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The Northern Lancet.

Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.

WINNIPEG, OCTOBER, 1889.

THE DISPOSAL OF THE DEAD.

BY JOHN M. PEACOCKE, M.D.

Read before the Medical Society of the County of Kings,
From the Brooklyn Medical Journal.

The recent researches of Pasteur into the cause of an outbreak of charbon have thrown much light on the etiology of that disease. "A sheep which had died of charbon (or anthrax) was buried at the depth of twenty feet in the ground, in a field which, for ten or twelve years after, ceased to be used as a pasture-ground. After that length of time some healthy sheep were pastured in that field; soon after, three sheep were taken ill and died of charbon, at a time when the disease did not exist in that locality or environs. Upon diligent investigation it was found that the animal affected with charbon, and which had been buried twenty feet deep ten years before, was the cause of this new breaking out of the disease. Pasteur demonstrated that the germs of the disease were brought to the surface by earth-worms."

These specific germs lying latent for ten years were not destroyed by that length of time, but still retained all their vitality and were ready to germinate and propagate disease on the first favorable opportunity.

In the *Chicago Medical Examiner* of August, 1874, appeared the following extract from the *Medical Gazette* of Paris: "In the last remarkable report of the Faculty of Medicine of Saxe, Reinhard relates that nine large and several smaller victims of the cattle plague were interred at Dresden at a depth of ten or twelve feet. It was found the next year that the water from a well situated one hundred feet from the pit in which the cattle were buried had a fetid odor and contained

butyrate of lime. At a distance of twenty feet it had the disgusting taste of butyric acid, and each quart contained about thirty grains of this substance. The bodies were subsequently disinterred and burned."

If earth burial be so innocuous and the products of the grave so harmless as many assert, it is strange that in all well-organized communities strict sanitary ordinances are found essential for the management of cemeteries.

The possibility of the pollution of potable water is shown by the enactment of stringent laws regulating the opening of wells in the vicinity of burial places. The planting of trees in cemeteries to absorb the gasses evolved, and the construction of belts of woodland to act as barriers to the escape of noxious vapors, are strongly advocated by many sanitarians. These and other hygienic requirements would hardly be rendered necessary if cemeteries were not considered to be centres of contamination and foci of infection.

Time will not permit extended reference to entombment. The monument erected by Artemisia to the memory of Mausolus, the mausoleum of Hadrian, now the castle of St. Angelo, and the pyramids, have been tombs and the wonder of ages.

Viewing the practice of tomb burial in a sanitary light, an authority says the danger of "the placing of dead bodies in tombs and vaults is far greater than burial in the ground. The earth, doubtless, does absorb and decompose into harmless products a portion of the deleterious products of decomposition; in tomb and vault burial these products are confined and allowed to escape *en masse* on every opening of the vault, or, in the more improved (?) vaults, are allowed constant egress through so-called ventilators." This statement, though plausible, is not entirely correct, as Dr. A. N. Bell clearly shows in an editorial in the *Sanitarian* for January, 1889, with special reference to the Brooklyn water supply, that the dead bodies are *not* exposed to the action of the earth until long subsequent to the access of the subsoil water, the practice of interment everywhere being to so encase the bodies as to protect them from contact with the earth. The coffins and caskets in general use retard instead of hastening

the decomposition of the body. In England, burial in the solid coffin is regarded by many as a source of danger, and, as a result, the use of the "earth to earth" casket is vigorously advocated. This coffin is constructed of perishable material, such as paper-mache or wicker work.

There remains one other method of preserving the body that is well worthy of notice, and that has not received the attention that its importance demands. It is the desiccation of the remains. Long before the Spanish conquest the Peruvians were adepts in this mode of preserving the dead. The bodies of the Incas, and their queens and countless numbers of their subjects, testify to this. The interesting question is often asked whether the ancient Peruvians embalmed their corpses or whether the bodies owe their good preservation to the influence of the climate which is so conducive to mummification. Senor Rivero, the director of the National Museum at Lima, having examined hundreds of mummies, was unable to find any preservative substance in them. It is true that in the skulls a brown or blackish mass, in dust or small pieces, has been found, but a chemical and microscopical analysis has proved that the dust and the pieces were composed of cerebral fat and globules of dried blood. All the mummies contain the brain and intestines, and in none of them could Rivero discover any incision which would have been necessary for evisceration had the bodies been subject to embalment. In the mummy of a child found by Dr. Von Schudi, and which is now in the Imperial Academy of St. Petersburg, the ribs of the left side were detached from the sternum, exposing the thoracic and part of the abdominal cavities, plainly showing the heart, with the pericardium, the shrivelled lungs, the diaphragm, the transverse colon, and portion of the small intestines. These facts prove that the Peruvians did not have recourse in the preservation of the dead to any elaborate process of embalming as customary among the Egyptians. The bodies were simply desiccated by exposure to the air. The heated soil and calcined sand on the coast dried the corpse, and the pure cold air

and dry winds of the interior did the same thing.

In Peru the animals that drop by the wayside will be found at the end of months entire, not corrupted, but dried. On the highway from Arequipa to Lima a number of the mummified animals are to be seen, and which serve as landmarks to indicate the road when the wind covers it with sand. The climatic conditions of the imperial city of Cuzco are very favorable to the desiccating process. Here, in the great temple of the sun, the remains of the Incas have been discovered in a marvellous and life-like condition. Cuzco, the most ancient city of Peru, has an elevation of 11,380 feet above the sea. Surrounded by lofty and snowclad mountains, it might be supposed to possess a cold, not to say frigid, climate; but its temperature, though cool, is seldom freezing. In what is called the winter season, from May to November, the pastures and fields are dry and withered, more from drought than from frost.

La Casas describes the Peruvian burial rites, as follows: "The dead are wrapped in the skin of the llama, then clothed and deposited in a sitting posture. The doors of the tombs, which are all towards the east, are then closed with stone or clay. At the end of a year, when the body becomes dry, the doors are again opened. There is no bad odor, because the skins in which the bodies are placed are sewn up very closely, and from the cold they soon become mummies."

Travelers in Africa have found bodies of camels, which had evidently died of fatigue in the desert, to be so dried and preserved by the heat of the sun that no evidences of post-mortem decay was discovered. The atmosphere of our Northwest Territories is, in some places, so dry that the snows of winter pass off from the ground without leaving it wet, and mummified buffalo have been found on the plains of Colorado. When freshly killed meat is subjected to a dry summer heat, it is rapidly converted into the well-known *jerked beef* of the plains. Dried apples, peaches, and other fruits are familiar examples to every housekeeper of desiccated vegetable matter. This method of preservation is as widely known as it is prim-

itive, and clearly indicates that absence of moisture prevents decomposition of organic material, or, in other words, desiccation takes the place of putrefaction.

Dr. G. Bayles, of Orange, N. J., in 1874, brought before the Public Health Association the method of disposal of the dead by desiccation. He tersely remarks: "I can hardly conceive it necessary, therefore, in presenting the subject, to centre all our thoughts and experimental operations upon one method, and that a reduction solely by means of fire. Has modern chemistry no other resources? Have our electrologists no practical ideas to present, drawn from their magazine of power? Why may there not be a system of thorough desiccation? The desert sands have buried and desiccated many thousands of unfortunate travellers as well as their camels. We have an unbroken and reliable chain of evidence, sufficient in itself to establish the fact that by excluding moisture and guarding against excessive changes of temperature we can effect desiccation upon *whole* bodies, and that they would continue entire and inoffensive for a length of time which we cannot measure."

The seed sown by Dr. Bayles fifteen years ago did not fall upon stony ground, as to-day it is bringing forth fruit. The desiccating method, as a proper means for the disposal of the dead, is now engaging the attention of many sanitarians and scientists, and in due time will be presented for public attention and investigation. In this process, as now conducted, the corpse is placed in a chamber constructed with pipes so arranged as to bring fresh dry air into them and conduct it through the casket, and by forced draughts through a central furnace, where all the gases and fluids taken from the body are consumed. The air-current is sufficiently rapid to make an entire change in the space every two seconds. When desiccation begins, the chamber containing the body is hermetically sealed, excepts as respects the inlet and outlet passages for air, which are closed when the process is completed. It is intended to deposit the desiccated remains in mausoleums which are to be constructed with a view to durability of material,

beauty of designs, and protection from ghouls. The desiccating method has for its basis the fact that in all animal tissue water is present in greater or less proportion, forming about two-thirds of the weight of the whole body. A man weighing 165 lbs., if completely dried, would therefore lose about 110 lbs. from the evaporation of water. An opportunity was lately afforded me of inspecting and examining the body of a man undergoing the process of desiccation. The remains lay in a glass-covered metallic case, having been placed therein about nine months ago, and at that time weighed 160 or 170 lbs. Judging by the dried-up appearance of the body, I presume that to-day it does not weigh over 60 lbs. The muscles of the trunk, and especially of the extremities, are shrunken and hard. The integument is dry and feels leathery to the touch. The countenance looks natural. There is no discoloration of the cuticle and no evidence of any decomposition. A current of ordinary air is admitted to the casket at one end, it freely circulates around the body, and escapes through a tube, placed at the other end, into a chimney or furnace through which all the volatile products pass before mingling with the atmosphere.

The desiccating process has many commendable features. It complies with all the sanitary requirements, and meets the medico-legal demand that the evidence of crime shall not be destroyed. The rapid abstraction of moisture by this method will do away with the factors in the production of ptomaines which might vitiate the result of a chemo-legal examination. This system is devoid of everything that can shock sensitive minds or offend refined tastes. It does not conflict with the widespread and deep-seated reverence felt for the remains of the dead. The mass of mankind looks not only with aversion but with feelings akin to horror on any process that aims at the immediate destruction of the body. This may be all sentiment; nevertheless no amount of specious reasoning can readily or easily overcome the tender and universal deference for the beloved departed, for it is woven into the very warp and woof of the human heart, and has the religion,

the tradition, and the custom of centuries associated with it.

In conclusion, it is well to remember that various important discoveries and many new ideas of science have been ridiculed, declared preposterous, and bitterly opposed. When Benjamin Franklin made the discovery of the identity of lightning and electricity, it was sneered at, and the people asked, "Of what use is it?" Dr. Peter Barlow, a distinguished scientist, declared the impracticability of the electric telegraph. Sir Humphrey Davy argued against the use of illuminating gas as a project without scientific value or even possibility. The discovery of the circulation of the blood by Harvey was received with derision as the utterance of a cracked-brain impostor. When Jenner introduced and established the practice of vaccination as a protection against small-pox, the medical profession, at first, refused to make trial of his process. He was accused of attempting to bestialize his species by inoculating the human system with disensed matter from a cow's udder. Vaccination was denounced from the pulpit as being diabolical, and the most monstrous statements regarding its effects were disseminated and believed.

With these examples in view, it is evident that the introduction of any change in the present method of the disposal of the dead will naturally encounter suspicion, criticism, and opposition, except in the case of the method of desiccation, which seems to have been received, so far as presented, with marked favor.

At a meeting of a cremation society in Glasgow, a few months ago, Sir Spencer Wells cited the case of a churchyard, near Yorkshire, where the bodies of people who died of scarlet fever had been buried thirty years before. A part of the churchyard was closed, but it was afterwards included in the garden of the rector, who had it dug up, and in consequence of this the scarlet fever from which those people had died thirty years before broke out in the family of that clergyman and spread to the surrounding houses.

We all know or have read of instances of sudden death from the poisonous gases

that emanate from the soil where human dead bodies have been buried, and all such gases are well known to be absorbable by water, to say nothing of the disease germs which they float.

But if these gases and germs are pent up in air-tight caskets under ground, how long they will remain dangerous, and yet at all times subject to the loosening of their confines and gaining access to the watercourses, none of us know.

The author of the paper has alluded to the grains of wheat found in the wrappings of mummies. It is well known that some of these have been planted and grown, and given name to a species of wheat that is cultivated now in all wheat-growing countries, called "mummy wheat." This germ or seedling wheat was not less than three thousand years old. How much longer that three thousand years it might have remained in the mummy cloth and still have lived and bloomed under congenial conditions, may well be asked of those, in answer to the question, "How long do you suppose a disease germ would live?" I know of no reason why it would not live just as long as a grain of wheat would live, if placed under like favorable conditions.

(To be Continued).

HAIR PASSED IN THE URINE.

BY WILLIAM O'NEILL, M.D., M.R.C.P., LOND.,
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HOSPITAL, ETC.

On May 5th, 1887, I was consulted by Mr. A—— for disease of the bladder, one very remarkable feature of the complaint being that he passed hair in the urine. The patient was fifty years of age, rather short and stout, and regular and temperate in his habits. Twelve months before he called upon me he began to suffer from irritability of the bladder; three months after this he noticed blood in his urine; and about five months subsequently to the hemorrhage he discovered hairs in that fluid. The hairs at the outset were single and not very numerous; but as time went on they increased in number, and some of them formed little tufts. The

patient sometimes felt a sense of weight and uneasiness in the region of the bladder, but he did not seem to have suffered much pain, excepting occasionally when in the acts of micturition the flow of urine was interrupted by clots of blood. The hæmorrhage from its commencement recurred every five or six weeks, but the bleeding was not very profuse at any time. In the attack preceding his calling upon me, he thought, however, that he had lost more blood than on any other previous occasion; nevertheless, he was still a ruddy-faced, healthy-looking man. He had declined in weight, but this he accounted for by recently defective appetite, and from being frequently disturbed in the night by the irritability of the bladder. The patient's urine was abundant, averaging about four quarts a day; but then he indulged in copious drafts of milk, to which he was rather partial. The specific gravity of the urine ranged from eight to ten degrees; the reaction of the urine inclined to alkalinity, and when free from blood it contained merely a trace of albumen, but no renal casts, mucus, or pus. Floating in the urine, or lying on the bottom of the chamber-vessel, now and again could be seen particles of matter which the patient called "skins," and which to my unassisted eye looked like little bits of coagulated albumen or fibrin stained more or less with blood. Also in the urine at all times could be seen hairs; more or less numerous, of various shades of dark and light color, and varying in length from half an inch to two inches and a half, and I have seen a few hairs not less than four or five inches in length, which he assured me he had drawn out of the urethra. On looking at some of the ordinary hairs that I chanced to have preserved, I find the majority of them are light in color, and that the thick and thin ends are well marked, even in the most downy specimens. When the urine contained blood, the hairs assisted in forming little clots, which the patient had sometimes difficulty in voiding; indeed, it was this fact that first drew his attention to the hair. As might be supposed, some specimens of urine contained more hair than others. On one occasion I fished out of a chamber-vessel not quite

full of urine a small ball of hair. The patient, who was a clever man, frequently looked at the hairs through a microscope, and was familiar with their appearances and peculiarities. I have had the urine microscopically examined by two young medical men, who in addition to the hair only found some blood-corpuscles, epithelial scales, and on one occasion pus-cells. To prevent any extraneous matter finding its way into the urine I ordered the chamber-vessels to be always washed with pure water before the patient passed urine into them, and to be kept closely covered till examination took place. In the carrying out of these commands it was not an common thing to see a row of six or eight vessels arranged along the wall of the patient's bedroom; the arrangement frequently excited a little mirth in some of his relatives, who could not see any use for "such a display of crockery."

I may say that with the exception of the bladder complaint Mr. A—— considered himself in fairly good health. His pulse was regular, his heart and lungs were sound, and there was little or no increase of temperature. On account of the hæmaturia he was ordered gallic acid and hamamelis-virginica, and when the hæmorrhage was subdued he took nitric acid, buchu, uva ursi, and strychnine. In this way he went on slightly improving until the sultry weather of August, when he was attacked by most violent diarrhoea and vomiting, and whilst in this state he was suddenly seized with apoplexy, which carried him off in a day or two. I was told that the patient's family was peculiarly susceptible to bowel affections, which in its members generally assume a grave character, for two of his sisters and a brother had died of intestinal diseases of some kind.

In the absence of a post-mortem examination, it is impossible to say what the state of the bladder was that gave origin and growth to the hair which constantly appeared in the patient's urine. It may have been that the hæmorrhage, the hair, and the so-called "skins" came from the same diseased surface, or from a tumor of some sort in the bladder. I have an impression that the blood proceeded from a villous and papillomatous tumor, and that

the hairs grew on the mucous membrane, from which they were constantly shed. Hair passed in the urine must be a very rare phenomenon, for, on referring to Dr. Neale's "Digest," that valuable work gives only two examples of it—one published in *The Lancet* in the year 1860, and the other in the *British and Foreign Medico-Chirurgical Review* for 1874. I regret that on neither of these papers am I able to lay my hands. Infrequent as the disease is, it has been heard of by some of the vendors of quack nostrums. Before I had seen the patient, he had been taking for several months a mixture which an accompanying advertisement stated would cure many and various maladies, and among the rest the disease which caused hairs to grow in the bladder.

THE TELEPHONE AS A CAUSE OF EAR TROUBLES.

As civilization advances, new diseases are not only discovered, but are actually produced by the novel agencies which are brought to bear on man's body and mind. The increase of insanity throughout the world is unquestionably due to the "storm and stress" of our crowded modern life, and almost every addition which science makes to the convenience of the majority seems to bring with it some new form of suffering to the few. Railway travelling has its *amari aliquid* in the shape of slight but possibly not unimportant jolting of the nervous centres; the electric light has already created a special form of ophthalmia, and now we have the telephone indicted as a cause of ear troubles, which react on the spirits, and indirectly on the general health. M. Gelle has observed, not in women only, but in strong-minded and able-bodied men, symptoms of what we may call "aural overpressure" caused by the condition of almost constant strain of the auditory apparatus, in which persons who use the telephone much have to spend a considerable portion of each working day. In some cases, also, the ear seemed to be irritated by the constantly recurring sharp tinkle of the bell, or by the nearness of the sounds conveyed through the tube, into a state of over-

sensitiveness which made it intolerant of sound, as the eye, when inflamed or irritable, becomes unable to bear the light. The patients suffered from nervous excitability, with buzzing noises in the ear, giddiness, and neuralgic pains.

INCUBATION PERIOD OF LEPROSY.

Konig reports the case of a man, 32 years of age, who when he was 16 years old, came from Sweden into Norway. In 1876 he associated with another servant, who was a leper, and who had open ulcers on the lower extremities, and who a year afterwards died of leprosy. He shared a room with this man, and sometimes slept in the same bed with him. He ate and worked with him. For nine years afterwards he was perfectly well, when in August, 1886, after a chill, he developed febrile symptoms, which kept him three weeks in bed. He again appeared to be quite well, when in June, 1887, he had symptoms of conjunctival catarrh. In August of the same year he developed febrile symptoms and unmistakable symptoms of leprosy. The author considers that, as leprosy developed in a healthy man, the son of healthy parents, who came from a country where there is no leprosy, the disease must have been communicated to him, and he assumes that the time of communication was when he lived with the leper. There was thus an incubation period in this case of nine years.

AMERICAN PUBLIC HEALTH ASSOCIATION.

This association meets in the hall of the Brooklyn Institute, Washington, on Oct. 22nd, 23rd, 24th and 25th inst.

This Association comprises over eight hundred members, all devoted, officially or otherwise, to its declared purpose—the advancement of sanitary science and the promotion of organizations and measures for the practical application of public hygiene. In the furtherance of this purpose it has met annually, during the last sixteen years, in different cities of the

United States and Canada, and has in every instance had the effect of greatly stimulating public effort in the promotion of health and measures for its maintenance.

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IMPORTANCE OF EXAMINING SPUTA FOR BACILLI.

Dr. Hausman, of Meran, in a communication to the *Med.-Chir. Rundschau*, insists on the necessity of examining sputa for the tubercle bacilli of Koch in all cases in which the diagnosis is at all doubtful. He mentions the following interesting case from his own practice as an example of this necessity. Years ago a man who had been given up came under his care in a state of emaciation and high fever, and suffering from diarrhoea. The middle lobe of the right lung and the upper lobe of the left lung down to below the level of the nipple were

infiltrated and partly softened. The sputum, which was nummular, sank in water, and its quantity was immense. Over a year ago a testis had been removed for tumour and abscesses. The man had been sent to Meran for general tuberculosis, and the symptoms were so evident that a most unfavourable prognosis had to be made; indeed, the disease had begun to attack the vertebrae and the meninges. The patient could not bear to be touched, or to move his body, and seemed *in extremis*. Just at this time Koch had published his views on the subject of tubercle bacilli, and Dr. Hausman commenced a thorough examination of the secretion, believing that this undoubtedly specific sputum would quite accustom him to the microscopic appearance of tubercle bacilli. But neither he nor Koch's own pupils found the least trace of bacilli, though they repeated the examination frequently. The patient who until then had avoided any allusion to syphilis, admitted the possibility of the latter being the cause of his illness. Later on, slight osseous enlargements were observed, and as there continued to be entire absence of tubercle bacilli, syphilis was diagnosed, and the correctness of this view of the case was confirmed by the brilliant result of anti-syphilitic treatment. The patient not only did not die, but in spite of the serious lung defect and frequent relapses of a clearly syphilitic origin, he remained free from fever, diarrhoea, and from any serious amount of pain. Such signal success would have been impossible without examination for tubercle bacilli, and the patient would certainly have died. Indeed it was doubtful whether there was any real need for the operation of castration which had been performed.

FORENSIC MEDICINE.

We are indebted for receipt of the *American Law Register*, with marked case tried in the Supreme court of Wisconsin—*Lognet vs. The State*. Lognet was indicted, tried and convicted of murder in the first degree, and brought error. The judgment on this, being a reversal of

the finding and sentence at the former trial. The latter being imprisonment for life. The grounds on which this reversal was granted were peculiar, and were entirely based on the medical testimony of Dr. Munroe and Dr. Olmstead, who stated, that the deceased, who had died shortly after his confinement, was poisoned by arsenic, supporting this opinion on circumstantial evidence alone, there having been no autopsy, there was no direct evidence of its truth, though it was strengthened by statements made by others. A weak point, also in the prosecution, was that fourteen years had elapsed between the commission of, and trial for the offence, however, sufficient evidence was produced to secure a conviction, and we now come to the medico legal aspect of the case, namely: The grounds on which a new trial was ordered. The judge, in delivering his judgment, says: "We shall consider only such exceptions as are the most important and material." Dr. Munroe made the only diagnosis of the fatal sickness of the deceased, stating to the jury the various symptoms that came under his observation, while other witnesses testified to other symptoms and appearances. On being asked by the Attorney-General: "What are the symptoms of poisoning by arsenic?" the counsel for the prisoner objected, on the ground that the witness was not shown to be an expert. The Court sustaining the objection until further examining as to his qualifications. Now, though the qualifications of this gentleman were not of a very high class, he had been in practice for thirty years and was a member for over twelve years of the County Medical Society, he acknowledged to having no expert training further than the general knowledge of particular subjects that men acquire from reading; and, further, that he had never seen a person die of irritant poison; and, that his knowledge of the symptoms of arsenical or irritant poisoning, was derived from his reading scientific and other works on that question. Dr. Olmstead, a Homeopathic practitioner, gave evidence on Dr. Munroe's testimony, and declared that on that evidence, he believed that the woman was poisoned by arsenic, but admitted that he had never

seen a case of arsenical poisoning, and, that his knowledge was derived from the perusal of books and authorities on the subject. There were two other medical men examined, who were familiar with arsenical poisoning, and who testified that the symptoms detailed indicated poisoning by the administration of arsenic; but the judge ruled their evidence as immaterial, and referred to a case, Boyle vs. State (Wis.), where it was held that medical works and authorities could not be read in evidence. Mr. Justice Taylor had laid down that if the book itself cannot be read in evidence, the witness cannot be permitted to give extracts from it, depending on his memory for correctness. The final judgment was given on the grounds that the medical men had no practical knowledge of cases of poisoning by arsenic, and, therefore, the cause was remanded for a new trial. If this decision was to govern similar trials in other places, it would indeed be a very serious matter, and regarding the long time which had elapsed between the supposed commission of this offence and the accusation, and bearing in mind the readiness with which all doubt on the subject might have been set at rest by an autopsy and examination of the viscera, which most medical men would naturally insist on if they entertained any doubts on the subject. It is improbable that any English Court would entertain the charge. The law as thus laid down, is as weak in theory as it would be dangerous in practice. A thorough knowledge of the action and effect of drugs is essential in all medical education and every tyro in medicine is acquainted with the antidotes for poisonous matters. He is taught by professors and learns from various works on the subject, the symptoms arising from the effects of various poisons, on the system, and, though never having had any practical experience in this line, if, without sufficient acumen to diagnose a case of poisoning when he meets it, he has certainly mistaken his profession. The symptoms arise from some cause, if not from disease, what gives rise to them must, and it is presumed, always is sought for. Thousands of medical men pass through life without seeing a single case of

poisoning, either in their own practice or in that of others. But if such a case occurred in their professional work, is it to be supposed that because they have not absolutely seen a similar case, that they are incompetent to form a correct opinion on it, and an opinion deserving respect and credence from all to who it may be given. Familiar with the symptoms of disease and its effect upon different organs. These symptoms, without any disease existing, will immediately awake suspicion and lead to enquiry on the part of the medical man. So familiar are practitioners of the present day with the operation and effects of poisonous drugs and compounds, not from practical experience themselves, but from the inculcated and written experience of others, that murder, by means of poisons, is comparatively seldom met with, being too risky of discovery, and, to reject a medical man's evidence on the grounds of his not being an expert, may be law, but certainly is not justice.

EXCISION OF THE NECK AND CONDYLE OF THE RIGHT INFERIOR MAXILLA FOR ANCHYLOSIS OF THE TEMPOROMAXILLARY ARTICULATION.

BY C. P. HARRIGAN, M.D., OMAHA.

On April 10, 1889, I was consulted by the parents of H. F., boy, age eight years, for relief for an ankylosed condition of the lower jaw, which, at this time, had existed some fourteen months.

During the month of August, 1887, the boy was kicked by a horse on the symphysis of the lower jaw, producing a cut about an inch and a half in length. The neighbouring doctor was called in, who sewed up the wound, tied a bandage round the boy's head, and told the parents the child would recover all right as there was no fracture of the bone. The wound healed nicely, the stitches were removed on the fourth day, and the child went about his play as usual.

He would, however, occasionally complain about the upper portion of his lower jaw causing pain, but the mother paid no particular attention to his com-

plaints. About three months after the receipt of the injury, the mother noticed that he did not open his jaws as wide as formerly, and this condition gradually grew worse until there was complete abolition of the movements of the lower jaw, which projected forward and to the right, so as to leave an interspace between the two jaws of sufficient width to admit the tip of my little finger.

Upon examination of the inferior maxillary, I found a large callus filling up the space between the neck of the bone and zygoma upon the right side of the face. On April 17, assisted by Dr. George B. Ayres, I placed the boy under the anæsthetic effect of chloroform, and endeavoured by forcible extension to separate the jaws, but without success. I was unable to use the screw-gag on account of the looseness of the teeth. The patient was allowed to come from under the influence of the anæsthetic.

I now advised the parents to have the child subjected to the operation for excision of the neck and condyle of the right inferior maxilla as the only measure which could possibly restore the functions of the lower jaw. To this they finally gave their consent.

On April 26 the boy was again placed under the influence of chloroform, and I proceeded to do an excision of the condyle and neck of the right inferior maxilla. I did not follow the T shaped incision as laid down by most authors who describe this operation, but began a vertical incision just anterior to the root of the zygoma, carrying my incision down along the lower margin of the ramus to a line drawn from the lobe of the ear to a point midway between the nose and mouth; this line being the land-mark of the Parotid duct as laid down by Gray.

The transverse facial artery was necessarily cut in this incision, which was seized by a forceps and ligated with cat-gut suture. This incision exposed an osseous bridge extending from the neck and condyle up and attached to the zygoma, establishing beyond doubt the receipt of a fracture obliquely through the neck and condyle, being undoubtedly caused by the kick of the horse upon the symphysis of the maxillary some twenty

months previous to the date of the operation.

An incision was now made through the periosteum, beginning as high on the condyloid portion of the neck as my field would permit, carrying it down to that portion of the neck below the base of the new formation of bone, then by means of a small periosteal elevator I removed as much of the periosteum as possible, all the time keeping the point of the elevator close to the bone so as to avoid injuring the internal maxillary artery and the seventh pair of nerves.

Two small retractors were placed in position and the edges of the wound separated. Then by means of a small chisel and mallet I removed the bony bridge extending from the seat of fracture to the zygoma. The chisel was now placed below the callus on the neck of the bone, a few vigorous yet guarded blows of the mallet sent the chisel through the bone, separating the neck and condyle from the ramus proper.

I now found upon examination an ankylosed condition between the head of the condyle and the glenoid fossa, being caused by the callus of bone thrown around the seat of fracture through the condyle. The chisel and mallet were again brought into use and the condyle was tediously removed in sections, without any injury to the seventh pair of nerves, the temporal and internal maxillary arteries, the three important structures which occupy dangerous positions in the field of this operation.

After the removal of the neck and condyle, I made use of slight forcible extension upon the lower jaw, and its normal movements were readily produced. The transverse-facial artery was ligated after the first incision, the remaining bleeding vessels, which were small, were very easily checked by means of torsion and pressure. The wound was thoroughly irrigated with a solution of bichlorid of mercury, 1 to 2,000. The wound was now dusted with iodoform. Three deep and three superficial silk sutures closed the wound, with the exception of the lower corner, which was left open for the introduction of a small rubber drainage tube.

A large layer of iodoform cotton was placed over and in immediate contact with the wound; over this was placed a layer of bi-chlorid gauze, another layer of iodoform cotton, then a final layer of bi-chlorid gauze; a head bandage was applied, the anaesthetic was withdrawn, and the patient recovered from its effects without any mishaps.

On April 27th, 10 a.m., the day following the operation, the thermometer registered 102.5° F., pulse 120 full and bounding. Administered four grains of phenacetine. At 4 p.m. temperature had fallen to 100° F., with a proportion decrease of the heart pulsation.

April 28th, 10 a.m., temperature 99.2° F., pulse 96. At 4 p.m., temperature 99.6° F., pulse 96. April 29th, 10 a.m., temperature 98.5° F., pulse 96; 4 p.m., temperature 98.2° F., pulse 98.

April 30th, the fourth day after the operation, I removed the dressings; the wound had united by first intention; no evidence of puss on the dressings; three of the sutures were removed and the drainage tube withdrawn; the wound irrigated with a bi-chlorid of mercury solution, 1 to 5,000. The drainage tube was shortened about an eighth of an inch and reintroduced. Two layers each of iodoform cotton and bi-chlorid gauze completed the dressing.

The dressing was not again disturbed until May 3rd, the seventh day after the operation; the remaining three sutures were removed; the drainage tube withdrawn, no evidence of puss. Used 1 to 5,000 bi-chlorid mercury in washing out the sinus left by the drainage tube. Iodoform was blown along the tract left by the tube; the toilet was completed with dressings of iodoform cotton and bi-chlorid gauze.

On May 15th, eighteen days after the operation, the dressings were again removed. The sinus and aperture left by the drainage tube had filled with healthy granulations.

This aperture I covered with a small piece of isinglass court plaster and discontinued any further dressings. At this date the boy can make sufficient use of the jaw to eat anything set before him on the table.

The following are the unique features of this case:—

First—The fracture extending obliquely through the neck and condyle of the right inferior maxilla and caused by indirect violence.

Second—That the displacement of the fragments was so slight as not to interfere with acts of mastication.

Third—That the patient did not complain of enough pain to excite the interest of his parents as to its probable cause.

Fourth—That there should be such a large amount of callus thrown around the seat of fracture, which never fully interfered with the functions of the jaw until twenty months after the receipt of the injury, when a complete ankylosed condition of the temporo-maxillary articulation moved the parents of the child to seek relief for this condition.

Every third day I used forcible extension to prevent any fibrinous or plastic material from producing a new ankylosis.

The patient has never complained of pain only upon my using forcible extension. He has every movement of the lower jaw fully established, and I feel sanguine that nature will establish a pseudo-cartilaginous joint, which will enable the inferior maxilla to perform its functions in a satisfactory manner.—*Omaha Clinics.*

REMARKS ON THE WANT OF KNOWLEDGE OF MENTAL DISEASES SO PREVALENT IN THE AVERAGE MEDICAL MAN.

BY GEORGE THOMPSON, M.D.

I would gladly adopt the suggestion made in the editorial annotation on "Bromomania," contained in *The Lancet* of May 25th, to substantiate the charge which I make in a former article (on the "Hospital Treatment of the Insane") of ignorance on the part of medical practitioners of the ordinary diagnosis and treatment of insane persons, but for two reasons: the first being that I should be compelled to fill many pages of *The Lancet* with matter which would not in-

terest the general reader; and the second, that I should empty the coffers of the treasury of this journal by the number of actions at law which its proprietors would have to meet. I will therefore confine myself to a recital of my very own experience of the facilities which were at my disposal as a student in medicine for learning anything whatever about insanity. There is no law which would enable me to bring an action for libel against myself, and so I proceed to my task, heedless of results.

I passed through the usual curriculum, and obtained the diploma of M.R.C.S. in April, 1867. Up to that date I had never had the subject of insanity brought to my notice, except in this way: the lecturer on forensic medicine, the late Dr. Pyemont Smith, kept a very select private asylum at Ilkley, in Wharfedale; but he never mentioned the subject in his lectures. A fellow-student and I (we were both medical superintendents in a very embryonic stage, but we did not know it), agreed to ask Dr. Smith if he would allow us to see his asylum. This request he most courteously granted, and fixed the day. We went, and found the asylum was a fine old mansion high above the Wharfe, and commanding one of the loveliest views in the world. It was licensed for fifteen patients, and that was about the number we saw. Some were sitting or lolling on the terrace, some reclining in chairs in the rooms, and one was in bed. Dr. Smith, most properly, never said a word about the patients (private asylum doctors never do); but I have never forgotten that first lesson, which taught me that insanity, like (as Lytton says) love and death, is a terrible leveller. The patients were all of the higher class, probably persons of good position from Leeds, Bradford, and other towns near. They were most decidedly of the class which is called "quiet" and delights the heart of every private asylum keeper, for they give so little trouble, and are therefore proportionately profitable. I have never seen such a sight since—such wrecks of humanity; I daresay it was the novelty of the scene which struck me. As I think of that sight at this remote period of time, I cringe when I think how the

acute cases which now are under my treatment may pass into secondary dementia, because of our frequent helplessness to avert the onset to such a state. That was the first and only lesson I had when I was a student.

But after I became M.R.C.S., and before I joined the staff of the West Riding Asylum, I had another lesson which was equally striking in its effects, though in a different way. I was attending a labor. The two women present to assist were talking, and this was the dialogue: "What became of Sally Jones?" "Oh! she went to Wakefield Asylum." "What happened to her there?" "Oh! she soon died." "Why did she die?" "Oh! she got so bad that they put her between two feather beds, and six keepers sat on her and smothered her." Of course, I sat with the usual gravity of manner and made no remark. The lesson I learned was that there still prevails an idea that the inmates of asylums are done away with. However, I cannot but admit that that would be an excellent way of avoiding "secondary dementia." But, then, I was in possession of a diploma, which I had but to put on the Medical Register to become "duly qualified" in every sense to join in a conspiracy, as has been playfully (I hope) suggested, to deprive a fellow-creature of his liberty, perhaps for life; and this was the amount of teaching which had by chance been apportioned to me. Now, what was the value of that knowledge to me, who at the same time was equally qualified with other language men to give an opinion from "facts-observed by myself" and from facts "observed by others"? If the examinee threw his arms in the air and declared that he was a windmill, or that the world was a ship and he was the captain, I might safely have said that he was insane, if he was not shamming insanity. But lawyers say that any man with common sense could say as much. And I think the lawyers are right. But in how many cases does the man not throw his arms about? and then, where does the examiner, as ignorant of insanity as I was, come in? I have heard of a case where the one "fact" was "Reads the Bible"; and frequently see such as, "His speech is

clipped," "He is awkward in his gait." These are physical defects no doubt, often of serious import, but they are not necessarily facts indicating the inability of the individual to manage himself or his affairs.

But to bring this paper to a close, I think it will be admitted that there is no royal road to the knowledge of insanity. It cannot be learned from books; it must be learned from a "master." Could a boy be trained to be a carpenter by reading books? Of course not. And where is the difference? I had never heard the term "general paralysis" before I went to Wakefield, and I do not hesitate to say that had I read all the books that ever had been written on the subject I should never have got a bit nearer being able to distinguish a case had such a one come before me in private practice. The person who wishes to understand anything about insanity must learn it under a master and must live among it. In many cases the diagnosis is a matter of physiognomy—a *tactus eruditus*—a knowledge of which can only be got by constantly seeing such cases. A member of my family, who has never had an official or other connection with any asylum, can look down at the patients at the church or at the dance, and, with unerring precision, point out every general paralytic in view of her. This comes from frequently seeing them. Now, a man, even with ever such high medical qualifications, might examine (say) a hundred cases of alleged insanity in a year, among which there would be fifteen or twenty general paralytics, and he would not distinguish one of them, and he might go on for twenty years and he would be in the same condition of ignorance at the end of that time. I cannot remember that I have ever known a case of that sort to have been diagnosed before admission to the asylum. Once a medical man kindly wrote to me about one, and said he thought the patient was suffering from "softening of the brain," and that he had been treated with forty-grain doses of bromide of potassium three times a day, which had "quietened" him, and advised me (how kind!) to continue the treatment! He had, indeed, "quietened" the patient; he had expedited a "desolation" which he mistook for a "peace."—*Lancet*.

DEATH FROM SUBLIMATE IRRIGATION AFTER ABORTION.

Seven years since, Tarnier introduced the practice of washing out the vagina with weak corrosive sublimate injections. The results proved satisfactory, and the injections came into vogue in German and English, as well as in French, lying-in hospitals, extending freely into private practice. Like every thorough method of counteracting deadly agencies in the human organism, sublimate irrigation is not free from danger, and although it greatly reduces the death-rate and proportion of puerperal fever cases in long series of labours, some cases of mercurial poisoning will occur in those series, notwithstanding the most careful administration of the remedy. In this country Drs. Dakin and Boxall have published very minute observations on mercurialism under the above-noted conditions; they appeared in the *Transactions of the Obstetrical Society* for 1886 and 1888. Dr. Legrand read before the Anatomical Society of Paris, in April, a case of twin abortion, retained placenta, and death from acute mercurialism. Between the birth of the first and second child, 10 litres of a 1 in 2,000 solution of sublimate were employed to wash out the uterine cavity, twice at an interval of three hours only. Immediately after each injection of sublimate a 2 per cent. solution of boracic acid was thrown up into the uterine cavity; but sublimate had been several times employed for vaginal injection. After the extraction of the second child the boracic solution was injected into the uterine cavity. The intra-uterine injections were discontinued, and boracic and carbolic solutions were used for the vagina. A day later gingivitis, salivarian, colic, and dysentery set in, and carried off the patient in five days. The kidneys were large, pale and very œdematous; they contained mercurial salts in solution. The palate was ulcerated; the œsophagus, stomach, and small intestine healthy. The mucous membrane of the entire large intestine was covered with eschars and ulcers, most marked on the summits of rugæ. The ulcers began in the cæcum, were

least abundant in the transverse colon, and most marked towards the anus. The above conditions have been noted in many other cases of death after sublimate irrigations in childbed. The kidneys were diseased. Keiler, of Berne, has already pointed out the danger of mercurial irrigation when these organs are not healthy. The English authorities just quoted both dwell on this danger. Dr. Legrand relates that the ulcerated intestinal mucosa swarmed with bacteria. This fact, he adds, must make us despair of ensuring intestinal antiseptis by means of corrosive sublimate.—*British Medical Journal*.

TREATMENT OF BUBO BY COMPRESSION.

Having seen a large number of cases of bubo treated in hospital here and elsewhere, and in consequence of the protracted retention of men in hospital, which I have known in some cases to exceed three months when incisions were made, and which was rendered necessary till all the incisions healed and inflammation subsided, I have been trying, if possible, to see if there is some means of stopping the inflammatory process other than by incisions of any kind, especially out here during the hot season, where wounds heal up much more slowly than in England, for various reasons; the recovery, perhaps, being retarded by the men themselves being somewhat below par, and materially aided by the depressing effect of the very hot weather we have just been having. The following treatment, as detailed below, I have found most efficacious, and comparatively speedy as compared with others I adopted; the cases by it recovered rapidly, and were soon discharged from hospital, thus preventing the long stay in hospital, which very often occurs as a result of, and is rendered necessary by, the treatment by incision. The treatment which I usually adopt now in these cases of bubo when seen early is, first, to apply a piece of lint saturated with a solution (composed of extract of belladonna and glycerine, equal parts) over the bubo, and a piece of oil silk or some pro-

fective material over this, to prevent soiling of the linen and bandage; over the whole a spica bandage is applied firmly at the groin where the bubo exists, so as to apply steady pressure. The bandage should be applied carefully and smoothly, so that the pressure may be applied exactly, and distributed uniformly over the part, but not too tightly, as it will then do more harm than good probably; the degree of pressure necessary will soon be ascertained after the application of the bandage a few times. The patient should then be allowed to get up, though the amount of exercise should be very limited, of course, at first. When the inflammation has quite subsided, and only some induration of the glands exists, the bandage is only necessary just to keep up the pressure for a few days. I found by the above method that, in almost every case, the inflammation subsided in a few days, and the men were fit to be discharged from the hospital to duty very much sooner than in those cases in which incisions were made. Of course there may be, and undoubtedly are, some cases where the inflammation has gone so far before one sees the case that it becomes absolutely necessary to make an incision; in such cases as small an incision as possible should be made at the most dependent point, and pressure the same as before applied with an antiseptic pad, so as to bring together as closely as possible the walls of the abscess cavity after the evacuation of the pus; if this is not done, the cavity will go on discharging for weeks, till it has all granulated up from the bottom. I can strongly recommend this treatment as being most efficacious, and rarely failing if carried out properly from beginning to end. The application of the amount of pressure requires a little care at first.

I have seen cases treated in various ways, but the results obtained by this method of treatment, in my experience, have been by far the most satisfactory, both as regards the shorter duration of time that the men are detained in hospital as well as the confinement to bed, which, to say the least of it, in this climate and season of the year is most uncomfortable, and, what is perhaps more important still, the necessarily shorter period they are

kept from duty.—*H. F. Drake-Brockman, Surgeon Bengal Medical Service, Jhansi, India.*

PATHOGENESIS OF TUBAL RUPTURE IN EXTRA-UTERINE PREGNANCY.

Kaltenbach (*Zeitschr. f. Geb. u. Gyn.*, xvi. B. 2 H.) The following case is reported, owing to the new light it apparently throws upon the causes of rupture in certain cases of tubal pregnancy. The patient came under the care of D. K. in June, 1888. Age thirty years, mother of five children, sterile for five years. Last menstruation middle of May. First attack of pain and collapse June 29th. When brought to the hospital on the 30th, the patient was profoundly anæmic, speechless and nearly pulseless. On opening the abdomen, which was filled with blood, a six weeks' ovum, enveloped in a clot, was found projecting from a rent in the left fallopian tube, but entirely free from attachments. The broad ligament was ligated, the fruit sac removed, and the peritoneum cleansed in the usual manner. The patient rallied, but again began to sink, and died thirty-six hours after the operation. The abdominal cavity, on reopening the wound after death, was found to have refilled with blood. Hæmorrhage had taken place, not from the stump, but from a raw surface in Douglas' pouch. The gestation sac had been adherent at this point and had torn away at the moment of rupture, leaving the tube entirely free. The adhesion of the tube in the utero-sacral pouch was believed to have taken place during an attack of pelvic peritonitis following the last labor. That hæmorrhage did not occur from the denuded surface during the operation was explained by the previous blood loss and the anæsthesia. The case teaches that the operator should not trust alone to the extirpation of the ruptured tube for the control of the bleeding. Other bleeding points should be sought for, and all possible sources of hæmorrhage secured, before the abdomen is closed. The case is also instructive with reference to the

etiology of tubal rupture in fallopian pregnancy. Simple stretching of the tube wall does not explain all cases. The difference in the time and in the direction of the rupture in different instances are not thus fully accounted for. Neither do spasmodic contractions of the tubal wall explain all ruptures. The bursting of the sac is undoubtedly precipitated in many cases by tearing of the cyst by adhesion bands which are inserted into it. The traction upon the band of false membrane, resulting from the growth of the ovum, changes in the posture of the body, and from varying intra-abdominal pressure plays a part in the mechanics of rupture.

TRANSMISSION OF MICROBES TO THE FÆTUS.

The question of the possibility of the direct transference of the virus of infective diseases from the maternal to the foetal organism has, since the recognition of the apparent dependence of such diseases upon the presence of microbes, given rise to more than one series of experiments and some interesting clinical and pathological observations. Amongst the latter is a case recorded by Eberth (*Fortsch. d. Medizin*, 1889, No. 5), in which the possibility of such transmission of the typhoid bacillus was raised. It was the case of a young woman, who, in the third week of an attack of typhoid fever, aborted at the fifth month. The foetus was expelled within its membranes intact, and microscopically appeared normal; but in the blood, and in fluid expressed from the spleen and lungs of the foetus, there were found typhoid bacilli (recognised microscopically and by cultivation), which also occurred in the intervillous spaces of the placenta. Drs. Eug. Fraenkel and F. Kiderlen (*ibid.*, No. 17) record a similar case, in which, however, the abortion (also at the fifth month), though occurring in the third week of an attack of typhoid, was associated with acute peritonitis, found to be due to an ovarian abscess and double salpingitis. The placenta, foetal blood, and spleen were examined for typhoid bacilli,

but with a negative result. On the other hand, cultures of *staphylococcus pyogenes* were obtained from the spleen. This case harmonised with some others where there was a similar absence of the typhoid organism in the foetus; but it is pointed out that in all these cases the placenta was normal. It would seem (as in Eberth's case) that the placenta must be diseased for such transference of pathogenic organisms to take place, and the occurrence of hæmorrhage in the placenta appears to be a favourable condition of the transference. In this case, however, although typhoid bacilli were not transmitted, septic organisms were derived doubtless from the suppurating foci in the mother, and probably caused the death of the foetus from septic infection. Fraenkel about two years ago injected subcutaneously cultures of the bacillus typhosus into three guinea-pigs. Two of them died in three days. They were both pregnant, and the foetal part of the placenta was found to be hæmorrhagic. The placenta and the fetuses yielded abundance of the microbes. There have been other and contradictory observations on this subject of the transmission of microbes from mother to foetus; some asserting it to be usual, others that it requires special favouring conditions. Netter found pneumonococci derived from the mother in a seven-months foetus; Tizzoni and Caltani found comma bacilli in the blood and serum of a five-months foetus. The observations are, however, too scanty to permit as yet of the formulation of any definite notions on the subject.

OFFENSIVE BREATH.—Offensive odor of the breath, due to bad teeth or other causes, may be overcome, or at least greatly abated, by the habitual use of Listerine. Add a teaspoonful to a tumblerful of water for a mouth wash and gargle, and if a little is swallowed, so much the better. Indeed, a bad breath is not unfrequently caused by the gaseous eructations of indigestion, and for this also Listerine is an excellent remedy, in doses of twenty to thirty drops in a little water.—*Sanitarian.*

THE NORTHERN LANCET.

WINNIPEG GENERAL HOSPITAL.

A rumor, which we hope has solid foundation, tells of a proposed change in the professional working of this institution, a change most desirable and urgently called for in the interests of the hospital, the medical staff, the patients, and the students. This is the division of the attending medical men into physicians and surgeons, and the permanent distribution of the beds among them. Nothing could be more unsatisfactory than the existing arrangements. Each member of the staff takes the entire charge of all patients for alternate two months. Medical and surgical beds are all jumbled together, and the physician and the surgeon is one and the same person. If he has any private practice, is it not beyond contradiction that either the private patients or the hospital patients must not unfrequently lack proper attention, and when it becomes necessary which of the two must suffer, it is pretty safe to infer who will be neglected. The hospital patients may suffer no actual neglect, as the resident staff attend to them. But so far as the physician and surgeon is concerned, they must be neglected. To enquire into the fresh cases daily admitted and examine those under treatment, if properly done, will take up a very considerable portion of the day, more time than men in active practice can afford to give. Regarding the hospital as a school for students, the advantages which it presents are minimized by the present system. Students follow a medical man for his two months of active duty, listen to his remarks, observe his treatment, and flatter themselves they are storing up knowledge. But what is their consternation when the gentleman succeeding holds different views and pursues a different line of treatment. How can the students judge which is right and which is wrong? The Winnipeg General Hospital is large enough and important enough to have a properly constituted professional staff, as in all well-regulated hospitals throughout the world. There should be physicians and surgeons,

each with their allotted beds, having entire charge of all patients in their respective beds throughout the year. This, with a proper staff of consulting physicians and surgeons and an obstetric physician, each surgeon and physician having his clinical clerks and dressers, positions to be given to students as the reward of merit, would establish the hospital as a clinical school. And when it is remembered that the medical men turned out by Manitoba Medical College are dependent on this hospital for all the practical knowledge they acquire previous to settling in practice, the necessity of making the most efficient arrangements for the imparting of practical instruction is very apparent. We believe that the staff are almost unanimous in favor of the proposed change, and the only possible objection that can be advanced against it must be on purely selfish considerations. Some men may fancy that occupying the position of physician to an hospital, surgical cases may not come to them, and vice versa. But the professional man who cannot rise superior to these petty personal considerations is undeserving of an hospital appointment. It is now in the hands of the staff to make the proposed change, which, if they neglect, will assuredly, acting under the pressure of public opinion, be ere long insisted upon by the governing body of the hospital, who would be derelict in their duty if they allowed private considerations or professional jealousy to act injuriously on the interests of a charity which they have voluntarily come forward and undertaken to guard and promote, as we have before said. In the interests of the hospital, the patients, and the students, and we would add the public at large, let the much called-for change be made, and that right speedily.

THE UNIVERSITY OF MANITOBA.

The first step has been taken to place this university in the position which it ought to occupy, and be not alone a mere conferrer of degrees, but a teaching body also, where the highest class of education which the spirit of the times demands may be obtainable. A meeting under

the presidency of the chancellor for this purpose was held in the city council chamber on Thursday afternoon, and it is to be regretted that sectarian considerations would seem to be the greatest stumbling block to the immediate carrying out of the project, an original and never lost sight of intention. As the position of similar institutions *vide* the London university has proved that a university which only confers degrees but is not a teaching body also, is deficient in its requirements, and, if this applies to the London university, how much stronger then must be its application to the university of Manitoba, the single one for the province? One clerical gentleman objected to it on very peculiar grounds *viz.*, that the students of St. Boniface college would be placed at a disadvantage in attending lectures delivered in English, while the English students would be studying in their native tongue. Are the descendants of the sons of France born and resident in Canada, protected by English laws, enjoying the advantages of living under the freest government in the world, to continue to the end of time aliens and foreigners in the land of their adoption. While fostering an abiding affection for the land of their forefathers and cherishing the characteristics of their nationalities, should it not be the end and aim of pastors and teachers to smooth away and obliterate these racial distinctions, among a people dwelling in the same land and adopting it as their common home. The argument of the Rev. gentleman would seem to prove that the students of St Boniface College were not acquainted with the English language and, would therefore be unable to understand a professor instructing his class in the vernacular of the country, in which they dwell. To some, such an assertion would appear absurd when bearing in mind that these young men are the grand children and great grand children of those who have left France to make Canada their homes, but it is nevertheless true, and a well known fact, that the English tongue is as much as possible prohibited amongst the children of original French parentage. If there is one stronger argument than another in favor

of immediately bringing into operation the full usefulness of which the university is capable, it is that of providing an alma mater, where at the same desks and from the same instructors, and in the language of the country the descendants of English, Scotch, Irish, French, Swedish, and Danish parentages, as well as those of other nationalities, but now all Canadians, helping to build up what in the future will be a great empire, may meet together in the bonds of citizenship and good-fellowship. The various bands of their forefathers, like them, being a cherished tradition of the past, but the present generation, being all now fused into one Canadian nationality. A condition of things which would be largely promoted by the rising generation drinking from the same fount of knowledge. The religious question should never be imported into the discussion. How many thousands of Roman Catholics have been educated at Trinity College, Dublin, without any alteration of their faith. The religion that cannot hold its own except it be guarded by impenetrable surroundings must be fatally weak. It is to be hoped that in the interests of education as well as for the advancement of the Province, the university will speedily enter into the enjoyment of those rights to which she is unquestionably entitled, and the discharge of which will be productive of vast benefit.

PUFFING.

An instance of pseudo heroism of a boy aged ten years appeared recently in the columns of one of our dailies. Self-preservation is the first law of nature, and, the fact of a boy with a broken leg crawling a few yards and managing to get on a horse, to join his friends, with the alternative of remaining in solitude and pain all night is certainly not a very heroic feat, but we do not grudge the boy any of the sympathy his case may evoke. We but notice it in connection with the fact that in the short paragraph, there appears twice the name of a medical man, in fact, the name heads the announcement. Now, there is nothing extraordi-

nary or unusual in a boy with a broken leg being sent to hospital. It is probably of minutely occurrence over the world. But it must be very mortifying to the Dr. alluded to, to find his name dragged so very prominently and so very unnecessarily before the public. No medical man's name should be blazoned abroad in the columns of a daily paper unless in connection with cases of world wide interest. That Dr. Black set a leg, Dr. White cut off a toe, or that Dr. Green performed a brilliant abdominal operation are announcements, when made in an unprofessional journal, which, besmirch the fair professional names of Drs. Black, White and Green. Such publications may possibly bring ephemeral practice to the medical man puffed, in the shape of weak-minded people, without powers of discrimination, and who swallow all they read as gospel truth. But success with this portion of the public has a corresponding ill effect among the ranks of the profession, an effect which sooner or later becomes manifested by the loss of confidence in, and contempt of, the advertised one: this, too, surely followed by a similar manifestation on the part of the public at large, who discover that those men who are most honoured by their professional brethren are those most deserving of professional confidence. To advertise a medical man in a London paper would be to ruin his professional reputation and place him in the category of quacks. The Winnipeg papers some time since refrained, at the request of the local profession, from giving the name of any medical man in connection with any circumstances of interest which they published, and it is much to be regretted that they have not continued to keep to such a desirable regulation, a rule observed by all papers of any standing throughout the world, as it is not the desire of the press of the present day to give their powerful aid in unduly raising any profession man over his fellows. Let him win his position by honest merit, and they are then not slow to recognize and accredit it to him. But when a daily paper, under the heading of vital statistics, publishes the number of midwifery cases each medical man attends,

as part of these statistics, not avoiding to record the number of death certificates sent in by each doctor, it points strongly to the conclusion that these notices appear at suggestion and solicitation of interested parties. The public should, however, not fail to remember that they are puffs, and in the case of the statistics that the practice of midwifery in all large cities and towns is usually carried on by medical men who exclusively devote themselves to this branch of the profession, and beyond it, as ordinary physicians and surgeons, have no standing. The general knowledge of this fact might possibly not be as pleasing to the promoter of this very extraordinary statement as the publication referred to no doubt was.

CORRESPONDENCE.

Letter from Dr. R. B. Fergusson.

The following case may not alone be of interest and act as a warning to homœopathic practitioners, but also to orthodox medical men. We are all aware how frequently, actuated by a similar feeling which makes the drowning man catch at a straw, that patients whom we have reluctantly been compelled to pronounce incurable and to whom we have had, under pressure of circumstances, conscientiously to state that the only relief we are able to give will be in mitigation of suffering, without any prospect of affecting a cure; and, after giving such an opinion, our patient has, acting possibly under the advice of a well intentioned friend (?), sent for another medical man, perhaps a homœopathic practitioner who, in vain conceit, ignores the opinion already given, pronounces the diagnosis erroneous and undertakes to cure the patient out of hand. A case in point occurred in my practice a short time since. I was called upon to see the senior member of a family whom I had attended for some years. After some time and careful weighing of symptoms, I came to the conclusion that my patient was suffering from cancer, already pressing on the colon, and partially occluding the gut. His advanced age—he having passed the three score years and ten—together with

the extent of the existing mischief and his weak anæmic condition, precluded the consideration of operative interference. As the case was one of a very serious nature, a consultation was held, and my diagnosis, prognosis and treatment fully concurred in. The growth not being of a very active character, my treatment was altogether palliative—strict attention to diet and regulation of the bowels, so as to keep the gut pervious as long as possible, being my chief aim. My patient was fairly comfortable, and the disease, though evidently progressive, made no rapid advance. The old gentleman was, however, determined to try homœopathic remedies, when I of course ceased my attendance. The disciple of Hahneman called in disagreed with prognosis, diagnosis and treatment; attributed the enlargement to an accumulation of fecal matter, and undertook to completely cure the patient in four weeks. Prolonged rubbing, stupes and probably globules were resorted to, but the promised cure did not follow; and after six weeks of homœopathic manipulation I was again requested to see him. The growth had largely increased in size, the rubbing and consequent irritation having no doubt converted an indolent into an active tumour; the condition of the bowels pointed to rapidly occurring occlusion of the intestine, and the case speedily terminated. The following notes of a post mortem examination held by Dr. Simpson I append:—

On opening up abdomen, in full view immediately beneath the abdominal layer of peritoneum was found a large mass, occupying portion of the right hypochondrium, and epigastric region and extending down into the right lumbar, attached to the under surface of liver and apparently to the pyloric end of stomach, displacing this organ downwards, causing complete disappearance of omentum and pressing on the transverse and occluding parts of the colon, interfering with their functions—in fact causing almost total obstruction. Removed the mass, and on examination found it to be carcinoma of scirrhus variety under microscope.

This case can only suggest one of two conclusions: that the homœopath was

grossly mistaken, or was deluding the unfortunate man into the belief that he could cure him, knowing well that his disease was incurable. Which is the most charitable?

R. B. FERGUSSON.

BOOKS, PAMPHLETS, ETC.

"Reformation in the Practice of Medicine by the Dosimetric Method of Practice" (by L. MacNeill, M.D.) is the title of a pamphlet received, containing eight pages, together with an appendix giving a sketch of the great (?) Dr. Burggraefe. Why sent to us we know not, as long before coming to the end of the eight pages of nonsense it contains, the pamphlet was safe in our waste paper basket.

WEBSTER'S UNABRIDGED DICTIONARY.—No more instructive or no more amusing book can be placed in the hands of young people than this far-famed dictionary. It abounds in illustrations, there being some 3,000, all thoroughly well executed. This standard work is now so well known that it needs no recommendation; its own intrinsic merits commend it to every one. The explanations are brief, and yet ample. As a work descriptive of everything, down to the latest researches, it is without a rival.

INQUIRY.

INQUIRER.—In answer to Inquirer, we can strongly recommend the Jerome Kidder Manufacturing Co., 820 Broadway, New York. We have had one of their office tip batteries in constant use for nearly a year and have had the greatest satisfaction and success with it.—ED.

We are informed that an offer has been made by the Kergan crew to purchase half of the Grand Union Hotel as their headquarters for this Province. Will the College of Physicians and Surgeons of Manitoba still pursue their do nothing policy?

MISCELLANEOUS.

THE PHYSIOGNOMY OF MURDERERS.—

The new science of what, for want of a better term, we may call criminal pathology, which is showing signs of vigorous life in Italy, under the fostering care of Professor Lombroso and other medical and legal experts, gives promise of interesting results in the future. It studies the criminal as a distinct type of humanity, presenting physical as well as mental characteristics which separate him from ordinary men. That this is true to a certain extent, no one who has seen anything of criminals, or who has ever paid a visit to the chamber of horrors of a wax-work exhibition, can possibly doubt. Carlyle has, with his usual vigor of language, described his visit to a model prison, where he saw miserable distorted blockheads . . . ape-faces, imp-faces, angry dog-faces, heavy sullen ox-faces ;” and, in fiction, many of the great masters of the art, especially in France, have given graphic clinical pictures of the criminal. We are prepared to admit that habitual crime is a constitutional disease, which is often inherited, and, like other diathesis, has its outward physiognomical expression. But it would be in the highest degree dangerous to found a diagnosis of criminality, in any given case, on physical peculiarities. A man’s physiognomy may faithfully indicate his natural tendencies, but, unless we are content to regard every individual as nothing more than the passive slave of his own impulses, it is obviously impossible to conclude that he has actually given way to them. When Socrates was judged by some Lavater of his day to be a gross sensualist, he acknowledged that he had it in him to be so, but said he had conquered his natural bent in that direction. Professor Lombroso’s description of the habitual homicide, with “the cold, glassy, immobile look ; the eyes somewhat blood-shot ; the nose often aquiline or hooked, always full ; strong jaws, long ears, large cheek-bones, hair crisp, abundant, and dark, and the canine teeth prominent, thin lips, often nervous contractions of one side of the face, so as to give a grimacing or threatening look,” may pos-

sibly be an accurate portrait of the wretch whose butcheries have so long made a reign of terror in Whitechapel ; but it would hardly be safe for a detective to arrest the possessor of such physical attractions on the strength of his murderous countenance. We confess that the description gives us the impression of having been evolved, like the camel of the mythical German professor, from Dr. Lombroso’s “inner consciousness” of how a murderer *should* look. Many habitual homicides—Madame de Brinvilliers and the earlier Wainwright (the surgeon), to take the first instances that occur to us—have been of particularly attractive appearance. The “high *a priori* method” is as unsatisfactory in criminal physiognomics as in other branches of science, and might lead to highly inconvenient results in practice.

BROMOFORM IN WHOOPING-COUGH.—

Dr. Stepp of Nurnburg publishes in the *Deutsche Medicinische Wochenschrift* a large number of cases of whooping-cough, in which he claims to have obtained most satisfactory results from the internal administration of bromoform. The drug has, according to the author, no ill effect of any kind, and his numerous observations have proved that bromoform, as applied by him, is non-poisonous, and that the pulse and temperature remain unaffected by it. The action of bromoform is entirely different from that of bromide of potassium, as has been observed in epilepsy ; the former being rather an excitant than a sedative. Children are ordered from five to twenty drops during the twenty four hours in very frequent doses. The solubility of bromoform in water being very slight, the mixture requires the addition of alcohol. The author has administered bromoform in about sixty-five cases of whooping-cough, the children mostly ranging in age from six months to seven years. The longest time required for a complete cure was four weeks. Symptoms of pulmonary catarrh in all these cases were entirely absent, or else they were very slight and soon disappeared. No complication existed in any of the cases observed by the author, but Dr.

Goldschmidt has treated several serious cases of whooping-cough complicated with pneumonia, completely curing them in a fortnight by the daily administration of bromoform. Dr. Stepp concludes from his observations that under bromoform treatment bronchial catarrh and lobular pneumonia do not generally occur, and that where they exist at the commencement of the treatment resolution takes place with facility and at an earlier period than under other methods of treatment. His observations showed also that the dose of bromoform must be in direct proportion to the severity of the affection and the age of the patient. The system does not seem to become accustomed to the drug, which has, moreover, considerable prophylactic power, so that the other children of a family in which whooping-cough in an advanced stage already exists can be shielded from the disease by being given bromoform. Dr. Stepp believes that bromoform is either excreted unaltered by the lungs or is separated into its elements, and that the free bromine is excreted by the lungs. In this way an effect on the bacilli of whooping cough could be easily supposed to result.

HABITUAL CONSTIPATION :

R—Aloina,

Ext. nucis vom.,

Ferri sulph.,

Pulv. ipecac.,

Pulv. myrrha,

Saponis,

aa gr. ʒ.

M.—F. Pil.

Sig.—One pill to be taken half an hour before last meal of the day. (Sir A. Clark.)—*The Medical Summary.*

IODOFORM IN MALIGNANT PUSTULE.—

Dr. E. Rinonapoli (*Bolletino della R. Acad. Med.-Ch di Napoli*, No. 3, 1889), gives particulars of several cases of malignant pustule treated by the subcutaneous injection of a solution of iodoform in ether. Dr. Rinonapoli began this method in 1886, some thirteen months before Senger's work on the antiparasitic action of iodoform appeared. The method employed is that of several injections into and around the seat of the pustule of a 10 per cent. solution of iodoform in ether.

The pain attending the injections is of severe burning character, but soon passes off. The beneficial effects are rapid in their appearance. In three or four hours after the injections, even in advanced cases, the fever lessens, the swelling round the pustule disappears, the tongue becomes clean, and the patient is able to sleep and to take food. The treatment appears to be of distinctly specific character, and to arrest at once the growth and multiplication of the charbon bacillus. If applied at the outset of the attack, the effect is said to be almost magical.

SURGEON CRIMMIN AND THE VICTORIA CROSS.—The Queen has been pleased to bestow the rare distinction of the Victoria Cross upon Surgeon John Crimmin, L.K.Q.C.P.I., L.R.C.S.I., of the Bombay Medical Service, for the following act of bravery:—"Lieutenant Tighe, 27th Bombay Infantry (to the Mounted Infantry to which corps Surgeon Crimmin was attached), states that in the action near Lwekaw, Eastern Karenni, on Jan. 1st last, four men charged with him into the midst of a large body of the enemy who were moving off from the Karen left flank, and two men fell to the ground wounded. He saw Surgeon Crimmin attending one of the men about 200 yards to the rear. Karens were round the party in every direction, and he saw several fire at Surgeon Crimmin and the wounded man. A sepoy then galloped up to Surgeon Crimmin, and the latter joined the fighting line which then came up. Lieutenant Tighe further states that very shortly afterwards they were engaged in driving the enemy from small clumps of trees and bamboo, in which the Karens took shelter. Near one of these clumps he saw Surgeon Crimmin attending a wounded man. Several Karens rushed out at him. Surgeon Crimmin thrust his sword through one of them and attacked a second; a third Karen then dropped from the fire of a sepoy, upon which the remaining Karens fled."

COCOANUT AS A TÆNICIDE.—Paris, of Athens, reports several cases in which the endocarp of the coccoanut acted as an efficient tænicide. No preparatory treatment is necessary. The patient drinks

the "milk," and then eats the endocarp of the nut. This is followed by a feeling of abdominal uneasiness and pain, slight diarrhoea, and finally the expulsion of the tænia after some hours.—*Jour. Amer. Med. Assoc.*, March 9.

TINCTURE OF IODINE A CURE FOR WARTS.—Dr. Imossi, of Gibraltar, has been treating warts with internal doses of tincture of iodine in ten cases, all of which resulted favorably. The dose given was ten drops in half a glass of water, twice a day. A slight emaciation of the patient will be regained as soon as the treatment is discontinued.—*Med. News*, Aug. 24, 1889.

PAINLESS EXTRACTION OF TEETH.—Drs. Henoque and Fedel, in a communication made to the Biological Society of Paris, state that the extraction of a tooth may be rendered painless by spraying the neighborhood of the external ear with ether. The anæsthesia of the trigeminus so produced extends to the dental nerves, and thus renders the production of general anæsthesia needless.

THE Progres Medical publishes M. Paul Sollier's Aubanel Prize Essay on the "Role of Heredity in Alcoholism." By abundant and well-arranged statistics, M. Sollier traces the afflictions of the idiot, the epileptic, the imbecile, the hydrocephalic, the choreic, and the mentally debilitated, up to the alcoholic father, mother, or grandparent, in so many and such clearly marked instances that it is quite impossible to deny his conclusions from the data he gives. "Conception in a state of drunkenness of the father or the mother devotes the individual conceived to a condition so profound (idiocy, complicated frequently by epilepsy, hydrocephaly, microcephaly, etc.), so that it is condemned in general to a very short existence." An alcoholic subject runs a terrible risk of conferring upon his descendants either insanity or tendency to vice, or suicide, or hysteria, the milder nervous disorders. The legacy of evil may miss a generation, and then appear in the next like gout. It will generally manifest itself, if it appears in the form of dipsomania, in a taste for the same liquor as that preferred by the an-

cestor, and in its mildest form it will tend so to predispose the unhappy descendant to the evil of inebriety that he will find the freedom of his will in that direction seriously imperilled. The menopause more even than pregnancy seems with women a determining cause of alcoholism. Or its terrible influence may first be manifested after some nervous shock, in sickness, or with advancing age. Hereditary alcoholism has a certain likeness to dipsomania, and it is a fair ground for question whether such a proved condition does not constitute irresponsibility.

ALCOHOLISM.—For some time alcoholism has been engaging the attention of alienists, who attribute to it much of the increase of insanity. During the last fifty years, states a report submitted to the Minister of the Interior, France, the consumption of alcohol has trebled, and the number of lunatics has quadrupled. Crime and suicide are also steadily on the increase. In the years 1872-87 the number of suicides have increased by 55 per cent. Their proportion in regard to the population has risen from 15 to 21 per 100,000 inhabitants. Women resort less frequently to suicide than men. As shown in previous statistics, the frequency of suicide bears a relative proportion to age. Thus up to the age of forty years the propensity to suicide remains the same in women as in men, but after this period it increases regularly with age. The report of the last International Congress for the Suppression of Alcoholism, which was held in Paris from July 29th to August 1st, 1889, contains the old and familiar statement that criminality and mental aberration follow a march parallel with the consumption of alcoholic beverages. It is also stated that the number of crimes and offences against morals is exactly in ratio with the consumption of alcohol. To the influence of the excessive use of alcohol is also attributed the degeneration of the race, it being a fact that the health of children almost always suffers from the alcoholic excesses of the parents. To the same influence is attributed in part the phenomenon of the continued diminution in the population of France, more noticeable in some parts

than in others, for in the wine-growing districts drunkenness is less prevalent than in those where the consumption of alcohol is relatively considerable.

"DOCTORS' ORDERS."—"Doctors' orders" are too often looked upon by the laity as arbitrary enactments of professional p-dantry, which your true Briton shows "the freedom that runs in his blood" by defying or evading. Nor is this absurdity confined to the ignorant, for one often hears people who should know better boasting of their deliberate neglect of advice which they have paid a big fee to obtain. The moral which we wish to enforce has lately been pointed by a case which occurred in the London Hospital in a manner which we hope will bring it home, at least in some measure, to the public mind. A man suffering from typhoid had some grapes secretly given him by a friend, whom he asked to procure them for him. He became worse soon after eating them, and in three days he died from perforation of the intestine. The coroner trusted that the public would take warning by the case, and all medical officers of hospitals and nurses will, for the sake of their own comfort if from no higher feeling, fervently echo the wish. Melancholy and constantly repeated experience makes them dread "visiting days," as almost inevitably followed by general rise of temperature throughout the ward, and too often by intestinal disturbances of one kind or another. It is hardly to be wondered at that fruit, and even food, should be smuggled in by sympathetic relatives, for in convalescence from acute ailments the appetite is often ravenous almost beyond belief. This is naturally hailed by the friends as a sign of returning health, and it seems hard to withhold the food which is so eagerly craved for. It cannot be too widely known that, in typhoid fever especially, what is wanted before everything is rest for the ulcerated intestine, and unexpected death when everything seemed to promise speedy recovery has often been due to the clamorous hunger of the patient overthrowing the judgment of the medical attendant. If this can happen even to well-informed professional men, it is a

thousand times more likely to occur to persons who have no knowledge of the patient's real condition, and only see his suffering. There is probably not a hospital in the kingdom in which relapses and disasters due to the ignorance of well meaning friends are not of frequent occurrence.

URALIUM, A NEW HYPNOTIC.—Dr. G. Poppe, of Bologna, recently presented the Medico-Chirurgical Society, of that city, with a monograph on uralium, a new hypnotic, being a composition of chloral and urethan. Poppe claims that it is both safe and efficient, and strongly recommends it in cases of insomnia of hysterical origin or cardiac trouble.—*Gaz. degli Ospitali; Med. News*, May 25.

THE DANGERS OF CARBOLIC ACID.—The following letter of Dr. Th. Billroth, of Vienna, has been published: "I have lately seen four cases, in which fingers which had suffered a most insignificant injury became gangrenous through the uncalled-for application of carbolic acid. Carbolic acid is now much less used in surgery than formerly: we have only gradually become acquainted with its dangers. The acid may not only cause inflammation and gangrene, but also blood poisoning; and so may even prove fatal. It is useful only in the hands of a skillful surgeon, and ought never to be used without his advice. The best lotion for recent injuries is the ordinary lead lotion, which can be bought at any chemist's. The best antidote in carbolic acid poisoning is soap, which should be taken immediately and repeatedly until all symptoms of poisoning have disappeared."—*London Lancet*.

ADULTERATION OF MEDICINES.—The subject of food adulteration is one that is receiving daily attention from the most renowned scientists, pages are devoted to the subject in some of our most prominent magazines, the press generally is studying the matter, while practically all men are apt to regard some of the food products they daily consume with a certain amount of suspicion. The adulteration of medicinal products is a matter of kindred importance. It is a matter affect-

ing most seriously the reputation of physicians, and, a more important consideration, the welfare of the patients whom they are called upon to care for. And yet a mere spasmodic voice is raised now and then in respect thereto, among those to whom the subject is of paramount importance. So feeble is this voice that its preaching reaches but a few, and those few are apt to shake their heads and wonder that there is such sinfulness in this world, and go on in the old tenor of their ways, prescribing substances which their patients may or may not receive, wondering that they often obtain results at variance with their expectations, and often, in the case of new remedies, becoming persuaded that all they have read and heard about the new drug or material was utterly unreliable. Every large town should have competent analytical chemists, employed by the profession, whose business it should be to constantly analyze the products to be found on the retailer's shelves, and would report at once to the profession all deviations from the straight path. Such a remedy would be drastic and curative.—*International Journal of Surgery.*

ANOTHER ELIXIR OF YOUTH.—It is stated by a Pesh newspaper that Dr. Szikszay, a Hungarian physician, has been making experiments in the State Prison at Engelsfeld by injecting a liquid, the composition of which is not revealed, into aged persons. The results are said to be remarkable. The strength of the "subjects" was tested with a dynamometer before and after the injections. In

the case of a man aged 75 the strength was found to be increased after the seventh injection from 14 to 19 kilogrammes, and after the thirteenth to 35 kilogrammes. Experiments on men and women of different ages showed, as might be expected, marked individual differences. We may take the liberty of suggesting to Dr. Szikszay that he should communicate the details of his experiments to the Imperial and Royal Society of Physicians of Vienna, and then publish them in full in some medical journal. The after results, if any, should also be made known.

A DEFENCE OF SIR MORELL MACKENZIE.—At the annual dinner on behalf of the Golden Square Hospital for Diseases of the Throat, Lord Randolph Churchill, who occupied the chair, took advantage of the opportunity to defend Sir Morell Mackenzie from the criticism of which his conduct has been the subject for some time past. His Lordship claimed that Sir Morell had been the means of prolonging a life very precious to the world by the exercise of great moral courage, and he expressed the hope that the time would come when national jealousy, political rancor, and professional rivalry would have so far subsided that he would receive an impartial judgment. It must be very gratifying to Sir Morell to find himself able to rally so many influential friends around him, in spite of the fierce battle which has raged around his name in respect of late matters.—*Medical Press and Circular.*