of Hog Cholera." This paper, as being by one of the most thorough and experienced epidemiologists on the continent, bore, as might be expected, proofs of much original research, and Dr. Salmon proved, apparently conclusively, the *zymotic* character of the disease, and pointed out, both in theory and in practice, as regards the measures necessary to prevent its spread, that isolation is a primary necessity. His experiments on the protective influences of vaccination with *attenuated virus* were very interesting, but are not sufficiently advanced as yet to allow him to give positive conclusions on the subject. Its relations to the public health

were shown by a resolution adopted, that immediate legislation—national, state, and municipal—be urged for the protection of the people from diseased meat.

The proceedings of the evening session of the first day were of the character of addresses, including an address of welcome by Dr. Toner, Chairman of the Republican Convention, who read President Cleveland's letter of regret, he having intended to be present, but was prevented by Congressional duties.

The President said: "Surely the advancement of sanitary science, and its practical application to the public health, are of immense importance to the people of our land. . . . Healthful and comfortable habitations indicate the best features of a century's prosperity and advancement, and men with good health and comfortable surroundings are apt to be contented and useful citizens."

The second day's session was begun by a paper by Dr. P. H. Bryce, Sec. Prov. Board, Ontario, on "Small-Pox in Canada, and the Methods of Dealing with it in the different Provinces." The paper recited the history of the Montreal outbreaks, and detailed the means taken to protect Ontario. It concluded with an appeal to the sense of common justice of the Association in favor of a province which had established an internal quarantine, through which no case of disease had been allowed to pass to the neighboring states, and to urge the removal of so unjust and unnecessary a discrimination as that against Ontario which had been made by the Marine Hospital Service at Suspension Bridge. (The order for its removal was issued by Surgeon-General Hamilton the day succeeding the reading of the paper.) Dr. Wm. H. Hingston, President of the Quebec Board, supplemented the paper by remarks regarding the measures taken to stamp the disease out in Montreal.

Succeeding this paper, which gave rise to much discussion, Dr. Chancellor, Baltimore, read a paper on "Impure Air and Unhealthy Occupations as Predisposing Causes of Consumption."

The reports of work done by State and Provincial Boards during the past year, when Dr. C. W. Covernton indicated the satisfactory pro-

gress of the work in Ontario, occupied the whole afternoon session.

At the evening session, Dr. Hartwell, Johns Hopkins University, read a most interesting and practical paper on "Physical Training," and sketched the development of the German Turnverein and Gymnasia. Governor Gray, of Indiana, was here introduced, and in a very effective short address said, amongst other things: "It is notorious that we give less attention to our health than any nation on earth. We do not have time to live, and hardly have time to die."

Dr. O. W. Wright, Detroit, next gave an address recounting his experiments in disinfecting sewers with sulphuric fumes.

The third day's work was begun by an exhaustive account by Dr. J. Rauch, Secretary Illinois State Board, of the various degrees of quarantine efficiency at the Mississippi and Atlantic seaports, including Grosse Isle, and his paper was supplemented by a most eloquent paper on the sanitary protection of New Orleans, especially as regards yellow fever.

At this session a resolution proposed by Mr. Lamb, of Rochester, was passed, calling upon the Commissioner of Statistics and Labor to examine into the condition of factories and workshops, and report upon and suggest measures for the safety and health of employés.

The afternoon was spent at a reception at the White House, given by the President to the members of the Association, and in visiting the Museum of Hygiene.

The reports of Standing Committees were then presented, amongst these being one from the *Committee on the Disposal of the Dead*, which reported in favor of cremation, and another on the "Disinfection of Infected Rags," which was made the occasion of a long discussion. Various other matters of detail were dealt with, after which the Association adjourned to meet in Toronto, in October, 1886.

Along with the pleasing recognition of Canada already mentioned, and the evidence of international good-will and community of feeling in health work, it is pleasing to have to further notice, that the venerable and honored Chairman of the Provincial Board of Health of Ontario was elected First Vice-President of

the Association. The medical profession of Canada ought to consider itself honored in this recognition of the merits of one who has so long adorned it, and this Province is to be congratulated on the position it has attained in sanitary matters as shown by the honor done it in having Toronto selected as the place of meeting of so prominent a body as the American Public Health Association. We trust that many members of the profession will be present at its meeting next October, and still further lend their powerful aid to the advancement of sanitary work so auspiciously inaugurated in the Province.

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### Obituaries.

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#### DR. W. C. EDMONDSON.

"The saddest thing in word or pen—what might have been!"

Is the thought that comes vividly and painfully to his acquaintances who hear that, on the 7th of December, 1885, Dr. W. C. Edmondson, of Oshawa, gently closed his earthly and professional career, on its very threshold, at the age of twenty-nine.

Our profession is crowded with men of good general ability. We can scarcely meet half-a-dozen doctors without finding one possessing rare talent and gentle thoughtfulness. To find a physician with a quick, clear mind, intensely practical and bold in its conceptions, is not very unusual; and often we meet one whose manipulative skill strikes us as marvellous. Our professional ranks contain many manly, honorable, honest, Christian gentlemen; but how seldom do we find all these qualities blended in eminently high degree in the character of one medical man. Any one acquainted with Dr. Edmondson must admit that each and all of the above-mentioned characteristics must be made vivid strokes in a true and life-like portraiture of him. What a man with such a combination of qualities "might have been," needs no powerful imagination to picture.

William Constantine, the only son of J. W. Edmondson, of Oshawa, was born in Etobicoke, November 2nd, 1856. Several years of his earlier life were spent in Orillia. In the autumn of 1877, he commenced his professional

studies in the Toronto School of Medicine. He was a quiet, industrious, unassuming student, and made few acquaintances during the first session or two of his college life; but, before his graduation, he had so grown upon his class and teachers that he was, for honor, spirit, correctness, and breadth of knowledge and untiring ambition, deservedly one of the most popular and trusted men of his year.

In 1881, he graduated in Toronto and Victoria Universities, and immediately set out for England. There he remained about a year, taking the L.R.C.P. of London. The following year was devoted to professional study in Germany and Austria. While in Vienna he had a severe attack of pleurisy, and after that time his life became the battle-ground for a vain and long-continued struggle of health and hope against steadily advancing disease.

He spent some months as surgeon on the steamship *Derwent*, of the Royal Line, running between Southampton and South America. Feeling his strength improved somewhat, he came home with high hopes of entering upon the active practice of the profession he so devotedly loved. Finding his powers unequal to the task, however, he tried the climate of California as a means of restoration. He remained there to within six months of his death. These remaining months were spent with his parents at Oshawa, Ont., in the bright and fascinating calm of sunset. Through all his illness he never lost his keen interest in the profession of his choice; although his early death, from phthisis, is an admission of that profession's comparative powerlessness in the presence of certain diseases, and is a new and practical cry for more work and broader discovery in that great, sad field.

The many members of the profession who enjoyed the pleasure and privilege of Dr. Edmondson's acquaintance, must mourn his loss to the world, his profession, and themselves, and cannot fail to feel the deepest sympathy with his parents and friends in their irreparable loss.

Dr. J. W. Byam, of Campbellford, died on Saturday, January 23rd, aged 38 years.

## Book Notices.

*Transactions of the American Surgical Association*, 1885. Edited by J. EWING MEARS, M.D., Recorder of the Association. Printed by P. Blakeston, Son & Co., Philadelphia.

This Association was founded by the late Professor S. D. Gross, the greatest of American Surgeons, in the year 1880. Although young it is vigorous, and a credit alike to its noble founder and the profession of the United States. This volume contains a full report of papers read at the last meeting, and the discussions following. It is in every way creditable to the members, the secretary, Dr. Mears, and the publishers.

*Vick's Floral Guide*. Vick's Illustrated Monthly Magazine, Holiday number, 1886. Published by JAMES VICK, Seedsman, Rochester, N.Y.

This elegant illustrated catalogue of seeds, flowers and vegetables, comes to us in its usual attractive form. This year the January number of the Magazine and the Floral Guide are bound together. The colored lithographed plates are wonderfully true to nature. That of the budding geranium, "Sir Harry," a seedling of "The General Grant," is very life-like. James Vick's reputation as a seedsman and florist is already widely and favorably known. Anyone sending him an order is sure to receive satisfaction.

*Clinical Notes on Uterine Surgery, with Special Reference to the Sterile Condition*. By J. Marion Sims, A.B., M.D., late Surgeon to the Woman's Hospital, New York, etc. New York: William Wood & Co.

This is the memorial edition of Dr. Sims' Clinical Notes of Cases, most of which were under his care in the Woman's Hospital, New York. It is quite superfluous for us to tell how much this distinguished man contributed to gynecological surgery, as that is sufficiently known. The profession generally should feel under obligation to the publishers for furnishing this charming, interesting, and useful book at the nominal sum of one dollar.

*Manual of the Diseases of Women*. By CHARLES H. MAX, M.D., Assistant to the Chair of Ophthalmology, New York Polyclinic, etc.

The work before us was undertaken by the

author in the first instance in response to the request of his quiz classes; and as a brief summary of the latest theories and practice of the diseases of women, it will undoubtedly be found useful to the student who is preparing for an examination in this subject. It may also be referred to with profit, perhaps, by some few general practitioners who cannot spare time to read a more extended treatise, or who may not feel inclined to purchase a more expensive volume. The book is well written and printed in a clear, legible type.

*Tracts on Massage.* No. II. The Physiological Effects of Massage. Translated from the German of Reibmayr, with Notes. By BENJAMIN LEE, A.M., M.D., Ph.D., late President of the American Medical Association, etc., etc.

This little pamphlet is one of a series which the author has undertaken to publish with the view of affording the ordinary practitioner a résumé of what is up to the present known in reference to this interesting subject. It is unquestionably important that such knowledge should become more widely diffused, and it is with much satisfaction that we hail the appearance of these tracts, which are intended to enable us to apply more intelligently and scientifically this now well-recognized and valuable form of treatment.

*A Text-Book of Physiology.* By M. FOSTER, M.A., M.D., F.R.S. Third American, from the fourth and revised English edition, by EDWARD T. REICHERT, M.D. Philadelphia: Lea Brothers & Co., 1885.

Michael Foster stands in the front rank as a scientific investigator and as a physiologist, and his book is worthy of his reputation. The present edition has been especially prepared for students, and will meet all their requirements. Some will prefer the simpler and more easily studied work of Kirke, which has always been a popular students' manual, but for those who wish for a thoroughly scientific text-book, we know of none that excels, or even equals, the work of Michael Foster. The illustrations (two hundred and seventy-one) are excellent, and the type and paper in Messrs. Lea Brothers & Co.'s well-known style of work.

*The Popular Science Monthly*, Vol. XXVIII, No. 3. January, 1886. New York: D. Appleton & Co.

This number, the first for 1886, is replete with choice contributions on popular topics. Louis Pasteur's experiments in hydrophobia heads the list of interesting articles. Among the contributors are W. H. Flower, F.R.S., with an article on "The Varieties of Human Species;" Herbert Spencer on "Nonconformity," and Dr. W. Odling, F.R.S., on "Science in its Useful Applications." T. S. Ellis, M.R.C.S., gives a capital article on "The Physiology of the Feet." Dr. Mary Putnam Jacobi, writes on "The Flower and the Leaf," and Eliza J. Youmans continues her criticism of the former lady's views on primary education, in an interesting article on "The Study of the Relation of Things." *The Popular Science Monthly* is well named, and ought to be a popular monthly in every household. This issue has a sketch of the well-known naturalist writer, Frank Buckland. "Commercial Societies," by Charles Morris, and "Natural Heirship; or, All the World Akin," by Rev. Henry Kendall, will amply repay perusal.

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### Personal.

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Dr. Neil McKinnon has commenced the practice of his profession in Tilsonburg.

Drs. Wishart, Snowball, Carveth, and Grafton have located in Toronto.

Dr. G. McDonagh, of Goderich, has returned from Vienna, and will shortly commence practice in this city, paying particular attention to diseases of the eye, ear, and throat.

Dr. Robert Douglas, of Port Elgin, representative of the College of Physicians and Surgeons, died at Milton, January 24th. Special notice next month.

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At the Société Médicale des Hôpitaux, Oct. 9th, 1885, M. Desnos reported two cases of fracture of the ribs produced by violent coughing. The diagnosis presented no difficulty and union rapidly followed the application of a bandage of diachylon.—*Gaz. des Hôp.*

### Miscellaneous.

Camphor and charcoal, equal parts, remove the pain and offensive odor of old excavated ulcers.

Making a patient keep his eyes closed while recovering from ether is a great aid in preventing sickness.

"Ideas," says Voltaire, "are like beards. Men have them when they grow up, women never have them."

According to the researches of M. Spillman (of Paris), pemphigus is due to the presence of a microbe.—*Med. World.*

HOLMES says that charlatanism always hobbles on two crutches—the tattle of women and the certificates of clergymen.

California is to have a University with an endowment of \$20,000,000. It is to be established in memory of the dead son of Mr. Stanford.

Not a soldier in the Prussian army has died of small-pox since 1885; this immunity is undoubtedly due to the strictness with which vaccination is enforced.

A case of death from cocaine applied to relieve the pain of a decayed tooth is reported by Professor R. Ogden Doremus, to the N.Y. Medico-Legal Society.

Dr. Heywood Smith, of London, England, has resigned his position as secretary of the British Gynæcological Society, for his connection with the Stead abduction case.

Dr. Neff has been aided in making the diagnosis of typhoid fever, in at least one case, by the peculiar saffron hue of the palms. He says he has come to look upon this as an almost pathognomonic symptom of the disease.

The great question at present to be settled is, says Dr. Loomis in his recent lecture on bacteriology, whether we are about discovering the ultimate cause of many hitherto obscure pathological states, or whether these microbes are only bacteria of health taking advantage of diminished vitality to develop with increased rapidity—*whether they are the cause or the scavengers of disease.*—*American Lancet.*

We observe that Dr. Piffard has retired from his editorial connection with the *Journal of Cutaneous and Venereal Diseases*. The Journal will be continued under the sole editorial charge of Dr. P. A. Morrow. Judging from the handsome appearance of the January number, which is enriched by an admirable chromo-lithograph and a number of well-executed woodcuts, and the eminently practical character of its contents, this high standard will be maintained in the future.

SPECIALISM EXTRAORDINARY.—A well-known provincial surgeon was recently being shown round a provincial hospital by one of the physicians. "Here," said the latter, "is an extraordinary case; I should like you to just listen to his heart." "It doesn't interest me, my dear sir," was the reply, "I don't care for anything above the diaphragm." "Indeed! and have you any downward limit?" asked the physician. "Certainly—Poupart's Ligament," was the prompt rejoinder.—*Midland Medical Miscellany.*

PREVENTIVE INOCULATION BY A RUSSIAN PRIEST.—A Siberian journal states that in 1868, when the plague was killing all the cattle in the country, Father Andrew Joakimansky, of the Troitzky village, resorted to a desperate means in order to save his cows. He got some blood from a dying cow, saturated threads with that blood, and passed these threads through the ears of the healthy cows, numbering eleven. At the place where the ears were punctured there appeared tumors of the size of pigeon eggs. In a short time these tumors disappeared, and the cows remained alive and healthy, though the rest of the cattle of that village perished.



RESORCIN IN THE TREATMENT OF EPITHELIOMA.—Dr. Rubino Antonio (*Giornale internazionale delle scienze mediche*), reports a case of epitheliomatous growth on the side of an elderly man's nose, of only the size of a pea, but apparently attached to the bone, and surrounded by an extensive area of reddened skin, which was evidently infiltrated to a considerable distance. Not deeming an operation advisable, he decided, on the strength of Pascal and Manino's observations, to apply resorcin. Twice a day, after the tumor had been washed with a solution of potassium permanganate, an ointment of 15 parts of resorcin and 20 of vaseline was applied. The discharge began to diminish almost at once, the growth gradually grew smaller and smaller, and, at the end of five months nothing was left but a small, white, circular scar.—*N. Y. Med. Journal*.

An Indian physician was holding forth the other day to some of his brothers of the craft in England. "You, Sair, in the West," he said, do not understand the practice of medicine. In my country if a Raja with nothing of sickness sends for me, I go and say, 'Sair, your case is a bad one; you will be worse before you are better.' I give him some medicine and I go away. The next day I go again, and I find him heaving like a sea-sick mandarin and wishing that the son of his mother had never seen the light. 'Sair,' I say, 'I told you so; you have passed a great crisis. There is no more need of medicine. Another sun will see your cure complete.' I then collect my fees and go away. When I cure a few more Rajas I shall come again to your country and take a villa on your little river Thames, with the green turf sloping down to the water-side." There is not so much difference between the East and the West, after all. *Med. Age*.

We take from the *Lancet* the following:—"The greatest fecundity known so far has just happened at Valladolid. *La Libertad*, of that capital, says: 'We are aware, and our friend and co-religionist, Senor Alvarez del Manzano begs its insertion in our journal, that in the parish of San Ildefonso, in the house de la Riverilla, in the street de Tenerias, a woman

named Juliana, the wife of Benito Quesada, gave birth to three children yesterday, and during the following night she gave additional proof of her fecundity by giving birth to four more. Senor Manzano, as secretary of the aid society for the sick of the said parish, informs us of the great efforts the medical man made, and is still making (his name is Senor Cantalapedra), to rescue the mother from the imminent risk to which she is exposed as the result of giving birth to the seven infants.'"

THE DOCTOR'S PECULIAR DANGER.—*The Medical Age* deals with a delicate subject in the following skilful manner: "The physician, especially if he has been favored by nature with physical attractions, is above all men subject to sexual temptations. His relations to his female *clientèle* are of that secret and confidential nature which tends to familiarity. Weak women, who are diffident and shy toward all other males, frequently conceive for their physician a passion which it would require but a slight response to convert into a crime. We apprehend there are few of our readers whom professional experience has not convinced of this frailty (which may, after all, be more or less physiological) on the part of the weaker vessel. In view of this fact it is very complimentary to the profession that there are so few scandals chargeable to it. As compared with even the clergy (the especial conservators of morals) physicians stand well in this respect. Doubtless, too, not a few of the scandals chargeable to medical men have no sufficient foundation, the peculiar relations of the doctor to his female patients laying him especially open to the schemes of the blackmailer."

Professor Oerte, of Munich, inventor of the method which Schweininger had so successfully applied to the Chancellor of the Empire, has set out for different places, in order to found establishments therein for the cure of patients suffering from diseases of the heart, fatty heart, *obesitas universalis*, etc. Baden-Baden, Ischl, the Semmering, and Abazzia on the Adriatic, are already chosen for this purpose. As climatic stations, Meran, Bozen, Gries, and others, have already been opened.